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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

2014

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| For | calen | dar year 2014 or tax year beginning | , 2014, | and ending | 9 | | , 20 | |
|---------------------------------|---------|--|-------------------------|---------------------------------------|---|------------------------------|---|--|
| N | ame of | foundation THE FLORENCE S. MAHONEY FOUNDATION | | | A Employer | Identification number | | |
| | | C/O ANTLEY AND LOPEZ, LLP | | | 52-1854092 | | | |
| N | umber a | and street (or P O box number if mail is not delivered to street address) | | oom/suite | | number (see instructions) | | |
| | | PENNSYLVANIA AVE NW | | T 300 | (202)24 | , | | |
| | | wn, state or province, country, and ZIP or foreign postal code | | 1 300 | | | | |
| | | NGTON, DC 20006 | | | C If exempti | on application is pending, | check here | |
| | | | -6 - 6 | | 5 . 5 | | . [| |
| G (| SHECK | | of a former public char | ity | D 1. Foreigi | n organizations, check her | e ▶ | |
| | | Final return Amended ret | | | 2 Foreigi | n organizations meeting th | e 85% test. | |
| | | Address change Name chang | | | check here and attach computation · · · · | | | |
| H | ٦ | type of organization X Section 501(c)(3) exempt privi | | | E If private foundation status was terminated under | | | |
| 4 | | | axable private foundat | ion | section 50 |)7(b)(1)(A), check here . | ▶∐ | |
| | | arket value of all assets at J Accounting method. | X Cash | Accrual | F If the four | idation is in a 60-month ter | mination | |
| € | end of | year (from Part II, col. (c), Other (specify) | | | | tion 507(b)(1)(B), check h | | |
| | ine 16) | (* | e on cash basis) | | | | | |
| P | art I | Analysis of Revenue and Expenses (The total of | (a) Revenue and | | | | (d) Disbursements | |
| | | amounts in columns (b), (c), and (d) may not necessarily equal | expenses per | | nvestment | (c) Adjusted net | for charitable purposes | |
| | | the amounts in column (a) (see instructions)) | books | I | come | ıncome | (cash basis only) | |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 99,796 | ļ. | | | | |
| | 2 | Check ▶ if the foundation is not required to attach Sch B | | - | | | | |
| | 3 | Interest on savings and temporary cash investments | Ó | <u> </u> | <u> </u> | 0 | ```` | |
| | 4 | Dividends and interest from securities | 6,397 | 1 | 6,397 | 0 | | |
| | 5a | Gross rents | 0 | | 0 | 0 | | |
| | ь | Net rental income or (loss) | <i>Ο</i> | | | | | |
| ~ | 6a | Net gain or (loss) from sale of assets not on line 10 | 59,762 | | -,, | | | |
| ી ગુંધીલું "Revenue | b | Gross sales price for all assets on line 6a 59,762 | 33,702 | | ••••• | | | |
| <u>=</u> | 7 | Capital gain net income (from Part IV, line 2) | | | 59,762 | | , , , , , , , , , , , , , , , , , , , | |
| Re) | 8 | Net short-term capital gain | | | 33,702 | 0 | | |
| | | Income modifications | | · · · · · · · · · · · · · · · · · · · | | | ' '' '' '' ' ' ' '' '' '' '' | |
| 3-T | 10a | Green colon loca reliums and allow The Colonia | | | | O | | |
| 100 | b | Income modifications Gross sales less returns and allowances Less Cost of goods sold | rr , -1-1-11 -er- | | | .,, | | |
| | c | Gross profit or (loss) (attach schedule)5 2015 | 0 | | | | | |
| · , | | Gross profit or (loss) (attach schedule) 5. 2015. | | | | 0 | | |
| 2 | 12 | Total. Add lines 1 through 1.1. | 0 | | 66 150 | | , | |
| <u></u> | 13 | Compensation of officers, directors, trustees, etc | 165,955 | | 66,159 | 0 | 0 | |
| S. | 14 | Other employee salaries and wages | 0 | | 0 | - | <u> </u> | |
| ဋ | 15 | Decree describes and the sector | <u> </u> | | | <u> </u> | | |
| xbeuses with the | 16a | · · · · · · · · · · · · · · · · · · · | 9,292 | | <u> </u> | <u>0</u> | | |
| Ä | b | Legal fees (attach schedule) | 1,925 | | | | 3,880 | |
| ě | C | Other professional fees (attach schedule) STM109 | 1,925 | | 1,925 110 | | 0 | |
| aţ; | 17 | Interest | 0 | | | | 0 | |
| str | 18 | Taxes (attach schedule) (see instructions) STM110 | 64 | | <u> </u> | <u> </u> | 0 | |
| Ξ. | 19 | Depreciation (attach schedule) and depletion | <u>64</u> | | 64 | | ······································ | |
| ᄪ | 20 | Occupancy | 0 | | 0 | 0 | 0 | |
| Ž | 21 | Travel, conferences, and meetings | 0 | | 0 | <u> </u> | 0 | |
| anc | 22 | Printing and publications | 0 | | <u> </u> | ව | | |
| <u> </u> | 23 | Other expenses (attach schedule) | 0 | - | | | <u> </u> | |
| 詳 | 24 | Total operating and administrative expenses. | | | | 0 | | |
| ers | -4 | | 44.55- | | | Ì | | |
| Operating and Administrative Ex | 25 | Add lines 13 through 23 | 11,391 | | 7,511 | | 3,880 | |
| _ | 25 | Contributions, gifts, grants paid | 41,000 | · · · · · | | | 41,000 | |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 . | 52,391 | · | 7,511 | | 44,880 | |
| | 27 | Subtract line 26 from line 12 | 445 | 1 | | | | |
| | a | Excess of revenue over expenses and disbursements . | 113,564 | | | | | |
| | b | Net investment income (if negative, enter -0-) | | <u>ļ </u> | 58,648 | | | |
| | C | Adjusted net income (if negative, enter -0-) | <u> </u> | İ | | o | | |

Page 2

| P | art II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End of | year |
|-------------|---------|--|--|----------------|--|
| | | should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 0 | 0 | <i>D</i> |
| | 2 | | 492,875 | 544,196 | 544,196 |
| | 3 | | | | |
| | ļ | | | O | 0 |
| | 4 | Pledges receivable ▶ | | | |
| | | | O | 0 | Ŏ |
| | 5 | Grants receivable | 0 | 0 | 0 |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | | | ල | 0 |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | | Less allowance for doubtful accounts ▶ | 0 | 0 | O |
| Assets | 8 | Inventories for sale or use | 0 | ® | <u>ල</u> |
| SS | 9 | Prepaid expenses and deferred charges | 0 | 0 | 0 |
| ٩ | 10a | Investments - U S and state government obligations (attach schedule) | 0 | 0 | 0 |
| | b | Investments - corporate stock (attach schedule) STM137 | 423,469 | 485,712 | 573,716 |
| | С | Investments - corporate bonds (attach schedule) STM138 | (a) Book Value (b) Book value (c) Book value (c) Book value (c) Book value (c) Consents (c) Cons | | 82,671 |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Savings and temporary cash investments Accounts receivable ► Less, allowance for doubtful accounts ► Pledges receivable ← Less, allowance for doubtful accounts ► Carnats receivable ← Less, allowance for doubtful accounts ► Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule) ► Less allowance for doubtful accounts ► Composition of the state of the schedule) ← Inventories for sale or use Prepard expenses and deferred charges Investments - US and state government obligations (attach schedule) Investments - Corporate bonds (attach schedule) Investments - Isad, buildings, and equipment basis Investments - Isad, buildings, and equipment basis Investments - other (attach schedule) Investments - other (attach schedu | | | Ð |
| | 12 | Investments - mortgage loans | 0 | O | |
| | 13 | | ල | Ø | |
| | 14 | Land, buildings, and equipment basis ▶ | - 35 - 11 - 11 - 11 - 11 - 11 - 11 - 11 | | ······································ |
| | | Less accumulated depreciation (attach schedule) | 0 | <i>O</i> | 0 |
| | 15 | Other assets (describe ▶ | | O | 0 |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| | | ınstructions. Also, see page 1, item I) | 991,349 | 1,104,913 | 1,200,583 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | | | | |
| ĕ | 19 | Deferred revenue | 0 | 0 | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | 0 | |
| ia | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | 22 | Other liabilities (describe ►) | 0 | ර | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| ses | | Foundations that follow SFAS 117, check here | | | |
| alances | 24 | _ | | | |
| 3al | 25 | Leave the second of the second | | | |
| P | 26 | — <u> </u> | | | |
| or Fund B | | | | | |
| ř | | _ | | _ | |
| | 27 | | 0 | 0 | |
| set | 28 | | | 0 | |
| Assets | 29 | | | 1,104,913 | |
| Net | 30 | Total net assets or fund balances (see instructions) | 991,349 | 1,104,913 | |
| Z | 31 | Total liabilities and net assets/fund balances (see | | | |
| n. | 4 950 | instructions) | | 1,104,913 | |
| | art III | | | | |
| | | net assets or fund balances at beginning of year - Part II, column (a), line 3 | • | | |
| | | | | | 991,349 |
| | | | | | 113,564 |
| 3 | Other | increases not included in line 2 (itemize) | | 3 | 0 |
| 4 | Add li | nes 1, ∠, and 3 | | 4 | 1,104,913 |
| | | eases not included in line 2 (itemize) | | 5 | |
| ט | rotal | net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu | umn (b), line 30 | 6 | 1,104,913 |

| (a) List and describ 2-story brick ware | e the kind(s) of property sold (e.g., real est house, 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 LONG TERM CAPITAL | GAIN DISTRIBUTION | | | VARIOUS | VARIOUS |
| _b | | | | | |
| C | | | <u> </u> | | |
| d | | | <u> </u> | | <u> </u> |
| θ | | | | | <u> </u> |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or o | | | ain or (loss) (f) minus (g) |
| a 59,762 | | | | | 59,762 |
| <u>b</u> | | | | | |
| c d | | | | | · |
| | | | | ·· | |
| Complete only for assets show | ring gain in column (h) and owned by t | ho foundation on 1 | 2/21/60 | | |
| Complete only for assets show | | | | (I) Gains (C | Col (h) gain minus ot less than -0-) or |
| (i) F M V as of 12/31/69 | (J) Adjusted basis as of 12/31/69 | (k) Excess over col (| | | (from col. (h)) |
| a | | | | | 59,762 |
| b | | | | | 33,702 |
| С | | | | | |
| d | | | | | • |
| е | | | | | |
| 2 Capital gain net income or (net | capital loss i | enter in Part I, line ter -0- in Part I, line | > | 2 | 59,762 |
| 3 Net short-term capital gain or (| loss) as defined in sections 1222(5) ar | nd (6). | | | |
| If gain, also enter in Part I, line | 8, column (c) (see instructions) If (los | ss), enter -0- in | 3 | | |
| | | | 3 | 3 | |
| Part V Qualification U | nder Section 4940(e) for Red | duced Tax on | Net Investme | ent Income | |
| f "Yes," the foundation does not qu | this part blank. ection 4942 tax on the distributable amualify under section 4940(e). Do not connected the column for each year; see the | mplete this part. | | | Yes X No |
| (a) | | instructions before | | ;s | (d) |
| Base period years Calendar year (or tax year beginnin | (b) Adjusted qualifying distributions | Net value of r | (c) noncharitable-use as | | stribution ratio) divided by col (c)) |
| 2013 | 50,20 |)1 | 1,014,3 | ···· | .049492 |
| 2012 | 37,50 | | 892,0 | | .042037 |
| 2011 | 37,00 | | 907,4 | | .040774 |
| 2010 | 20,00 | 00 | 802,4 | 40 0 | .024924 |
| 2009 | 27,29 | 2 | 605,8 | 16 0 | .04505 |
| , , | | | | . 2 0 | .202277 |
| | e 5-year base period - divide the total in has been in existence if less than 5 y | · · | • | . 3 0 | .040455 |
| 4 Enter the net value of nonchar | table-use assets for 2014 from Part X | , lıne 5 | | . 4 | 1,121,414 |
| 5 Multiply line 4 by line 3 | | | | . 5 | 45,367 |
| 6 Enter 1% of net investment inc | ome (1% of Part I, line 27b) | | | . 6 | 586 |
| 7 Add lines 5 and 6 | | | | . 7 | 45,953 |
| 8 Enter qualifying distributions fr | om Part XII, line 4 | | | | 44,880 |
| Part VI instructions | See and restrook the box lift all Virille | o ro, and complete | o diat part using a | 170 tax rate See III | G |

| _ | | | | | |
|-----|--|--------|---|---|--------------|
| | | 2-185 | | | age 4 |
| Par | TVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | see ir | nstructio | ons) | |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here 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 | 1 | | 1 | ,173 |
| | here ▶ ☐ and enter 1% of Part I, line 27b | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of | 1 | | | |
| | Part i, line 12, col (b) | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . | 2 | | | 0 |
| 3 | Add lines 1 and 2 | 3 | | 1 | ,173 |
| 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 | | 1 | ,173 |
| 6 | Credits/Payments | | | | |
| а | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 198 | | | | |
| b | Exempt foreign organizations - tax withheld at source | ł | | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c 1,000 | | | | |
| d | Backup withholding erroneously withheld | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | | _ 1 | ,198 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | 0 |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | <u> </u> |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | 25 |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 25 Refunded ▶ | 11 | | | ව |
| | t VII-A Statements Regarding Activities | | | | , |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | Yes | No |
| | participate or intervene in any political campaign? | | 1a | ļ | X |
| Ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | | | | ٠,, |
| | Instructions for the definition)? | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | | |
| | published or distributed by the foundation in connection with the activities | | | | v |
| ď | Did the foundation file Form 1120-POL for this year? | | 1c | | X |
| u | | | | | |
| ۵ | (1) On the foundation. \$ (2) On foundation managers. \$ | - | | | |
| • | on foundation managers. > \$ | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | . 2 | | х |
| | If "Yes," attach a detailed description of the activities | | · - | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | . 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | <u> </u> | | X |
| ь | If "Yes," has it filed a tax return on Form 990-T for this year? | | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | . 5 | | Х |
| | If "Yes," attach the statement required by General Instruction T. | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. | | | | |
| | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | | |
| | conflict with the state law remain in the governing instrument? | | 6 | Х | |
| 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 X' | v | . 7 | Х | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| | DC | | | | 1 |

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

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,"

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

(or designate) of each state as required by General Instruction G? If "No," attach explanation

10

Х

8b

10

| | | 2-185409 | 2 | Р | age 5 |
|----|--|-----------|-------|-----|-------------|
| Pa | rt 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 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | Ī | | | |
| | person had advisory privileges? If "Yes," attach statement (see instructions) | | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | | 13 | Х | |
| | Website address ► N/A | | | | |
| 14 | The books are in care of ► CORINNE ANTLEY Telephone no | ▶ 202-24 | 9 - 7 | 390 | |
| | | ▶ 20006 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here | | | | <u>▶</u> □ |
| | and enter the amount of tax-exempt interest received or accrued during the year | 15 | • | | _ |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority | | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 1 | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90.22.1), If | | | | |
| | "Yes," enter the name of the foreign country | 1 | | | |
| Pa | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | <u>l.</u> | | | |
| | 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): | r | | | |
| | | X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | 1 | | |
| | | X No | 1 | | |
| | | X No | 1 | | |
| | | X No | - 1 | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | 1 | | |
| | | X No | 1 | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | 1 | | |
| | foundation agreed to make a grant to or to employ the official for a period after | | | | |
| | | X No | 1 | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | 1 | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | ••••• | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | 1 | | |
| | were not corrected before the first day of the tax year beginning in 2014? | | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | 1 | | |
| а | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and | | - | | |
| | 6e, Part XIII) for tax year(s) beginning before 2014? Yes | X No | 1 | | |
| | If "Yes," list the years ,, | _ | 1 | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | 1 | 1 | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | - 1 | | |
| | all years listed, answer "No" and attach statement - see instructions) | [| 2b | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | | |
| | <u> </u> | |] | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | _ | 1 | | |
| | | X No | 1 | | |
| b | If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or | | 1 | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | 1 | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | 1 | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | 1 | | |
| | foundation had excess business holdings in 2014.) | | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | [| 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? | | 4b | | Х |

| | 990-PF (2014) THE FLORENCE S. MAHO | | | | = | | 52-1854 | | Page 6 |
|-------|--|-------------|---------------------------------|----------|---------------------------------------|---------------------------------------|---|-------------|--------------|
| Pa | t VII-B Statements Regarding Activitie | es for | Which For | n 472 | 0 May Be | Requi | red (continued |) | |
| 5a | During the year did the foundation pay or incur any an | | | | | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influ | | | | | | Yes X No | 1 | |
| | (2) Influence the outcome of any specific public electrons | on (see | section 4955), | or to ca | rry on, | | | | |
| | directly or indirectly, any voter registration drive? | | | | | | Yes X No | | |
| | (3) Provide a grant to an individual for travel, study, o | r other s | sımilar purposes | s? | | | Yes X No | | |
| | (4) Provide a grant to an organization other than a ch | aritable, | etc., organizat | on desc | ribed in | , | | | |
| | | | | | | 1 | Yes X No | | |
| | (5) Provide for any purpose other than religious, char | | | | | (| | | |
| | purposes, or for the prevention of cruelty to children | | • | | | 1 | Yes X No | | |
| Ь | If any answer is "Yes" to 5a(1)-(5), did any of the trans | | | | | | | | |
| | Regulations section 53 4945 or in a current notice reg | | | | | | III D | | |
| | Organizations relying on a current notice regarding dis | | | | | | | 5b | |
| С | | | | | | | | | |
| · | If the answer is "Yes" to question 5a(4), does the foun | | | | | ſ | ¬ | | |
| | because it maintained expenditure responsibility for th | _ | | | | | Yes No | | |
| ٥. | If "Yes," attach the statement required by Regulations | | | | | | | | |
| 6a | Did the foundation, during the year, receive any funds. | | | | | | | 1 1 | |
| | on a personal benefit contract? | | | | | [| Yes X No | 1 | |
| b | Did the foundation, during the year, pay premiums, dir | ectly or | indirectly, on a | persona | al benefit con | tract? | | 6b | X |
| | If "Yes" to 6b, file Form 8870. | | | | | _ | | | |
| 7a | At any time during the tax year, was the foundation a p | party to a | a prohibited tax | shelter | transaction? | . [| Yes X No | | |
| Ь | If "Yes," did the foundation receive any proceeds or ha | ave any | net income attr | ibutable | to the transa | ction? | | 7b | |
| Par | t VIII Information About Officers, Dire | | | | | | | Emplo | yees, |
| | and Contractors حرم ۹۶۵ | -PF | - overf | رس ما | state | men | + | • | • |
| _1 L | ist all officers, directors, trustees, foundation mana | gers ar | nd their compe | nsation | ı (see instru | ctions). | | | |
| | | (b) Titl | le, and average | (c) C | ompensation | (d) | Contributions to | (e) Expe | nse account, |
| See | 990_OFOV (a) Name and address | | irs per week ted to position | | not paid, nter -0-) | emple and def | oyee benefit plans ferred compensation | | llowances |
| JAMI | S M MAHONEY | | DENT/DIRE | | · · · · · · · · · · · · · · · · · · · | | | | |
| 170 | PENNSYLVANIA AVE NW, DC 20006 | [| < 1.00 | ſ | 0 | | 0 | | 0 |
| | F SADLER | VICE | PRESIDENT | , | | | | | |
| | PENNSYLVANIA AVE NW, DC 20006 | 1.101 | <1.00 | | 0 | | 0 | | • |
| | INDA CAMPI | SECRE | TARY/DIRE | - | | | | | 0 |
| | PENNSYLVANIA AVE NW, DC 20006 | DECKE | \$ 1.00 | | 0 | | • | | • |
| | | TDEAC | | | U | | 0 | | 0 |
| | | TREAS | URER/DIREC | - | • | | _ | | |
| | PENNSYLVANIA AVE NW, DC 20006 | | ₹ 1.00 | <u> </u> | 0 | <u> </u> | 0 | <u> </u> | 0 |
| | ompensation of five highest-paid employees (other NONE." | than th | nose included | on line | 1 - see instr | uctions) |). If none, enter | | |
| | NONE. | | | | T | | | | |
| | (a) Name and address of each analysis and asset to a CEO | 000 | (b) Title, and a | | | | (d) Contributions to employee benefit | (e) Exper | nse account, |
| | (a) Name and address of each employee paid more than \$50. | 000 | hours per w | | (c) Comper | sation | plans and deferred | | llowances |
| | | | 3070.00 10 pc | | | | compensation | | |
| NON | 3 | | | | | | | | |
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| | | | | - | | | | | |
| | | | | | 1 | | | | |
| Total | number of other employees paid over \$50,000 | | | | | | | | 0 |
| EEA | | · · · · · | | | | · · · · · · · · · · · · · · · · · · · | | Form 990 | D-PF (2014) |
| | | | | | | | | | (/ |

| | nformation About Officers, Directors, Trustees, Fo and Contractors (continued) | oundation Managers, highly Fa | alu Employees, |
|--------------------|---|--------------------------------------|-------------------------|
| | st-paid independent contractors for professional services (see i | nstructions). If none, enter "NONE." | |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| IONE | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| otal number of o | thers receiving over \$50,000 for professional services | | 0 |
| | | | |
| Fait IAM | Summary of Direct Charitable Activities | | |
| | a's four largest direct charitable activities during the tax year. Include relevant other beneficiaries served, conferences convened, research papers produce | i | Expenses |
| 1 NONE | | | |
| | | | |
| | | | _ |
| 2 | | | |
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| 3 | | | |
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| 4 | | | |
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| Part IX-B | Summary of Program-Related Investments (see in | structions) | |
| | largest program-related investments made by the foundation during the tax y | | Amount |
| 1 NONE | | | |
| | | | |
| 2 | | | |
| 2 | | | |
| | | | |
| All other program- | related investments. See instructions | | |
| 3 | | | |
| | | | |
| Total. Add lines 1 | through 3 | | |
| EEA | <u> </u> | | Form 990-PF (201 |

| Pai | Minimum Investment Return (All domestic foundations must complete this part. Foreign | foun | dations, |
|-----|---|-------|-----------|
| | see instructions.) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes. | | |
| а | Average monthly fair market value of securities | 1a | 593,515 |
| ь | Average of monthly cash balances | 1b | 544,976 |
| С | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 1,138,491 |
| 0 | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | ŀ | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 00 |
| 3 | Subtract line 2 from line 1d | 3_ | 1,138,491 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | | |
| | anstructions) | 4 | 17,077 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,121,414 |
| 6 | Minimum investment return. Enter 5% of line 5 | _6 | 56,071 |
| Pa | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for | ounda | ations |
| | and certain foreign organizations check here ▶ and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 56,071 |
| 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 | 2c | 1,173 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 54,898 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 54,898 |
| 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 | 54,898 |
| Da | | | |
| Га | TXII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | Ţ | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 44,880 |
| 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 | | |
| а | Suitability test (prior IRS approval required) | 3a | 0 |
| b | Cash distribution test (attach the required schedule) | 3b | ට |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 . | 4 | 44,880 |
| 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 | <u> </u> |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 44,880 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the | found | dation |
| | qualifies for the section 4940(e) reduction of tax in those years | | |

| 1 | Distributable amount for 2014 from Part XI, | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|----|--|---|--|---|---|
| | line 7 | | | | 54,898 |
| 2 | Undistributed income, if any, as of the end of 2014: | | | | 31,030 |
| а | Enter amount for 2013 only | | | 29,192 | |
| b | Total for prior years. | | Ó | 23,1252 | ••••• |
| 3 | Excess distributions carryover, if any, to 2014: | [+-+++++++++++++++++++++++++++++++++++ | | ····· | |
| а | From 2009 | | | 1 | |
| b | From 2010 | | | 1 | |
| С | From 2011 | - | | 1 | |
| d | From 2012 | | | Ī | |
| е | From 2013 | | : | 1 | |
| f | Total of lines 3a through e | 0 | | 1 | |
| 4 | Qualifying distributions for 2014 from Part XII, | | | ····- | ······································ |
| | line 4: ▶\$ 44,880 | | | 1 | |
| а | Applied to 2013, but not more than line 2a | | | 29,192 | |
| b | Applied to undistributed income of prior years | i dir. | | | www.wake-deesembeliii |
| | (Election required - see instructions) | - | 0 | ļ. | |
| С | Treated as distributions out of corpus (Election | - had 10 bandon | | · · · · · · · · · · · · · · · · · · · | · |
| | required - see instructions) | Ō | | 1 | |
| d | Applied to 2014 distributable amount | | > | *************************************** | 15,688 |
| е | Remaining amount distributed out of corpus | 0 | - | | |
| 5 | Excess distributions carryover applied to 2014 . | ð | *************************************** | ····· | |
| | (If an amount appears in column (d), the same | | | | |
| | amount must be shown in column (a)) | | | - | |
| 6 | Enter the net total of each column as | | | <u> </u> | |
| | indicated below: | • | | 1 | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 . | 0 | | 1 | |
| þ | Prior years' undistributed income. Subtract | | | ······································ | *************************************** |
| | line 4b from line 2b | | 0 | } | |
| С | Enter the amount of prior years' undistributed | | | i a a a a a a a a a a a a a a a a a a a | |
| | income for which a notice of deficiency has | | | † | |
| | been issued, or on which the section 4942(a) | | | | |
| | tax has been previously assessed | | ∂ | | |
| d | Subtract line 6c from line 6b Taxable | | - | | |
| | amount - see instructions | | 0 | | |
| 8 | Undistributed income for 2013 Subtract line | | | | |
| | 4a from line 2a Taxable amount - see | | | | |
| | instructions | | | 0 | |
| f | Undistributed income for 2014 Subtract lines | | | | |
| | 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2015 | , | | | 39,210 |
| 7 | Amounts treated as distributions out of corpus | | | | |
| | to satisfy requirements imposed by section | | | 1 | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be | _ | | 1 | |
| | required - see instructions) | 0 | ~~ ~~~~ | · | '**-) h |
| 8 | Excess distributions carryover from 2009 not | | | 1 | |
| | applied on line 5 or line 7 (see instructions) | 0 | 12721-28471-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | · |
| 9 | Excess distributions carryover to 2015. | | | | |
| | Subtract lines 7 and 8 from line 6a | 0 | | | |
| 10 | Analysis of line 9 | | | 1 | |
| а | Excess from 2010 | · | | | |
| b | Excess from 2011 | [| | | |
| С | Excess from 2012 | Į. | | | |
| d | Excess from 2013 | <u> </u> | | · · · · · · · · · · · · · · · · · · · | |
| е | Excess from 2014 | <u> </u> | | # | |

| | | | | | | _ |
|--------|---|---|----------------------------|---------------------------|----------------------|---------------------------------------|
| Form 9 | | CE S. MAHONEY | | | 52-1854092 | Page 10 |
| Part | XIV Private Operating Foun | dations (see ins | structions and Part | VII-A, question 9 | N/A | |
| 1a | If the foundation has received a ruling or o | letermination letter th | at it is a private operati | ng | | |
| | foundation, and the ruling is effective for 2 | | | | <u> </u> | |
| b | Check box to indicate whether the founda | | ating foundation describ | ed in section | 4942(j)(3) or 49 |)42(j)(5) |
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | (e) Total |
| | investment return from Part X for each year listed | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | |
| b | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities . | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 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 | | | <u> </u> | <u> </u> | |
| Part | XV Supplementary Information | • | - | he foundation ha | ıd \$5,000 or more i | n assets at |
| | any time during the yea | | ons.) | | | |
| 1 a | Information Regarding Foundation Ma List any managers of the foundation who before the close of any tax year (but only | have contributed mo | | | | |
| b | NONE, List any managers of the foundation who | 0WD 10% or FDOre 0 | f the stock of a cornera | tion (or an equally large | nortion of the | |
| D | ownership of a partnership or other entity | | | | e portion of the | |
| | NONE, Information Regarding Contribution, | Grant Gift Loan S | cholarship etc. Progr | rams: | | |
| | Check here ▶ ☐ if the foundation only unsolicited requests for funds. If the four other conditions, complete items 2a, b, c | makes contributions idation makes gifts, g | to preselected charital | ole organizations and d | • | |
| a | The name, address, and telephone num | | | applications should be | addressed: | |
| b | The form in which applications should be | e submitted and infor | mation and materials th | ey should include | | · · · · · · · · · · · · · · · · · · · |
| | Applicati | on lette | | ··· | | |
| c | Any submission deadlines: | | | | | |

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

none

d

EEA

Form **990-PF** (2014)

Part XV | Supplementary Information (continued)

| 3 Grants and Contributions Paid During the | | d for Future | Payment | |
|--|--|--------------------------------|------------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | | | |
| a Paid during the year | | | | |
| UNIVERSITY OF IDAHO FOUNDATION - 875 PERIMETER DRIVE MAIL STOP 3143 | | | CI NGGROOM FOR | |
| MOSCOW, ID 83844-3143 | NONE | PC | CLASSROOM FOR SCIENCE EDUCATION | 5,000 |
| MODCON, 1D 03044-3143 | HOME | PC | SCIENCE EDUCATION | 5,000 |
| BUCK INSTITUTE FOR AGING RESEARCH | | | | |
| 8001 REDWOOD BLVD | | | BIOMEDICAL | |
| NOVATO, CA 94945 | NONE | PC | RESEARCH ON AGING | 10,000 |
| | | | | |
| MACKAY PUBLIC SCHOOL DISTRICT | | | CRITICAL | |
| 400 SPRUCE P O BOX 390 | | | EDUCATION NEEDS | |
| MACKAY, ID 83251 | NONE | PC | OF MACKAY SCHOOL | 6,000 |
| | | | | |
| UNIV OF ARIZONA MEDICAL CENTER FD | | | SERVICES/FACILITI | |
| 655 EAST RIVER ROAD | | | ES FOR DIAMOND | |
| TUCSON, AZ 85704-5840 | NONE | SOI | CHILDRENS HOSP | 15,000 |
| STANLEY SCHOOL PARENTS ASSOCIATION | | | EDUCATION NEEDS | |
| P O BOX 41 | | | OF | |
| STANLEY, ID 83278 | NONE | | STANLEY SCHOOL | 5,000 |
| SIMILLI, ID 03270 | NONE | | JIANEET SCHOOL | 3,000 |
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| | | | | |
| Total | | | ▶ 3a | 41,000 |
| b Approved for future payment | | | | |
| NONE | | | | |
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| Total | _ <u></u> | <u> </u> | ▶ 3b | |

Part XVI-A Analysis of Income-Producing Activities Enter gross amounts unless otherwise indicated Unrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt function income (a) (b) (c) (d) (See instructions) Business Amount Amount Exclusion code 1 Program service revenue. code а NONE b C g Fees and contracts from government agencies . . . 0 0 3 Interest on savings and temporary cash investments . 0 4 Dividends and interest from securities 14 6,397 Net rental income or (loss) from real estate: a Debt-financed property 0 0 6 Net rental income or (loss) from personal property . . . Gain or (loss) from sales of assets other than inventory 59,762 18 Net income or (loss) from special events 9 10 Gross profit or (loss) from sales of inventory 11 Other revenue 12 Subtotal. Add columns (b), (d), and (e) 66,159 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the Line No. accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions) ▼ N/A

1854092 Page 13

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

| | | _ | | ge in any of the follov | | U | | | | | Yes | No |
|---------|--------------|--|---|---|-----------------|--|------------------|-----------------------------|----------------|-----------------|--------------|---|
| | | | ode (other than secti | on 501(c)(3) organiza | ations) or in s | section 527 | ', relating to | political | | 1 | | |
| | organizati | | | | | | | | | | | |
| | | • | ~ | oncharitable exempt | • | | | | | | | |
| | | | | | | | | | r | 1a(1) | | X |
| | | | | | | | | | | 1a(2) | ,,,,,,,,,,,, | X |
| | Other tran | | | | | | | | | | | 1 |
| | | | nonchantable exempt | _ | | | | | | 1b(1) | | X |
| | | | | exempt organization | | | | | | 1b(2) | | <u>X</u> |
| | (3) Renta | il of facilities, eq | uipment, or other as: | sets | | | | | | 1b(3) | | X |
| | (4) Reim | oursement arrar | ngements | | | | | |] | 1b(4) | | X |
| | (5) Loans | or loan guaran | tees | | | | | | [| 1b(5) | _ | X_ |
| | (6) Perfo | rmance of servi | ces or membership o | or fundraising solicitat | ions | | | | | 1b(6) | | <u>X</u> |
| С | Sharing o | f facilities, equip | oment, mailing lists, o | ther assets, or paid e | employees | | | | [| 1c | | _X_ |
| d | If the ans | wer to any of the | e above is "Yes," cor | nplete the following s | chedule. Col | lumn (b) sh | ould always | show the fair | market | | | |
| | value of the | ne goods, other | assets, or services of | given by the reporting | foundation | If the found | dation receiv | ed less than f | air market | | | |
| | value in a | ny transaction c | or sharing arrangeme | ent, show in column (e | d) the value | of the good | s, other asse | ets, or service | s received. | | | |
| (a) Lin | e no (b) A | mount involved | (c) Name of non | charitable exempt organ | nization | (d) Desc | ription of trans | sfers, transaction | ns, and shar | ing arra | angeme | ents |
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| 2a | | • | • | with, or related to, or | | | • | | ۲ | ٦., | 177 | า |
| | | - | | than section 501(c) | 3)) or in sec | tion 5277 | | | [| Ye | s X | No |
| ь | - | | owing schedule | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | a) Name of organ | ization | (b) Type o | f organization | | | (c) Descripti | on of relation | ship | | |
| | | | | | | | | | | | | |
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| | correct. | enalties of perjury, I and complete Decla | declare that I have examing a ration of oreparer (other the | ied this retum, including ac ian taxpayer) is based on a | companying sch | nedules and st | atements, and to | o the best of my k ledge | nowledge and I | belief, it | ıs true, | |
| Sig | n | . 1 . 0 | (3) | 1 | | | | | May the IRS | discuss | this re | tum |
| Her | e 🖊 | Villen | In Famel | c-e 11-1: | 2-15 | 1/1/ | WALTE | | with the pres | parer <u>sh</u> | own bel | ow_ |
| | | nature of officer or tru | ustee | Date | | Title | | | (see inst)? | X | Yes | No |
| | | Print/Type prepar | er's name | Preparer's signature | • / | | Date / |) Chec | k X if P | PTIN | | |
| Pai | d | PATRICIA | W ROWE | Vatreci | راملا ربو | luc | 11/11 | /15 self-e | <u> </u> | 0145 | 7259 | |
| Pre | parer | Firm's name | ► PATRICIA R | OWE, CPA | <u></u> | | | Firm's EIN | | | | |
| | Only | Firm's address | ► P O BOX 29: | | | | | Phone no | | | | |
| USt | , Unity | | CASHIERS N | | | | | | 8-743-7 | 922 | | |
| | | | CHUITERO II | | | | | | <u> </u> | | - BE | (004.4) |

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2014

Employer identification number

| THE FLOR | ENCE S. MAHONE | Y FOU | NDATIC | ŲN | 52-1854092 |
|-----------------------------------|--|--|---|--|-----------------------------------|
| Organizatio | on type (check one) | | | | |
| Filers of: | | Section | ı: | | |
| Form 990 or | 990-EZ | <u> </u> | (c)(|) (enter number) organization | |
| | | 494 | 17(a)(1) n | nonexempt charitable trust not treated as a private foundation | |
| | | <u> </u> | ' political | organization | |
| Form 990-P | F | X 501 | (c)(3) ex | cempt private foundation | |
| | | ☐ 4 94 | 17(a)(1) r | nonexempt charitable trust treated as a private foundation | |
| | | <u> </u> | I(c)(3) ta: | xable private foundation | |
| Check if you | ur organization is cover | ed by th | e Gener | al Rule or a Special Rule. | |
| Note. Only a instructions | a section 501(c)(7), (8) | , or (10) | organiza | ation can check boxes for both the General Rule and a Special f | Rule See |
| General Ru | le | | | | |
| or n | | erty) fro | • | Z, or 990-PF that received, during the year, contributions totaling the contributor. Complete Parts I and II. See instructions for determined to the contributor. | • |
| Special Rul | es | | | | |
| regi 13, | ulations under sections 16a, or 16b, and that re | 509(a)(eceived | 1) and 17 from any | on(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 70(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), one contributor, during the year, total contributions of the great 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Par | , Part II, line ter of (1) |
| con | tributor, during the yea | ır, total c | ontributio | 01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons of more than \$1,000 exclusively for religious, charitable, sci prevention of cruelty to children or animals. Complete Parts I, II | entific, |
| con con duri Ge r | tributor, during the yea tributions totaled more ing the year for an excl neral Rule applies to the | r, contrib than \$1. lusively r his organ | outions e ,000 If the eligious, iization b | O1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such his box is checked, enter here the total contributions that were recharitable, etc., purpose. Do not complete any of the parts unlessecause it received nonexclusively religious, charitable, etc., con | eceived ess the ntributions |
| 990-EZ, or 9 | 990-PF), but it must an | swer "N | o" on Pa | e General Rule and/or the Special Rules does not file Schedule art IV, line 2, of its Form 990, or check the box on line H of its Fot meet the filing requirements of Schedule B (Form 990, 990-EZ | orm 990-EZ or on its |

Name of organization

THE FLORENCE S. MAHONEY FOUNDATION

Employer identification number 52-1854092

| Part | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is i | needed. |
|------------|--|---------------------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _1_ | FLORENCE MAHYONEY CHARITABLE TRUST 77 MURRAY AVENUE C/0 J. M. MAHONEY LARKSPUR, CA 94939 | \$99,796 | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |

| Name of organization | Employer identification number |
|-----------------------------------|--------------------------------|
| THE FLORENCE S MAHONEY FOUNDATION | 52-1854092 |

| cash Property (see instructions). Use duplicate co | pies of Part II if additional spac | ce is needed. |
|--|--|--|
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | s | |
| | Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given Description of noncash property given (b) Description of noncash property given | Description of noncash property given S |

| 990 | Overflow Statement | 2014 Page 1 |
|----------------------------|-----------------------|-----------------------|
| Name(s) as shown on return | | FEIN |
| THE FLORENCE S | S. MAHONEY FOUNDATION | 52-1854092 |

DIVIDENDS AND INTEREST FROM SECURITIES

| Description | tam! - Zine ! | | A | mount |
|--------------------|---------------|--------|----|-------|
| HARBOR INVESTMENTS | DIVIDENDS | | \$ | 2,572 |
| HARBOR INVESTMENTS | INTEREST | | | 3,825 |
| | | Total: | \$ | 6,397 |

PG - P.F. overslow Form 990_OfOv (2014) T THE FLORENCE S. MAHONEY FOUNDATION 52-1854092 Page 01 List of Officers, Directors, Trustees, and Key Employees Part 1 List all officers, directors, trustees, and key employees for the year even if they were not compensated. (c) Reportable (d) Health benefits, (b) Average (e) Estimated amount of compensation contributions to employee (a) Name and title hours per week (Form W-2/1099-MISC) benefit plans, and other compensation devoted to position deferred compensation (if not paid, enter -0-) TERRY GODDARD DIRECTOR 1701 PENNSYLVANIA AVE NW, DC 20006 <1.00 0 0 DANIEL J MAHONEY III DIRECTOR 1701 PENNSYLVANIA AVE NW, DC 20006 <1.00 0 0 J MICHAEL MAHONEY DIRECTOR 1701 PENNSYLVANIA AVE NW, DC 20006 < 1.00 0 0 0 MARGARETTA M MILLER DIRECTOR 1.00 1701 PENNSYLVANIA AVE NW, DC 20006 0 0 0

| Federal Supporting Statements | 2014 PG 01 |
|------------------------------------|------------|
| Name(s) as shown on return | FEIN |
| THE FLORENCE S. MAHONEY FOUNDATION | 52-1854092 |

FORM 990PF, PART II, LINE 10(B) INVESTMENTS: CORPORATE STOCK SCHEDULE

STATEMENT #137

| CATEGORY | BOY | BOOK VALUE | EOY FMV |
|------------------------------|---------|------------|---------|
| COLUMBIA ACORN FUND | 109,991 | 131,003 | 132,198 |
| DAVIS NY FUND | 95,300 | 115,731 | 119,489 |
| EUROPACIFIC GROWTH FUND | 33,590 | 34,102 | 37,650 |
| GATEWAY FUND | 28,887 | 29,318 | 33,840 |
| GROWTH FUND OF AMERICA | 95,118 | 107,416 | 136,809 |
| T ROWE PRICE SMALL CAP VALUE | 60,583 | 68,142 | 113,730 |
| TOTALS | 423,469 | 485,712 | 573,716 |

FORM 990PF, PART II, LINE 10(C) STATEMENT #138 INVESTMENTS: CORPORATE BOND SCHEDULE

PG 01

| CATEGORY | BOY | BOOK VALUE | EOY FMV |
|-----------------|--------|------------|---------|
| GENERAL ELECTRC | 75,005 | 75,005 | 82,671 |
| TOTALS | 75,005 | 75,005 | 82,671 |

| | | Federal St | Federal Supporting Statements | ments | 2014 PG 01 | |
|---|-----------------------------------|-------------------------------|---|--------------------------------|--|---|
| Name(s) as shown on return THE FLORENCE S. MAHONEY FOUNDATION | ¥ | | | | Your Social Secunity Muritber 52-1854092 | ber |
| | FORM 990F | FORM 990PF, PART I, LINE 16(A | LINE 16(A) - LEGAL FEES SCHEDULE | ULE | STATEMENT #107 | |
| DESCRIPTION ANTLEY AND LOPEZ | REVENUE AND EXPENSES 9, 292 | NET INVESTMENT 5,412 | ADJUSTED NET INCOME 0 | CHARITABLE PURPOSE 3,880 | | |
| TOTALS | 6,292 | 5,412 | 0 | 3,880 | | |
| | FORM 990PF, | PART I, LINE 16(B) - | FORM 990PF, PART I, LINE 16(B) - ACCOUNTING FEES SCHEDULE | EDULE | PG 01 STATEMENT #108 | |
| DESCRIPTION PATRICIA ROWE | REVENUE AND EXPENSES 1,925 | NET INVESTMENT 1,925 | ADJUSTED NET INCOME 0 | CHARITABLE PURPOSE 0 | | - |
| TOTALS | 1,925 | 1,925 | 0 | 0 | | |
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| | | Federal St | Federal Supporting Statements | ments | 2014 PG 01 | • |
|---|--------------------------|--------------------------|---|----------------------------|--|-------|
| Name(s) as shown on return THE FLORENCE S. MAHONEY FOUNDATION | 2 | | | | Your Social Security Number 52 - 1854092 | fiber |
| | FORM 990PF, PART | ' I, LINE 16(C) - OTI | FORM 990PF, PART I, LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE | : SCHEDULE | STATEMENT #109 | |
| DESCRIPTION INVESTMENT FEES | REVENUE AND EXPENSES 110 | NET INVESTMENT 110 | ADJUSTED NET INCOME 0 | CHAR1TABLE PURPOSE 0 | | |
| TOTALS | 110 | 110 | 0 | 0 | | |
| | FORM | 990PF, PART I, LINE | FORM 990PF, PART I, LINE 18 - TAXES SCHEDULE | | PG 01 Statement #110 | |
| DESCRIPTION FOREIGN TAXES | REVENUE AND EXPENSES 64 | NET INVESTMENT 64 | ADJUSTED NET INCOME 0 | CHARITABLE PURPOSE 0 | | |
| TOTALS | 79 | 79 | 0 | 0 | | |
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