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SCANNED MAY 2 5 2016

OMB No 1545-0052

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.
| Information about Form 990-PF and its separate instructions is atuww.irs.gov/form990pf.

For ca	alendar year 2015 or tax year beginning		, and ending		
	e of foundation			A Employer identification	number
JA	AMES S. MCDONNELL FAMILY	FOUNDATION		06 4505155	
IN	NC.		<del></del>	36-4507175	· · · · · · · · · · · · · · · · · · ·
Numb	ber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	1040
16	6 WESTON ROAD		(314) 862-	1040	
City o	or town, state or province, country, and ZIP or foreign po		C If exemption application is p	ending, check here	
LI	INCOLN, MA 01773-2002				
G Ch	neck all that apply Initial return	initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		2. Foreign omanizations me	setung the 85% test
	Address change	Name change		2. Foreign organizations me check here and attach co	omputation .
H Ch	heck type of organization X Section 501(c)(3) ex	* *		E If private foundation sta	
	3 COUNTY AND	Other taxable private founda	tion	under section 507(b)(1)	(A), check here
I Fair	r market value of all assets at end of year 🛭 J 🛮 Accountii	-	Accrual	F If the foundation is in a	
(fro		ther (specify)	<del></del>	under section 507(b)(1)	(B), check here
\$		mn (d) must be on cash b	oasis.)		1
Par	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(0) Disbursements for chantable purposes
	necessarily equal the amounts in column (a)	expenses per books	income	income	(cash basis only)
	1 Contributions, gifts, grants, etc., received	5,802,692.		N/A	
	2 Check If the foundation is not required to attach Sch B		100 (00		
	Interest on savings and temporary cash investments	133,600.	133,600.		STATEMENT 1
	4 Dividends and interest from securities	1,465,601.	1,465,601.		STATEMENT 2
	5a Gross rents		<del>,</del>	<del></del>	
	Net rental income or (loss)				<b>4</b>
9	62 Net gain or (loss) from sale of assets not on line 10	<581,769.	>		
킳	b Gross sales pince for all assets on line 6a 8,080,415.				
Revenue	7 Capital gain net income (from Part IV, line 2)		0.		<u> </u>
-	8 Net short-term capital gain			-	aca maininamy dym m
	9 Income modifications			18	9 7916 X
1	10a Gross sales less returns and allowances			1028 WAY .	W . C. W
	D Less Cost of goods sold			1000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	c Gross profit or (loss)				<del>[:::]`\</del>
1	11 Other income	6 000 104	1 500 201	Car a service	\$ **
	12 Total. Add lines 1 through 11	6,820,124. 9,000.	1,599,201. 900.		8,100.
1	13 Compensation of officers, directors, trustees, etc	9,000.	900.		8,100.
1	14 Other employee salaries and wages				
s l	15 Pension plans, employee benefits				
- Se	16a Legal fees	37,390.	33,651.		3,739.
Expense	b Accounting fees STMT 3	314,335.	314,335.		0.
	c Other professional fees STMT 4	314,333.	314,333.	<del>                                     </del>	
	17 Interest 18 Taxes STMT 5	118,212.	91,851.		1,361.
ita .		110,212.	51,051.	<del> </del>	1/301.
: <u> </u>	19 Depreciation and depletion				
- <del>-</del>	20 Occupancy			<del></del>	
	21 Travel, conferences, and meetings			<u> </u>	<del></del>
(0)	22 Printing and publications 23 Other expenses STMT 6	39,127.	39,108.		19.
	<b>20</b>	33,1270	37,100.	+	<u> </u>
rat	24 Total operating and administrative	518,064.	479,845.		13,219.
ĕ	expenses. Add lines 13 through 23	2,830,000.	117,043		2,830,000.
- 1	25 Contributions, gifts, grants paid	2,030,000.			=,000,000
1	26 Total expenses and disbursements.	3,348,064.	479,845.	J	2,843,219.
-	Add lines 24 and 25	1 2,010,001.			
	27 Subtract line 26 from line 12	3,472,060.		1	
	a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)		1,119,356.	<u> </u>	
- 1	c Adjusted net income (if negative, enter -0-)			N/A	
52350		instructions	Mak	16	Form <b>990-PF</b> (2015)

1

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
•	(must agree with end-of-year figure reported on prior year's return)	1	70,516,206.
2	Enter amount from Part I, line 27a	2	3,472,060.
	Other increases not included in line 2 (itemize) SEE STATEMENT 7	3	45,482.
_	Add lines 1, 2, and 3	4	74,033,748.
5	Decreases not included in line 2 (itemize) ► BOOK/TAX DIFFERENCES	5	40,285.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	73,993,463.

Form 990-PF (2015) \ INC	•					36	<u>-450</u>	7175	Page 3
Part IV Capital Gains	and Los	sses for Tax on In	vestment	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 (d) Date (mo , day, yr.) (mo , da	
1a BNY MELLON- ST	- SEE	ATTACHED			P	VARIO	US	VARIO	JUS
b BNY MELLON- LT					P	VARIO	US	VARIO	
c CAPITAL GAINS									
d									
e									
(e) Gross sales price  (f) Depreciation allowed (or allowable)  (g) Cost or other basis plus expense of sale							n or (loss) (f) minus (		
a 1,560,104.				1,405,70				154,	395.
b 6,485,693.				7,256,47	5.			<770,	782.
c 34,618.								34,	618.
đ									
<u>e</u>	l								
Complete only for assets showing						) Gains (Col			
(i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) col. (j), if any				(k), but no Losses (f	rom col (	h)) ´			
_a									395.
_b								<770,	
_C								34,	618.
<u>d</u>	<u> </u>								
<u>e</u>	L								
2 Capital gain net income or (net ca	apital loss)	If gain, also enter in the lift (loss), enter in the lift (loss), enter in the lift (loss).	in Part I, line 7 in Part I, line 1	, 7	} 2			<581,	769.
3 Net short-term capital gain or (lo if gain, also enter in Part I, line 8,			1 (6)		}				
If (loss), enter -0- in Part I, line 8		***************************************		<del>*</del> N 1	] 3		N/A		
Part V Qualification U						ome			
(For optional use by domestic privat	e foundation	is subject to the section 49	940(a) tax on	net investment ind	come )				
If section 4940(d)(2) applies, leave t	his part blar	nk							
					- 40			г . г	<b>⊽</b> 1
Was the foundation liable for the sec					00?			Yes [	A No
If "Yes," the foundation does not qua 1 Enter the appropriate amount in					ntrine			<del></del>	
(a)	each colum		Structions ber	ore making any er		<del></del>		(d)	
Base period years Calendar year (or tax year beginn	ing in	(b) Adjusted qualifying disti	nbutions	Net value of nor	(c) icharitable-use assets	/0	Distribi	ùtion ratio ided by col (i	c//
2014	ing in)		3,451.		73,265,671		or (6) aivi		5671
2013			5,537.		62,915,647				5864
2012			7,708.		51,068,262				4405
2011			3,456.		46,251,641				4667
2010			2,131.		38,582,180				4074
2 Total of line 1, column (d)						2		.24	4681
3 Average distribution ratio for the				or by the number	of vears				
the foundation has been in existe						3		.04	8936
					·				
4 Enter the net value of noncharital	ole-use asse	ets for 2015 from Part X, II	ne 5			4	78	8,635,	856.
5 Multiply line 4 by line 3						5		3,848,	124.
.,									
6 Enter 1% of net investment incor	ne (1% of P	art I, line 27b)				6		11,	194.
7 Add lines 5 and 6						7		3,859,	318.
8 Enter qualifying distributions from	n Part XII, li	ne 4	•		•	8		2 <b>,843,</b>	<u>219.</u>
If line 8 is equal to or greater tha	n line 7, che	ck the box in Part VI, line	1b, and compl	ete that part using	a 1% tax rate				
See the Part VI instructions									

JAMES S. MCDONNELL FAMILY FOUNDATION

Form	990-PF (2015) INC.		45071			Page 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	- see in	stru	ctio	ns)
	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 here 🕒 📖 and enter 1%	1	ļ	2	2,3	87.
	of Part I, line 27b					
	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	<u> </u>			<del>0.</del>
	Add lines 1 and 2	3	<u> </u>		2,3	87.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			<del></del>	<del>~~.</del>
-	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			2,3	87.
	Credits/Payments					
	2015 estimated tax payments and 2014 overpayment credited to 2015 <u>6a</u> 38,479.					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld	_	1	2	0 1	70
	Total credits and payments Add lines 6a through 6d	7			0,4	<u>79.</u>
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	ļ			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1 /	<u>ς</u> Λ	92.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2016 estimated tax   16,092. Refunded	10	-	Τ,	0,0	0.
		11	<u> </u>			<del></del>
	A VII-A Statements Regarding Activities		- I	Т	Vac	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	""	-	1a		X
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	٠.	-	1b	-	X
	If the answer is "Yes" to $1aor 1b$ , attach a detailed description of the activities and copies of any materials published		<u> </u>			
	if the answer is Tes to I a of 1 b, attach a detailed description of the activities and copies of any materials published distributed by the foundation in connection with the activities.	ia oi				
	Did the foundation file Form 1120-POL for this year?			16	;	х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-			
	(1) On the foundation $\blacktriangleright$ \$ 0. (2) On foundation managers $\blacktriangleright$ \$ 0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers > \$ 0.		]			ĺ
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	İ	Х
	If "Yes," attach a detailed description of the activities.		<u> </u>			***************************************
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r				l
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A [	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. [	5		X
	If "Yes," attach the statement required by General Instruction T.		Γ			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul>	law				İ
	remain in the governing instrument?		_	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		<u> </u>	7	X	<del></del>
			İ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
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)			ł		
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	<u> </u>
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	Γ			
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		. <u>L</u>	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			Form	990	-PF	(2015)

X

3ь

4a

N/A

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

JAMES S. MCDONNELL FAMILY FOUNDATION

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Form 990-PF (2015) INC.	4700 May Da I	Dominad (	36-45071	/5 Page 6
Part VII-B Statements Regarding Activities for Which I	-orm 4/20 May Be i	tequirea (contin	uea)	<del></del>
5a During the year did the foundation pay or incur any amount to		<u>,</u>		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		•	es X No	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire		(V)	
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Yı	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		<u></u>	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or 1			
the prevention of cruelty to children or animals?		•	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		, Ņ/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	ined		
expenditure responsibility for the grant?		//A 🔲 Yı	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			5b X
If "Yes" to 6b, file Form 8870.		•	<del></del>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Y <sub>1</sub>	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			/-	7b
Part VIII Information About Officers, Directors, Trusto		nagers. Highly		
Paid Employees, and Contractors	ccs, i canadion ma	inagere, ingin	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
CATHERINE M. ROGERS	PRESIDENT/TRE			<u>-</u>
16 WESTON ROAD				
LINCOLN, MA 017732002	3.00	6,000.	0.	0.
	DIRECTOR/CLER		- ''	
801 CEDAR STREET				
BERKELEY, CA 94710	2.00	3,000.	0.	0.
	DIRECTOR	.,		
7701 FORSYTH BLVD., SUITE 1050	D111201011			
ST LOUIS, MO 631051844	1.00	0.	o .	0.
	DIRECTOR	ļ		
1034 S. BRENTWOOD BLVD., SUITE 1860	DIRECTOR			
ST LOUIS, MO 631171229	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc			<u> </u>	
Compensation of the inglicest part employees (each time the	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred	account, other allowances
NONE	αενοίεα το ροσιτίοπ		compensation	allowalices
NONE				
				· · · · · · · · · · · · · · · · · · ·
		]		
	<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000	•		<u> </u>	0

## JAMES S. MCDONNELL FAMILY FOUNDATION

Form 990-PF (2015) ' INC •	36-4	<u> 4507175</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly		_
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE			
	7		
	7		
	7		
	7		
	7		
Total number of others receiving over \$50,000 for professional services		<b>•</b>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the iced, etc	Expenses	,
1 N/A			
2			
3			
	_		
4			
Part IX-B Summary of Program-Related Investments	1 10		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amount	<del></del>
1 N/A			
2			
All all and a second a second and a second and a second and a second and a second a			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	<b>&gt;</b>		0.
Total 700 miles ( unough o		Form <b>990-P</b>	

523561

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions.)
<u> </u>	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	78,945,709.
b	Average of monthly cash balances	1b	879,837.
C	Fair market value of all other assets	10	7,810.
d	Total (add lines 1a, b, and c)	1d	79,833,356.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	79,833,356.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,197,500.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	78,635,856.
6	Minimum investment return. Enter 5% of line 5	6	3,931,793.
P	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here   and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	3,931,793.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI ) .		
C	Add lines 2a and 2b	2c	22,387. 3,909,406.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,909,406.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,909,406.
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	3,909,406.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,843,219.
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	
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	2,843,219.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,843,219.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies f	or the section

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7				3,909,406.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only		<u></u>	196,337.	<del></del>
ь Total for prior years		0.		
3 Excess distributions carryover, if any, to 2015:				<del></del>
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4 ▶\$ 2,843,219.				
a Applied to 2014, but not more than line 2a			196,337.	
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 2015 distributable amount				2,646,882.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015	0.			0.
(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 indicated below:	_		***************************************	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2014 Subtract line				
4a from line 2a Taxable amount - see instr		-	0.	
f Undistributed income for 2015 Subtract				
lines 4d and 5 from line 1. This amount must				1 262 524
be distributed in 2016				1,262,524.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	•			
may be required - see instructions)	0.		<del></del>	<del></del>
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			<del>-141</del>
g Excess distributions carryover to 2016.	•	1		
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015.		<u> </u>		Form <b>990-PF</b> (2015)

c Any submission deadlines.

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

36-4507175 Page 11

3 Grants and Contributions Paid During th	ne Year or Approved for Future F	Payment		
Recipient  Name and address (home or business)	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
a Paid during the year	or substantial contributor			
1				
PLEASE SEE ATTACHED STATEMENT				
				2,830,000
-				
Total			<b>▶</b> 3a	2,830,000
b Approved for future payment				
PLEASE SEE ATTACHED STATEMENT				
Tabl		<u> </u>	<u> </u>	
Total				orm <b>990-PF</b> (2015

#### Part XVI-A **Analysis of Income-Producing Activities**

Unrelated b	usiness income		by section 512, 513, or 514	(e)	
(a) Business	(b) Amount	sion	(d) Amount	Related or exempt function income	
				····	
		<del> </del>			
				·····	
·				····	
		14	133,600.		
		14	1,465,601.		
		18	<581,769.>		
				<del></del>	
				· · · · · · · · · · · · · · · · · · ·	
<u> </u>		).	1,017,432.	0.	
			13	1,017,432.	
	Business code	Business code Amount	Business code  Amount  14  14  18	(a)   (b)	

#### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	NOT APPLICABLE
	- 000 PF

Form 990-PF	(2015) ' INC.			36-45	07175	Page <b>13</b>
Part XV			and Transactions a	and Relationships With Nonch		
	Exempt Organ	izations				
1 Did the	organization directly or indi	rectly engage in any of the following	ng with any other organization	on described in section 501(c) of	Ye	s No
	·	)(3) organizations) or in section 5		nizations?		
a Transfe	ers from the reporting found	ation to a noncharitable exempt or	ganization of	•		
(1) Ca	sh		•		1a(1)	_ X_
(2) Oti	her assets .				1a(2)	X
<b>b</b> Other to	ransactions					
(1) Sa	les of assets to a noncharita	ble exempt organization			1b(1)	_ X
(2) Pu	rchases of assets from a no	ncharitable exempt organization			. 1b(2)	X
(3) Re	ntal of facilities, equipment,	or other assets			16(3)	X
	imbursement arrangements				1b(4)	X
( <b>5</b> ) Lo	ans or loan guarantees				16(5)	X
(6) Pe	rformance of services or me	mbership or fundraising solicitation	ons .		16(6)	X
c Sharing	of facilities, equipment, ma	iling lists, other assets, or paid en	ployees		1c	X
d If the a	nswer to any of the above is	"Yes," complete the following scho	edule Column (b) should alv	ways show the fair market value of the goods	s, other assets,	
or serv	ices given by the reporting fo	oundation. If the foundation receive	ed less than fair market valu	ie 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	e exempt organization	(d) Description of transfers, transactions, an	d sharing arranger	nents
		N/A				
					<del></del>	
					<del></del>	
	·				·	
		tly affiliated with, or related to, one		zations described		
ın secti	on 501(c) of the Code (othe	r than section 501(c)(3)) or in sec	tion 527?		L Yes 🚨	K) No
b If Yes,	complete the following sch		<del></del>	<u></u>		
	(a) Name of org	anization	(b) Type of organization	(c) Description of relation	iship	
	N/A					
				<u>.</u>		
	<del></del>				<u> </u>	
<del></del>			<u></u>	<u> </u>		
1 000	der penalties of penury, I declare I belief, it is true-sopect, and don	that I have examined this return, including inplete Declaration of preparer (other that	ng accompanying schedules and : n taxpayer) is based on all inform	statements, and to the best of my knowledge nation of which preparer has any knowledge	lay the IRS discuss	this
Sign   📐	Japan J		cliely	Si Si	nown below (see in	str)?
Here	110		3/17/16		X Yes	No
	ignature of officer or trustee		Date '	Title Chack DTIN		
	Print/Type preparer's na	rme Preparer's s	ignature A	Date Check I If PTIN		
ם בים	TOCHDIL	DDICH / La /	0	(/ //11/15-)	10064065	
Paid	JOSEPH P.		CEDVICEC T	FU	0964962	<u> </u>
Prepare	1 T	& J. MANAGEMENT	SERVICES, I	NC . / Firm's EIN ►		
Use Oni		24 C DDENMETOOD	#1960			
		34 S. BRENTWOOD	•	214 0	262 1040	١
	ST	. LOUIS, MO 631	11-1223		362-1040	
					Form <b>990-PF</b>	(∠∪15)

### 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, or 990-PF) and its instructions is at www.irs gov/form990

OMB No 1545-0047

2015

Name of the organization

JAMES S. MCDONNELL FAMILY FOUNDATION

INC.

Employer identification number

36-4507175

Organiz	ation type (check or	ne):
Filers of	•	Section:
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization
`		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-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
	nly a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Kule	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it m	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

JAMES S. MCDONNELL FAMILY FOUNDATION INC.

Employer identification number

36-4507175

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES S. MCDONNELL CHARITABLE TRUST A  1034 S. BRENTWOOD BLVD., SUITE 1860  ST LOUIS, MO 63117-1229	\$2,962,146.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JAMES S. MCDONNELL CHARITABLE TRUST B  1034 S. BRENTWOOD BLVD., SUITE 1860  ST LOUIS, MO 63117-1229	\$ 2,840,546.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization JAMES S. MCDONNELL FAMILY FOUNDATION

Employer identification number

36-4507175

Part II	<b>Noncash Property</b>	(see instructions).	Use duplicate copies	of Part II if	additional space is needed.
---------	-------------------------	---------------------	----------------------	---------------	-----------------------------

ant II	Noncash Property (see instructions). Use duplicate copies of Pa		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-  -  -		<b>\$</b>	
(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
-   -			
453 10-26-1	5	\$ Schedule B (Form 9	990, 990-EZ, or 990-PF) (2

lame of orga		UNDAGTON	Employer Identification number					
INC.	S. MCDONNELL FAMILY FO		36-4507175					
Part III	the year from any one contributor. Complete ( completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the follov s, chantable, etc., contributions of \$1,000 or	In section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations					
(a) No.	Use duplicate copies of Part III if addition	al space is needed						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
-	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from		4311						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, ar	nd 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					
		(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
-								

FORM 990-PF INTERE	ST ON SAVII	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE	REVE	(A) REVENUE NET IN PER BOOKS IN		(C) ADJUSTED NET INCOME		
BNY MELLON		13	3,600.	133,600.		
TOTAL TO PART I, LI	NE 3	13	133,600.		133,600.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SE	CURITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENU S PER BOO			
BNY MELLON	1,500,219	. 34,61	8. 1,465,6	01. 1,465,60	01.	
TO PART I, LINE 4	1,500,219	34,61	8. 1,465,6	1,465,60	01.	
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
FINANCIAL SERVICES J&J	FEE -	37,390.	33,65	1.	3,739.	
TO FORM 990-PF, PG	1, LN 16B	37,390.	33,65	1.	3,739.	
FORM 990-PF	0'	THER PROFES	SIONAL FEES		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
INVESTMENT ADVISORS HAMMOND & ASSOCIATE INVESTMENT MANAGER	S	18,492.	18,49	2.	0.	
BNY MELLON	r mu-	295,843.	295,84	3.	0.	
TO FORM 990-PF, PG	1, LN 16C	314,335.	314,33	5.	0.	

FORM 990-PF	TAX	ES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BNY MELLON - FOREIGN TAXES EMPLOYER FICA	91,851. 861.	91,851.		0. 861.
4940 EXCISE TAX-CURRENT YEAR	25,000.	0.		0.
STATE REGISTRATION FEE-MASSACHUSETTS	500.	0.		500.
TO FORM 990-PF, PG 1, LN 18	118,212.	91,851.		1,361.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CUSTODY FEES- BNY MELLON OTHER EXPENSES	35,470. 3,657.			0. 19.
TO FORM 990-PF, PG 1, LN 23	FORM 990-PF, PG 1, LN 23 39,127. 39,108.			19.
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FUND BA	ALANCES S	TATEMENT 7
DESCRIPTION				AMOUNT
NONDIVIDEND DISTRIBUTIONS TAX EXEMPT INTEREST				16,238. 29,244.
TOTAL TO FORM 990-PF, PART II		45,482.		

FORM 990-PF OTHER	INVESTMENTS		STATEMENT
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
STOCKS & BONDS	COST	68,063,048.	75,470,660
TOTAL TO FORM 990-PF, PART II, LINE 1	.3	68,063,048.	75,470,660