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Form 990-PF

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

2014

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year, 2014, or tax year beginning 2014, and ending Employer identification number BANUCCI FAMILY FOUNDATION 47-1388401 9290 EAST THOMSPON PEAK PKWY #153 SCOTTSDALE, AZ 85255 В Telephone number (see instructions) (203) 482-6509 C If exemption application is pending, check here Check all that apply X Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year Accounting method X Cash Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ▶\$ 986,285 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not necessarily equal the amounts in column (a) purposes (cash basis only) (see instructions)) Contributions, gifts, grants, etc, received (attach schedule) 000,000 if the foundn is not required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities 2,439 , 439 439 5 a Gross rents **b** Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances **b** Less Cost of goods sold C Gross profit or (loss) (attach schedule) Other income (attach schedule) Total. Add lines 1 through 11 2,439 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages Pension plans, employee benefits SEE ST 1 16 a Legal fees (attach schedule) 12,000. 1,000. 12,000 b Accounting fees (attach sch) c Other prof fees (attach sch) 17 18 Taxes (attach schedule)(see instrs) 19 Depreciation (attach sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 1,751 SEE STATEMENT 2 1,751 1,751 Total operating and administrative 24 expenses. Add lines 13 through 23 13,751 2,751 13,751 PART XV 25 Contributions, gifts, grants paid 3,000 2.3 V 3,000. Total expenses and disbursements. Add lines 24 and 25 16,751 2,751 13,751 3,000. Subtract line 26 from line 12. a Excess of revenue over expenses 985,688 and disbursements b Net investment income (if negative, enter -0-) 0.

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Par	+ 11	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
	- 17	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing			
	2	Savings and temporary cash investments		985,688.	986,285.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
Α	′	Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			
T S	I -	a Investments – U.S. and state government			
3	104	obligations (attach schedule)			
	ı	nvestments — corporate stock (attach schedule)			
		: Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and			./i
		equipment basis			· · · · · · · · · · · · · · · · · · ·
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis	: 11	· · · · · · · · · · · · · · · · · · ·	``````````````````````````````````````
	'-	Less: accumulated depreciation	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		(attach schedule)			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	0.	985,688.	986,285.
	17	Accounts payable and accrued expenses		203,000.	700,203.
ļ	18	Grants payable			
A B	19	Deferred revenue			
- !	20	Loans from officers, directors, trustees, & other disqualified persons			
ī	21	Mortgages and other notes payable (attach schedule)		·	
Ţ	22	Other liabilities (describe ►)			
Ė	22	Tatal liabilities (add lines 17 through 22)	0		
	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here X X	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			,
NF	24	Unrestricted		985,688.	, 53 %
E U	25	Temporarily restricted			,
D	26	Permanently restricted			, 5 %
A S S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds			
SÑ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds			
RS	30	Total net assets or fund balances (see instructions)	0.	985,688.	
	31	Total liabilities and net assets/fund balances		· · · · · · · · · · · · · · · · · · ·	
Dox	<u> </u>	(see instructions)	0.	985,688.	
		Analysis of Changes in Net Assets or Fund Balance			
1		I net assets or fund balances at beginning of year – Part II, colun of-year figure reported on prior year's return)	nn (a), line 30 (must agre	ee with	_
2		r amount from Part I, line 27a		2	985,688.
3		increases not included in line 2 (itemize)		3	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4		lines 1, 2, and 3			985,688.
5		ases not included in line 2 (itemize)		5	303,000.
_		I net assets or fund balances at end of year (line 4 minus line 5) -	– Part II, column (b), line		985,688.

Pai	' (a) List and describe	Losses for Tax on Investment of the kind(s) of property sold (e g , rese, or common stock, 200 shares ML	eal estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	N/A		.,	2 20.1011011		
t						-
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other base plus expense of sal		(h) Gain or (e) plus (f) m	
	· · · · · · · · · · · · · · · · · · ·					.
			· · ·			
<u>`</u>				-	 -	
		ing gain in column (h) and owned by	the foundation on 12/31/6	9	(I) Gains (Coli	ıma (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	ı (ı) g	ain minus column (k an -0-) or Losses (fr	r), but not less
	1					
t)					
	-					
					T	
2	Capital gain net income or (net	——	enter in Part I, line 7 er -0- in Part I, line 7	2		
3	Net short-term capital gain or ((loss) as defined in sections 1222(5)	and (6)			
	ın Part I, line 8	e 8, column (c) (see instructions) If (`	3		
		r Section 4940(e) for Reduce				
(For	optional use by domestic private	e foundations subject to the section 4	1940(a) tax on net investme	ent income)	N/A	
If se	ction 4940(d)(2) applies, leave th	nis part blank				
Was	the foundation liable for the sec	tion 4942 tax on the distributable am	nount of any year in the bas	se period?	∏Yes	□No
		lify under section 4940(e) Do not co		oo poou	□.00	□•
		n each column for each year, see th		ng any entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets (colu	(d) Distribution imn (b) divided	
	2013					
	2012					
	2011					
	2010					
	2009				· · · ·	
2	Total of line 1, column (d)			2		
3	Average distribution ratio for th	ne 5-year base period — divide the to n has been in existence if less than 5	otal on line 2 by 5, or by the 5 years			
4	Enter the net value of nonchar	itable-use assets for 2014 from Part	X, line 5	4		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		6		· · · · ·
7	Add lines 5 and 6			7		
0	Enter qualifying distributions fr					
8	Effer qualifying distributions in	om Part XII, line 4		8	<u> </u>	

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 G² If 'No,' attach explanation*

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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

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1 410	The state of the s		_			
	any time during the year, did the foundation, directly or indirectly, own a controlled entity hin the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		Х
12 Dià	I the foundation make a distribution to a donor advised fund over which the foundation or a disqualifusory privileges? If 'Yes,' attach statement (see instructions)	ied persor	had	12		Х
	If the foundation comply with the public inspection requirements for its annual returns and exemption estate address. N/A	applicatio	n?	13	X	
14 The	e books are in care of EUGENE BANUCCI Telephor	e no ►	(203)	_ <u>482</u>		9_
	cated at <u>9290_EAST_THOMSPON_PEAK_PKWY_#153SCOTTSDALE</u> ZIP + 4	<u>852</u>	<u>55</u>	N/Ā		
	d enter the amount of tax-exempt interest received or accrued during the year	-	15			N/A
16 At a	any time during calendar year 2014, did the foundation have an interest in or a signature or other at nk, securities, or other financial account in a foreign country?	uthority ove	er a	16	Yes	No X
	e the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 ter the name of the foreign country	1) If 'Yes	,	, ,		
	II-B Statements Regarding Activities for Which Form 4720 May Be Required		_	<u>k</u> .		
	e Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
	ring the year did the foundation (either directly or indirectly) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐Yes	X No		*	, ASA
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	commerce commerce		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	XNo		9	, ,
	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
(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)	Yes	XNo			*
b If a	any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in gulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)	7		1 b	N	/A
Org	ganizations relying on a current notice regarding disaster assistance check here	•		?	,	3
	I the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, it were not corrected before the first day of the tax year beginning in 2014?			1 c		X
2 Tax priv	xes on failure to distribute income (section 4942) (does not apply for years the foundation was a vate operating foundation defined in section 4942(j)(3) or 4942(j)(5))			, *	% `	
and	the end of tax year 2014, did the foundation have any undistributed income (lines 6d di 6e, Part XIII) for tax year(s) beginning before 2014?	Yes	XNo		`	
	Yes,' list the years ► 20 , 20 , 20 , 20					
(rel	e there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a lating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a	a)(2) a)(2) to			Ĺ	
	years listed, answer 'No' and attach statement – see instructions)			2 b	N	/A
	he provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h 20 , 20 , 20 , 20	ere,				
3 a Did	I the foundation hold more than a 2% direct or indirect interest in any business terprise at any time during the year?	Yes	X No	,		,
b if '`	Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve	 d			1	
by (3) <i>det</i>	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to termine if the foundation had excess business holdings in 2014)			3 b	N.	/A
4 a Did	I the foundation invest during the year any amount in a manner that would jeopardize its aritable purposes?			4 a		х
jeo	I the foundation make any investment in a prior year (but after December 31, 1969) that could pardize its charitable purpose that had not been removed from jeopardy before the first day of					
	tax year beginning in 2014?	 -		4 b	0.55	X
BAA			F	orm 99	U-PF ((2014)

Part VII-B Statements Regarding Activit	ics for Which Form	2720 May Do Doo		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		11 4/20 May be Rec	uirea (continuea)	/
5 a Dùring the year did the foundation pay or incur	•	(4045()) 2		
(1) Carry on propaganda, or otherwise attemp	-		∐ Yes [X	No No
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	tion drive?	•		No
(3) Provide a grant to an individual for travel,		•	∐ Yes ∑	No S
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions)	an a charitable, etc, orç	ganization described	Yes] No
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children o	literary, or or animals?	Yes	No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	ne transactions fail to qua a current notice regardi	ualify under the exception ing disaster assistance	ons	5b N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ [
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure response	ibility for the grant?	•	N/A Yes] No
If 'Yes,' attach the statement required by Regu	lations section 53 4945	-5(d)		
6 a Did the foundation, during the year, receive an on a personal benefit contract?				No No
b Did the foundation, during the year, pay premit	ums, directly or indirectl	ly, on a personal benefi	t contract?	6 b X
7a At any time during the tax year, was the found.	ation a party to a prohib	oited tax shelter transac	tion? Yes X	No
b If 'Yes,' did the foundation receive any proceed				N/A 7b
Part VIII Information About Officers, Dire	ectors, Trustees, Fo	undation Managers	, Highly Paid Emp	oyees,
and Contractors		·		
1 List all officers, directors, trustees, foundation		mpensation (see instru	ctions).	
(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
EUGENE BANUCCI	PRESIDENT	0.	0.	0.
9290 E. THOMPSON PK PKWY #153 SCOTTSDALE, AZ 85255	0			
SCUIISDALE, AZ 65255				-
2 Compensation of five highest-paid employees	(other than those inclu	ided on line 1 — see ins	tructions). If none, ent	er 'NONE.'
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position	,	employee benefit plans and deferred compensation	other allowances
NONE				
		<u>u</u> -		
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 Emand Contractors (continued)	ployees,
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
NONE	
	<u> </u>
Total number of others receiving over \$50,000 for professional services	<u> </u>
	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 <u>N/A</u>	
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	7
N/A	- - - -
2	
2	
All other program-related investments See instructions	
3	- –
Total. Add lines 1 through 3	▶ 0.
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1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purpo a Average monthly fair market value of securities	1 a
b Average of monthly cash balances	1 b
c Fair market value of all other assets (see instructions)	1 c
d Total (add lines 1a, b, and c)	1 d (
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	· 1
(attach detailed explanation)	
2 Acquisition indebtedness applicable to line 1 assets	2
3 Subtract line 2 from line 1d	3
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 0
6 Minimum investment return. Enter 5% of line 5	6 0
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) pri and certain foreign organizations check here ► X and do not complete the	vate operating foundations his part.)
1 Minimum investment return from Part X, line 6 N/A	1
2a Tax on investment income for 2014 from Part VI, line 5	
b Income tax for 2014 (This does not include the tax from Part VI.) 2b	
c Add lines 2a and 2b.	2 c
3 Distributable amount before adjustments Subtract line 2c from line 1	3
4 Recoveries of amounts treated as qualifying distributions	4
5 Add lines 3 and 4	5
6 Deduction from distributable amount (see instructions).	6
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7
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 3,000
b Program-related investments — total from Part IX-B	1b
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purpo	
	2
3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 	3 a
b Cash distribution test (attach the required schedule)	3 b
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, li	
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)	e 5
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 3,000
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculate qualifies for the section 4940(e) reduction of tax in those years.	
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Part XIII Un	distributed Income (see ins	tructions	s)	N/A				
			(a) Corpus	Years price		(c) 2013		(d) 2014
1 Distributat	ole amount for 2014 from Part XI,	*				*		
2 Undistributed	I income, if any, as of the end of 2014							
a Enter amo	ount for 2013 only							
b Total for prior	or years 20 , 20 , 20							
3 Excess distri	butions carryover, if any, to 2014		A.	3	€,	: 14	1	*
a From 2009)		<i>2</i> .	,		***		\$
b From 2010)							
c From 2011								
d From 2012	2		4		j			
e From 2013	3			Î				
f Total of lin	nes 3a through e							
4 Qualifying	distributions for 2014 from Part							
XII, line 4		.	. %.		¥ .			44.
a Applied to	2013, but not more than line 2a	**	71 E				***	1
b Applied to (Election r	undistributed income of prior years equired — see instructions)		*	-				
c Treated as	s distributions out of corpus equired — see instructions)				. 1.3:		i.	
	2014 distributable amount	,			***		* * * *	
• • •	amount distributed out of corpus		* ***	, <u>, , , , , , , , , , , , , , , , , , </u>				
_	outions carryover applied to 2014					· · · · · · · · · · · · · · · · · · ·	- 	
(If an amo	ount appears in column (d), the ount must be shown in column (a))		** ,			* * * * * * * * * * * * * * * * * * * *		
	net total of each column as	*		`*\	* !	₩,	"	\$ %
indicated (i i	*			ŧ
a Corpus Add	lines 3f, 4c, and 4e Subtract line 5		* > * * *	:13	· 8.	15.		Y 300 - 4
b Prior years line 4b fro	s' undistributed income. Subtract m line 2b							
income foi been issue	amount of prior years' undistributed which a notice of deficiency has ed, or on which the section 4942(a) en previously assessed					***		
	ne 6c from line 6b Taxable see instructions	, v	, š Š,			**		*
	income for 2013 Subtract line 4a from ble amount — see instructions	* '		h q	\$		1	ji.
	ted income for 2014 Subtract lines rom line 1 This amount must be in 2015	**		All provided to				
corpus to section 17	reated as distributions out of satisfy requirements imposed by 0(b)(1)(F) or 4942(g)(3) (Election quired – see instructions)					***	• %	*
	stributions carryover from 2009 not line 5 or line 7 (see instructions)							
	stributions carryover to 2015. nes 7 and 8 from line 6a							
10 Analysis o	f line 9					······································		
a Excess fro	m 2010	_						
b Excess fro	m 2011]						
c Excess fro	m 2012	_			1			
d Excess fro	m 2013	_			}			
e Excess fro	m 2014							

	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
	NONE
2	, , , , , , , , , , , , , , , , , , ,
	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 or e-mail address of the person to whom applications should be addressed
	SEE STATEMENT 3
	b The form in which applications should be submitted and information and materials they should include
	SEE STATEMENT FOR LINE 2A
	c Any submission deadlines
	SEE STATEMENT FOR LINE 2A
	d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
	Any restrictions of infiltations on awards, such as by geographical areas, charitable fields, killus of institutions, of other factors
	SEE STATEMENT FOR LINE 2A

		· · · · · · · · · · · · · · · · · · ·	
If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	contribution	Amount
substantial contributor	recipient		
NONE		ASSIST IN COMMUNITY PROGRAMS RELATED TO ARTS INCLUDING MUSIC, DANCE AND THEATRE FOR CHILDREN AND ADULTS.	1,000
NONE		ASSIST IN COMMUNITY PROGRAMS BY PROVIDING THERAPEUTIC ENVIROMENT FOR ADOLESCENT BOYS.	2,000.
·- ·. · ·		► 3a	3,000.
	NONE	NONE EOF	NONE EOF ASSIST IN COMMUNITY PROGRAMS RELATED TO ARTS INCLUDING MUSIC, DANCE AND THEATRE FOR CHILDREN AND ADULTS. NONE EOF ASSIST IN COMMUNITY PROGRAMS BY PROVIDING THERAPEUTIC ENVIROMENT FOR

Part XVI-A Analysis of Income-Producing Activities

Enter gros	ss amounts unless otherwise indicated		ed busine	ss income	Exclude	d by sec	tion 512, 513, or 514	(e	
1 Prod	gram service revenue	(a) Business code	A	(b) Amount	(c) Exclu- sion code		(d) Amount	Related o function (See instr	r exempt income
a a	grant service revenue		+		code				
ъ			 	 :		1			
			 		_	-			
			<u> </u>			1	 :		
						1	 -		· -
f						†			
g Fee	s and contracts from government agencies			-			 -		
_	nbership dues and assessments	~~				1 -			
3 Intere	est on savings and temporary cash investments			-					
4 DIVI	dends and interest from securities				14		2,439.		
5 Net	rental income or (loss) from real estate								*
a Deb	t-financed property								
b Not	debt-financed property	-							_
6 Net r	ental income or (loss) from personal property								
7 Oth	er investment income			-	"				
8 Gain	or (loss) from sales of assets other than inventory								
9 Net	income or (loss) from special events								
10 Gros	ss profit or (loss) from sales of inventory								-
11 Oth	er revenue			1445	11 / T	111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*4 };
а						<u> </u>		20.20	· · · ·
b									
c									
d									· .
е									
12 Sub	total Add columns (b), (d), and (e)	N.			b .A.S		2,439.		
13 Tota	al. Add line 12, columns (b), (d), and (e)				, Fi		13		2,439.
(See work	sheet in line 13 instructions to verify calculation	ons)					-		
Part XV	/I-B Relationship of Activities to th	e Accomp	lishmen	t of Exer	not Purn	nses			
	-				<u> </u>				
Line No. ▼	 Explain below how each activity for which in accomplishment of the foundation's exempt 	ncome is repoi	rted in col	umn (e) of	Part XVI-A	contrit	outed importantly to	the	
	decomplishment of the foundation's exempt		-	- Providing		———	(000 11311		
N/A		_ 							
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					-				

Form 990-PF (2014) BANUCCI FAMILY FOUNDATION 47-138840 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describ relating a Transfe (1) Car (2) Oth b Other t (1) Sar (2) Pur (3) Rer (4) Rer (5) Loa (6) Per c Sharing	organization directly red in section 501(c) to political organizations from the reporting shaper assets ransactions les of assets to a noi richases of assets from tall of facilities, equipment arrange and or loan guaranteer formance of services of facilities, equipment arranger of facilities, equipment arranger of facilities, equipment of facilities, equipment of facilities, equipment of the action of the	of the Code (otherwise) g foundation to a ncharitable exerum a noncharital pment, or other ements es s or membershi nent, mailing list	mer than section a noncharitable e mpt organization ble exempt organ assets p or fundraising a s, other assets,	501(c)(3) of exempt organization solicitations or paid emp	ganizations) enization of oloyees	or in section 57	27,	e fair ma	1 b (1) 1 b (2) 1 b (3) 1 b (4) 1 b (5) 1 b (6) 1 c	Yes	X X X X X X X X
the goo anv tra	ods, other assets, or nsaction or sharing a	services given l arrangement, sh	by the reporting to low in column (d)	foundation) the value (If the founda of the goods.	ition received le other assets.	ess than fair or services re	market v eceived	value in		
(a) Line no	(b) Amount involved		f noncharitable exem			Description of trai			haring arrang	ements	<u> </u>
N/A		` '	'	-					<u> </u>		
	-										
									-		
				_							
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		-					- -				
											
											
						<u>. </u>					
				· "							
		<u> </u>			-				· · · · · ·		
describ b If 'Yes,	oundation directly or ed in section 501(c) ' complete the follow a) Name of organizat	of the Code (oth ring schedule	ner than section!	ed to, one of 501(c)(3)) o	r in section 5	527?	ations Description	n of rela	Yes	X	No
N/A											
											
Sign Here	penalties of perjury, I declare t, and complete Declaratio	that I have examined n of preparer (other		8-7-	15	PRESIDENT	it of my knowledge wledge	and belief	May the IF this return preparer s (see ipstri	with the shown buctions)	ne pelow
Sign	ature of officer or trustee			Date	7 ^ ^	itle		, , , , ,	X ·	Yes	No
	Print/Type preparer's na		Presader's	The state of the s	>cPA	Date 7-31-1.		□"	PTIN		
Paid	ANTHONY C. PES	CATORE, CPA	ANTAONY	C. PESCA	TORE, CPA	7/21/15	self-emplo	yed	P0050151	0	
Preparer	Firm's name	PESCATORE-CO	OPER PLC				Firm's EIN	20-306	9427	_	
Use Only	_		SDALE RD STE	D-100			1				
		SCOTTSDALE, I	AZ 85250-5917				Phone no	(480)	994-4148		
BAA									Form 990)-PF (2014)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

name of the organization		Employer identification number
BANUCCI FAMILY FOUNDATION		47-1388401
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organiz	zation
	4947(a)(1) nonexempt charitable trust	not treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust	treated as a private foundation
	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) org	ganization can check boxes for both the Gene	ral Rule and a Special Rule See instructions
General Rule		
X For an organization filing Form 990, 990-E	EZ, or 990-PF that received, during the year, or lete Parts I and II. See instructions for detern	contributions totaling \$5,000 or more (in money or nining a contributor's total contributions
Special Rules		
	501(c)(3) filing Form 990 or 990-EZ that met the (vi), that checked Schedule A (Form 990 or 9 the year, total contributions of the greater of 190-EZ, line 1 Complete Parts I and II	90-EZ), Part II, line 13, 16a, or 16b, and that
For an organization described in section 5 during the year, total contributions of mor purposes, or for the prevention of cruelty	501(c)(7), (8), or (10) filing Form 990 or 990-E. e than \$1,000 <i>exclusively</i> for religious, charita to children or animals Complete Parts I, II, a	Z that received from any one contributor, able, scientific, literary, or educational and III
during the year, contributions exclusively \$1,000 If this box is checked, enter here charitable, etc., purpose. Do not complete	501(c)(7), (8), or (10) filing Form 990 or 990-E, for religious, charitable, etc., purposes, but not the total contributions that were received during any of the parts unless the General Rule appable, etc., contributions totaling \$5,000 or mo	o such contributions totaled more than ing the year for an <i>exclusively</i> religious, plies to this organization because
990-PF), but it must answer 'No' on Part IV. I	by the General Rule and/or the Special Rules ine 2, of its Form 990, or check the box on lin he filing requirements of Schedule B (Form 99	does not file Schedule B (Form 990, 990-EZ, or ne H of its Form 990-EZ or on its Form 990-PF, 90, 990-EZ, or 990-PF)
BAA For Paperwork Reduction Act Notice, s or 990-PF.	ee the Instructions for Form 990, 990EZ,	Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

•							
Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part 7				
_	CI FAMILY FOUNDATION		47-1388401				
	Contributors (see instructions) Use duplicate copies of Part I if additional and the copies of P						
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	EUGENE BANUCCI 9290 E. THOMPSON PK PKWY #153 SCOTTSDALE, AZ 85255	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$\$	Person Payroll Complete Part II for noncash contributions)				
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Complete Part II for noncash contributions)				
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Complete Part II for noncash contributions)				
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$\$	Person Payroll Complete Part II for noncash contributions)				
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person				

Payroll Noncash

(Complete Part II for noncash contributions)

Page

1 of Part II

BANUCCI FAMILY FOUNDATION

Employer identification number 47-1388401

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
н. а	N/A		
		\$ 	
(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
			-
		ļ ļ\$	
	<u> </u>	٧	-
(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
		ls	
	<u></u>		

Page

1 to

of Part III

Name of organization

RANIICCT FAMILY FOUNDATION

Employer identification number

(a)	(b)	(c)	(4)	
	Use duplicate copies of Part III if additional s	Enter this information once See instructions space is needed)	N/2
•		empleting Part III, enter the total of exclusive		
	or (10) that total more than \$1,000 for	the year from any one contributor. Com	olete columns (a) through (e) and	
PartIII	Exclusively religious, charitable, etc	., contributions to organizations desc	ribed in section 501(c)(7), (8)	
	L FAMILY FOUNDATION		47-1388401	

	Use duplicate copies of Part III if additional :	space is needed			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
'_	N/A				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		

20	1	Λ
ZU		-

FEDERAL STATEMENTS

PAGE 1

BANUCCI FAMILY FOUNDATION

47-1388401

STATEMENT 1 FORM 990-PF, PART I, LINE 16A **LEGAL FEES**

		(A)	(B) NET	(C)	(D)
		EXPENSES PER BOOKS	INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
LEGAL FEES	TOTAL	\$ 12,000. \$ 12,000.	\$ 1,000. \$ 1,000.	\$ 12,000.	
	IOIME	y 12,000.	\$ 1,000.	\$ 12,000.	\$ 0.

STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		(A)	(B) NET	(C)	(D)
		EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
		PER BOOKS	INCOME	<u>NET INCOME</u>	<u>PURPOSES</u>
BANK FEES		\$ 340.	\$ 340.	\$ 340.	
ML TRUST FEES		1,411.	1,411.	1,411.	
5	TOTAL	\$ 1,751.	\$ 1,751.	\$ 1,751.	\$ 0.

9290 E. THOMPSON PEAK PARKWAY #153

STATEMENT 3 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

STREET ADDRESS: CITY, STATE, ZIP CODE: TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT:

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

EUGENE BANUCCI

WRITTEN REQUEST

SCOTTSDALE, AZ 85255