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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

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▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2015**

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation IACOCCA FAMILY FOUNDATION		A Employer identification number 38-6071154	
Number and street (or P O box number if mail is not delivered to street address) 867 BOYLSTON STREET 6TH FLOOR		B Telephone number (see instructions) (617) 267-7747	
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02116		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 38,412,566		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	206,479			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . . . .	1,093,206	1,093,206		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	61,963			
	b Gross sales price for all assets on line 6a 4,372,665				
	7 Capital gain net income (from Part IV, line 2) . . . .		61,963		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	☛ 18,582	0		
	12 Total.Add lines 1 through 11 . . . . .	1,380,230	1,155,169		
	13 Compensation of officers, directors, trustees, etc	419,250	40,685		378,565
	14 Other employee salaries and wages . . . . .	23,688	0		23,688
	15 Pension plans, employee benefits . . . . .	13,220	0		13,220
	16a Legal fees (attach schedule). . . . .				
	b Accounting fees (attach schedule). . . . .	☛ 43,803	10,951		32,852
	c Other professional fees (attach schedule) . . . . .	☛ 11,198	867		10,331
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . .	☛ 79,505	2,058		20,134
	19 Depreciation (attach schedule) and depletion . . .	13,925	0		
	20 Occupancy . . . . .	89,255	8,926		80,329
	21 Travel, conferences, and meetings. . . . .	33,830	0		33,830
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .	☛ 88,096	7,943		80,153
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	815,770	71,430		673,102
	25 Contributions, gifts, grants paid . . . . .	719,465			646,965
	26 Total expenses and disbursements.Add lines 24 and 25	1,535,235	71,430		1,320,067
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-155,005			
	b Net investment income (if negative, enter -0-)		1,083,739		
	c Adjusted net income(if negative, enter -0-) . . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	223,971	164,797	164,797
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ <u>194,503</u>			
		Less allowance for doubtful accounts ▶ _____	246,827	194,503	194,503
	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 schedule) ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .	4,457	4,155	4,155
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	837,203	1,125,140	1,125,140
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____			
	Less accumulated depreciation (attach schedule) ▶ _____				
12	Investments—mortgage loans. . . . .				
13	Investments—other (attach schedule) . . . . .	36,539,973	34,732,060	34,732,060	
14	Land, buildings, and equipment basis ▶ <u>124,281</u>				
	Less accumulated depreciation (attach schedule) ▶ <u>39,124</u>	21,058	85,157	85,157	
15	Other assets (describe ▶ _____)	2,051,477	2,106,754	2,106,754	
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	39,924,966	38,412,566	38,412,566	
Liabilities	17	Accounts payable and accrued expenses . . . . .	7,394	8,958	
	18	Grants payable . . . . .	1,032,500	1,105,000	
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22) . . . . .	1,039,894	1,113,958	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .	38,885,072	37,298,608	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions) . . . . .	38,885,072	37,298,608	
	31	Total liabilities and net assets/fund balances(see instructions) . . . . .	39,924,966	38,412,566	

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	38,885,072
2	Enter amount from Part I, line 27a . . . . .	2	-155,005
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	38,730,067
5	Decreases not included in line 2 (itemize) ▶ _____	5	1,431,459
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	37,298,608

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1 a	VARIOUS		2015-01-01	2015-12-31
b	VARIOUS		2015-01-01	2015-12-31
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 1,370,505		1,410,532	-40,027
b 3,002,160		2,900,170	101,990
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			-40,027
b			101,990
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	61,963
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	1,574,342	39,207,703	0 040154
2013	2,984,875	36,989,272	0 080696
2012	3,804,607	36,412,759	0 104486
2011	3,746,410	37,496,244	0 099914
2010	2,307,911	38,020,563	0 060702

2	Total of line 1, column (d). . . . .	2	0 385952
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 077190
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	38,737,968
5	Multiply line 4 by line 3. . . . .	5	2,990,184
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	10,837
7	Add lines 5 and 6. . . . .	7	3,001,021
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	1,371,447

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

Part VI

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

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ 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% of Part I, line 27b . . . . .

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3

Add lines 1 and 2. . . . .

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5

**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

52,280

b

Exempt foreign organizations—tax withheld at source . . . . .

6b

c

Tax paid with application for extension of time to file (Form 8868). . . . .

6c

d

Backup withholding erroneously withheld . . . . .

6d

7

Total credits and payments. Add lines 6a through 6d. . . . .

8

Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

9

**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** . . . . .

10

**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**. . . . .

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** 30,605 **Refunded**

1	21,675
2	0
3	21,675
4	0
5	21,675
7	52,280
8	
9	
10	30,605
11	0

Part 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 participate or intervene in any political campaign? . . . . .

1b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .  
*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.*

1c

Did the foundation file **Form 1120-POL** for this year? . . . . .

2

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  
(1) On the foundation \$ 0 (2) On foundation managers \$ 0

3

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0

2

Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .  
*If "Yes," attach a detailed description of the activities.*

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* . . . . .

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

4b

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? . . . . .  
*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? . . . . .

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.* . . . . .

8a

Enter the states to which the foundation reports or with which it is registered (see instructions)  
MA, MI


8b

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation.*

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 2015 or the taxable year beginning in 2015 (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.*  . . . . .

1a	Yes	No
1a		No
1b		No
1c		No
2		No
3		No
4a		No
4b		
5		No
6	Yes	
7	Yes	
8b	Yes	
9		No
10	Yes	

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶IACOCCAFOUNDATION.ORG	13	Yes	
14	The books are in care of ▶THE FOUNDATION Located at ▶867 BOYLSTON STREET 6TH FLOOR BOSTON MA Telephone no ▶(617) 267-7747 ZIP+4 ▶02116			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? . . . . . <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i> ) . . . . . <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes

☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes

☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes

☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A )? (see instructions).

☐ Yes

☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes

☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes

☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes

☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000.

0

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

## Part IX-A Summary of Direct Charitable Activities

**Part IX-B Summary of Program-Related Investments** (see instructions)

**Part X**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	36,336,563
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	440,066
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	2,551,257
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	39,327,886
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	39,327,886
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	589,918
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	38,737,968
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	1,936,898

**Part XI**

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	1,936,898
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	21,675
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	21,675
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	1,915,223
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	18,582
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	1,933,805
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	1,933,805

**Part XII**

**Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,320,067
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	51,380
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,371,447
<b>5</b>	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). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,371,447

**Note:**The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				1,933,805
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	426,896			
b From 2011.	1,889,298			
c From 2012.	2,013,079			
d From 2013.	1,009,283			
e From 2014.				
f Total of lines 3a through e.	5,338,556			
4 Qualifying distributions for 2015 from Part XII, line 4				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				1,371,447
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	562,358			562,358
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,776,198			
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 instructions.			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
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			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	4,776,198			
10 Analysis of line 9				
a Excess from 2011.	1,753,836			
b Excess from 2012.	2,013,079			
c Excess from 2013.	1,009,283			
d Excess from 2014.				
e Excess from 2015.				

## Part XIV

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . ▶

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

		Tax year	Prior 3 years			(e) Total
		(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>2a</b>	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b>	85% of line 2a . . . . .					
<b>c</b>	Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b>	Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b>	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b>	Complete 3a, b, or c for the alternative test relied upon					
<b>a</b>	"Assets" alternative test—enter					
	(1) Value of all assets . . . . .					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b>	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b>	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

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

## 1 Information Regarding Foundation Managers:

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

LEE A IACocca

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

KATHRYN IACocca HENTZ  
867 BOYLSTON STREET 6TH FLOOR  
BOSTON, MA 02116  
(617) 267-7747

**b** The form in which applications should be submitted and information and materials they should include  
GRANT APPLICATION AT [WWW.IACOFFAFUNDATION.ORG](http://WWW.IACOFFAFUNDATION.ORG)

c Any submission deadlines  
OCTOBER 30

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

PRIMARILY CONCERNED WITH DIABETES RESEARCH - RELATED ACTIVITIES

Part XV

Supplementary Information(continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> See Additional Data Table				
<div>Total . . . . .</div>			<div>3a</div>	646,965
<div>b Approved for future payment</div> See Additional Data Table				
<div>Total . . . . .</div>			<div>3b</div>	1,105,000

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . . .					
<b>3</b>	Interest on savings and temporary cash investments . . . . .					
<b>4</b>	Dividends and interest from securities. . . . .			14	1,093,206	
<b>5</b>	Net rental income or (loss) from real estate					
<b>a</b>	Debt-financed property. . . . .					
<b>b</b>	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property . . . . .					
<b>7</b>	Other investment income. . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory . . . . .			18	61,963	
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory . . . . .					
<b>11</b>	Other revenue <b>a</b> RETURNED GRANT FUNDS _____			01	18,582	
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal Add columns (b), (d), and (e). . . . .		0		1,173,751	0
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations )			<b>13</b>		<b>1,173,751</b>

[illegible]



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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LEE A IACocca	CHAIRMAN 1 00	0	0	0
867 BOYLSTON STREET 6TH FLOOR BOSTON,MA 02116				
KATHRYN IACocca HENTZ	PRESIDENT 25 00	166,000	36,965	0
867 BOYLSTON STREET 6TH FLOOR BOSTON,MA 02116				
LOUIS LATAIF	SECRETARY / TREASURER 1 00	0	0	0
867 BOYLSTON STREET 6TH FLOOR BOSTON,MA 02116				
KENNETH ANDERSON	TRUSTEE 1 00	0	0	0
867 BOYLSTON STREET 6TH FLOOR BOSTON,MA 02116				
LIA IACocca ASSAD	TRUSTEE 1 00	0	0	0
867 BOYLSTON STREET 6TH FLOOR BOSTON,MA 02116				
SCOTT BLAIR	TRUSTEE 1 00	0	0	0
867 BOYLSTON STREET 6TH FLOOR BOSTON,MA 02116				
EDWARD BOUSA	TRUSTEE 1 00	0	0	0
867 BOYLSTON STREET 6TH FLOOR BOSTON,MA 02116				
JOHN GERACE	TRUSTEE 1 00	0	0	0
867 BOYLSTON STREET 6TH FLOOR BOSTON,MA 02116				
DESMOND HEATHWOOD	TRUSTEE 1 00	0	0	0
867 BOYLSTON STREET 6TH FLOOR BOSTON,MA 02116				
MARGARET LAURENCE	EXECUTIVE DIRECTOR 40 00	195,836	20,450	0
867 BOYLSTON STREET 6TH FLOOR BOSTON,MA 02116				


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION OF ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE,CA 92614		PC	GRANTS RESTRICTED GRANT	12,500
ALZHEIMER'S ASSOCIATION OF ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE,CA 92614		PC	GRANTS RESTRICTED GRANT	12,000
AMERICAN CANCER SOCIETY 73161 FRED WARING DRIVE PALM DESERT,CA 92260		PC	GRANTS RESTRICTED GRANT	500
AMERICAN IRELAND FUND 211 CONGRESS STREET BOSTON,MA 02110		PC	GRANTS RESTRICTED GRANT	4,430
BARBARA SINATRA CHILDREN'S CENTER 39000 BOB HOPE DRIVE RANCHO MIRAGE,CA 92270		PC	GRANTS UNRESTRICTED GRANT	15,000
BELIEVE IN SOBRIETY FOUNDATION 30025 ALICIA PARKWAY 195 LAGUNA NIGUEL,CA 92677		PC	GRANTS UNRESTRICTED GRANT	3,500
BETTY FORD CENTER 72301 COUNTRY CLUB DRIVE RANCHO MIRAGE,CA 92270		PC	GRANTS UNRESTRICTED GRANT	10,000
BOSTON CHILDREN'S HOSPITAL TRUST BOSTON CHILDRENS HOSPITAL TRUST BOSTON,MA 02215		PC	GRANTS UNRESTRICTED GRANT	5,000
BREWSTER ACADEMY 80 ACADEMY DRIVE WOLFEBORO,NH 03894		PC	GRANTS UNRESTRICTED GRANT	25,000
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVENUE 3RD FLOOR BOSTON,MA 02116		PC	GRANTS RESTRICTED GRANT	25,000
BROADCASTERS FDN OF AMERICA 125 WEST 55TH STREET 3RD FLOOR NEW YORK,NY 100195366		PF	GRANTS UNRESTRICTED GRANT	2,550
CANYON CLUB INC 20456 LAGUNA CANYON ROAD LAGUNA BEACH,CA 92651		PC	GRANTS UNRESTRICTED GRANT	5,000
CARE HOUSE OF OAKLAND COUNTY 410 WHIPPERS IN COURT BLOOMFIELD HILLS,MI 48302		PC	GRANTS RESTRICTED GRANT	5,000
CHRISTOPHER CATANESE CHILDREN'S FOUNDATIO PO BOX 2661 WESTWOOD,MA 02090		PC	GRANTS RESTRICTED GRANT	1,000
CHURCH OF ST IGNATIUS OF LOYOLA CHURCH 28 COMMONWEALTH AVENUE CHESTNUT HILL,MA 02467		PC	GRANTS UNRESTRICTED GRANT	25,000
<b>Total . . . . .</b>			<b>3a</b>	646,965

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
COMMUNITY FOUNDATION FOR NANTUCKET PO BOX 204 NANTUCKET,MA 02554		PC	GRANTS UNRESTRICTED GRANT	1,000
DAUGHTERS OF MARY OF NAZARETH 509 HAMMOND STREET CHESTNUT HILL,MA 02467		PC	GRANTS RESTRICTED GRANT	5,000
FRIENDS OF THE MACOMB COUNTY VETERANS TREATMENT COURT 16931 19 MILE ROAD SUITE 100 CLINTON TOWNSHIP,MI 48038		PC	GRANTS UNRESTRICTED GRANT	2,500
GLOBAL TEEN CHALLENGE 15 W 10TH STREET COLUMBUS,GA 31901		PC	GRANTS RESTRICTED GRANT	5,000
HAITIAN APOSTOLATE DIOCESE OF WORCESTER WORCESTER,MA 01608		PC	GRANTS RESTRICTED GRANT	5,000
HAITIAN APOSTOLATE DIOCESE OF WORCESTER WORCESTER,MA 01608		PC	GRANTS RESTRICTED GRANT	10,000
HARVARD TH CHAN SCHOOL OF PUBLIC HEALTH 90 SMITH STREET 4TH FLOOR BOSTON,MA 02120		PC	GRANTS RESTRICTED GRANT	25,000
HISTORIC FRANKLIN FUND 32325 FRANKLIN ROAD FRANKLIN,MI 48025		PC	GRANTS UNRESTRICTED GRANT	2,500
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVENUE SUITE 100 NEWPORT BEACH,CA 92663		PC	GRANTS UNRESTRICTED GRANT	20,000
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVENUE SUITE 100 NEWPORT BEACH,CA 92663		PC	GRANTS UNRESTRICTED GRANT	1,400
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVENUE SUITE 100 NEWPORT BEACH,CA 92663		PC	GRANTS RESTRICTED GRANT	5,000
HOSPICE OF THE GOLDEN ISLES 1692 GLYNCO PARKWAY BRUNSWICK,GA 31525		PC	GRANTS UNRESTRICTED GRANT	5,000
JSERRA CATHOLIC HIGH SCHOOL 26351 JUNIPERO SERRA RD SAN JUAN CAPISTRANO,CA 92675		PC	GRANTS RESTRICTED GRANT	15,000
JSERRA CATHOLIC HIGH SCHOOL 26351 JUNIPERO SERRA RD SAN JUAN CAPISTRANO,CA 92675		PC	GRANTS UNRESTRICTED GRANT	10,000
JSERRA CATHOLIC HIGH SCHOOL 26351 JUNIPERO SERRA RD SAN JUAN CAPISTRANO,CA 92675		PC	GRANTS RESTRICTED GRANT	10,000
<b>Total . . . . .</b>			<b>3a</b>	646,965


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
JSERRA CATHOLIC HIGH SCHOOL 26351 JUNIPERO SERRA RD SAN JUAN CAPISTRANO, CA 92675		PC	GRANTS RESTRICTED GRANT	15,000
JSERRA CATHOLIC HIGH SCHOOL 26351 JUNIPERO SERRA RD SAN JUAN CAPISTRANO, CA 92675		PC	GRANTS RESTRICTED GRANT	2,500
JSERRA CATHOLIC HIGH SCHOOL 26351 JUNIPERO SERRA RD SAN JUAN CAPISTRANO, CA 92675		PC	GRANTS UNRESTRICTED GRANT	2,500
K9'S 4 COPS 1210 WEST CLAY STREET UNIT 9 HOUSTON, TX 77019		PC	GRANTS UNRESTRICTED GRANT	15,000
KEEP MEMORY ALIVE 888 W BONNEVILLE AVENUE LAS VEGAS, NV 89106		PC	GRANTS UNRESTRICTED GRANT	15,000
LA COUNTY POLICE CANINE ASSOCIATION 1223 WILSHIRE BLVD SANTA MONICA, CA 90403		PC	GRANTS UNRESTRICTED GRANT	1,000
LANDMARK SCHOOL PO BOX 227 PRIDES CROSSING, MA 01965		PC	GRANTS UNRESTRICTED GRANT	10,000
LEHIGH UNIVERISTY GLOBAL VILLAGE 111 RESEARCH DRIVE IACOCCA HALL BETHLEHEM, PA 18015		PC	GRANTS RESTRICTED GRANT	21,735
MAMMOTH LAKES FOUNDATION 100 COLLEGE PARKWAY MAMMOTH LAKES, CA 93546		PC	GRANTS UNRESTRICTED GRANT	5,000
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREE SUITE 540 BOSTON, MA 02114		PC	GRANTS RESTRICTED GRANT	5,000
MIR CHARITIES 626 N DIXIE HWY WEST PALM BEACH, FL 33401		PC	GRANTS UNRESTRICTED GRANT	2,100
NANTUCKET COTTAGE HOSPITAL FOUNDATION 57 PROSPECT STREET NANTUCKET, MA 025542799		PC	GRANTS RESTRICTED GRANT	13,250
NANTUCKET HISTORICAL ASSOCIATION DEVELOPMENT OFFICE NANTUCKET, MA 02554		PC	GRANTS UNRESTRICTED GRANT	2,000
NATIONAL STUTTERING ASSOCIATION 119 W 40TH STREET 14TH FLOOR NEW YORK, NY 10018		PC	GRANTS UNRESTRICTED GRANT	2,500
NATIVITY PREPARATORY SCHOOL 39 LAMARTINE STREET JAMAICA PLAIN, MA 02130		PC	GRANTS UNRESTRICTED GRANT	5,000
<b>Total . . . . .</b>  <b>3a</b>				646,965

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OBLATES OF THE VIRGIN MARY SEMINARIAN FUN ST CLEMENT EUCHARISTIC SHRINE BOSTON,MA 02215		PC	GRANTS RESTRICTED GRANT	1,000
PARENTS AGAINST LEUKEMIA 14609 DEERVALE PLACE SHERMAN OAKS,CA 91403		PC	GRANTS UNRESTRICTED GRANT	5,000
PARTNERS IN HEALTH PO BOX 996 FREDERICK,MD 217059942		PC	GRANTS UNRESTRICTED GRANT	1,000
PAT MOORE FOUNDATION 2568 NEWPORT BLVD COSTA MESA,CA 92627		PC	GRANTS UNRESTRICTED GRANT	15,000
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU,CA 902634898		PC	GRANTS RESTRICTED GRANT	3,000
PINE STREET 444 HARRISON AVENUE BOSTON,MA 02118		PC	GRANTS UNRESTRICTED GRANT	1,000
PROMISES FOUNDATION PO BOX 662087 LOS ANGELES,CA 90066		PF	GRANTS UNRESTRICTED GRANT	10,000
PROVIDENCE TARZANA MEDICAL CENTER 18321 CLARK STREET TARZANA,CA 91356		PC	GRANTS RESTRICTED GRANT	1,000
SAN GABRIEL JR GOLF INC PO BOX 1675 DUARTE,CA 90019		PC	GRANTS UNRESTRICTED GRANT	5,000
SMALL ARMY FOR A CAUSE 300 MASSACHUSETTS AVENUE BOSTON,MA 02115		PC	GRANTS UNRESTRICTED GRANT	2,000
SPIRIT IN NATURE PO BOX 255 EAST MIDDLEBURY,VT 05740		PC	GRANTS RESTRICTED GRANT	500
ST CATHERINE OF SIENA SCHOOL 30516 SOUTH COAST HIGHWAY LAGUNA BEACH,CA 92651		PC	GRANTS UNRESTRICTED GRANT	6,000
ST CATHERINE OF SIENA SCHOOL 30516 SOUTH COAST HIGHWAY LAGUNA BEACH,CA 92651		PC	GRANTS RESTRICTED GRANT	11,000
ST CATHERINE OF SIENA SCHOOL 30516 SOUTH COAST HIGHWAY LAGUNA BEACH,CA 92651		PC	GRANTS UNRESTRICTED GRANT	4,000
ST CATHERINE OF SIENA SCHOOL 30516 SOUTH COAST HIGHWAY LAGUNA BEACH,CA 92651		PC	GRANTS UNRESTRICTED GRANT	2,500
<b>Total . . . . .</b>			<b>3a</b>	646,965

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 12365 LEWIS STREET GARDEN GROVE,CA 92840		PC	GRANTS UNRESTRICTED GRANT	5,000
ST MARY OUR LADY OF THE ISLE PO BOX 1168 NANTUCKET,MA 02554		PC	GRANTS UNRESTRICTED GRANT	10,000
ST SEBASTIAN'S SCHOOL 1191 GREENDALE AVENUE NEEDHAM,MA 02492		SO I	GRANTS UNRESTRICTED GRANT	25,000
ST VINCENT MEALS ON WHEELS 2131 WEST THIRD STREET LOS ANGELES,CA 90057		PC	GRANTS UNRESTRICTED GRANT	10,000
STRIKEOUT CROHN'S DISEASE 17400 WEDDINGTON STREET ENCINO,CA 91316		PC	GRANTS UNRESTRICTED GRANT	1,500
THE BRENT SHAPIRO FOUNDATION 10250 CONSTELLATION BOULEVARD 18TH FLOOR LOS ANGELES,CA 90067		PC	GRANTS UNRESTRICTED GRANT	10,000
THE STATUE OF LIBERTY-ELLIS ISLAND FOUND SOLEIF BENEFIT OFFICE NEWYORK,NY 10019		PC	GRANTS RESTRICTED GRANT	22,750
UCLA HEALTH SCIENCES DEPARTMENT DIVISION OF GERIATRICS LOS ANGELES,CA 90095		PC	GRANTS RESTRICTED GRANT	50,000
UCLA UNICAMP 900 HILGARD AVENUE LOS ANGELES,CA 90024		PC	GRANTS UNRESTRICTED GRANT	3,000
UNIVERSITY OF CALIFORNIA - IRVINE 101 ACADEMY WAY IRVINE,CA 92617		PC	GRANTS RESTRICTED GRANT	5,000
UNIVERSITY OF SOUTHERN CALIFORNIA USC ATHLETICS HERITAGE HALL LOS ANGELES,CA 90089		PC	GRANTS RESTRICTED GRANT	1,500
UNIVERSITY OF SOUTHERN CALIFORNIA USC ATHLETICS HERITAGE HALL LOS ANGELES,CA 90089		PC	GRANTS RESTRICTED GRANT	20,000
UNIVERSITY OF SOUTHERN CALIFORNIA USC ATHLETICS HERITAGE HALL LOS ANGELES,CA 90089		PC	GRANTS RESTRICTED GRANT	5,000
USA WATER POLO INC 2124 MAIN STREET SUITE 240 HUNTINGTON BEACH,CA 92648		PC	GRANTS UNRESTRICTED GRANT	10,000
VALPARAISO UNIVERSITY SCHOOL OF LAW 656 S GREENWICH STREET VALPARAISO,IN 46383		PC	GRANTS RESTRICTED GRANT	1,000
<b>Total . . . . .</b>  <b>3a</b>				646,965

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WEST VALLEY COUNSELING CENTER 19634 VENTURA BLVD 212 TARZANA,CA 91356		PC	GRANTS UNRESTRICTED GRANT	2,500
WHITE HERON THEATRE COMPANY 5 NORTH WATER STREET NANTUCKET,MA 02554		PC	GRANTS UNRESTRICTED GRANT	5,000
WORLD LEARNING 1 KIPLING ROAD BRATTLEBORO,VT 05302		PC	GRANTS RESTRICTED GRANT	250
<b>Total . . . . .</b> ▶ <b>3a</b>				646,965

TY 2015 Accounting Fees Schedule

**Name:** IACocca Family Foundation

**EIN:** 38-6071154

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	43,803	10,951		32,852

TY 2015 Investments Corporate Stock Schedule

**Name:** IACocca Family Foundation

**EIN:** 38-6071154

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PUBLICLY TRADED SECURITIES	1,125,140	1,125,140

## TY 2015 Investments - Other Schedule

**Name:** IACocca Family Foundation

**EIN:** 38-6071154

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	34,475,636	34,475,636
CASH HELD FOR INVESTMENTS	FMV	6,424	6,424
KINETA INVESTMENT LOAN	FMV	250,000	250,000

**TY 2015 Land, Etc.  
Schedule**

**Name:** IACocca Family Foundation  
**EIN:** 38-6071154

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EQUIPMENT	124,281	39,124	85,157	85,157

TY 2015 Other Assets Schedule

**Name:** IACOCCA FAMILY FOUNDATION

**EIN:** 38-6071154

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
CSV LIFE INSURANCE POLICY	2,051,477	2,106,754	2,106,754

TY 2015 Other Decreases Schedule

**Name:** IACocca Family Foundation

**EIN:** 38-6071154

Description	Amount
UNREALIZED LOSS	1,431,459

**TY 2015 Other Expenses Schedule****Name:** IACocca FAMILY FOUNDATION**EIN:** 38-6071154

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	5,931	593		5,338
TELEPHONE	7,526	753		6,773
POSTAGE, SHIPPING & DELIVERY	2,105	211		1,894
INSURANCE	46,654	4,665		41,989
OUTSIDE COMPUTER SERVICES	11,164	1,116		10,048
PAYROLL PROCESSING FEES	3,254	325		2,929
STORAGE	2,160	216		1,944
MISCELLANEOUS	6,652	64		6,588
MEMBERSHIP DUES	2,650	0		2,650

TY 2015 Other Income Schedule

**Name:** IACocca Family Foundation

**EIN:** 38-6071154

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RETURNED GRANT FUNDS	18,582		18,582

**TY 2015 Other Professional Fees Schedule****Name:** IACocca FAMILY FOUNDATION**EIN:** 38-6071154

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER	11,034	703		10,331
INVESTMENT	164	164		0

**TY 2015 Substantial Contributors  
Schedule**

**Name:** IACocca Family Foundation

**EIN:** 38-6071154

Name	Address
TOMECKO PHYLLIS L	704 UNION STREET SCHENECTADY,NY 123051594

**TY 2015 Taxes Schedule****Name:** IACocca FAMILY FOUNDATION**EIN:** 38-6071154

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	57,313	0		0
PAYROLL TAXES	22,192	2,058		20,134

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div>
		<div>2015</div>

<div>Name of the organization</div> <div>IACocca Family Foundation</div>	<div>Employer identification number</div> <div>38-6071154</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> IACOCCA FAMILY FOUNDATION	<b>Employer identification number</b> 38-6071154
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IACOCCA CLUT FBO ARIANNA ASSAD	\$ 88,240	Person <input checked="" type="checkbox"/>
	C/O WILMINGTON TRUST		Payroll <input type="checkbox"/>
	LOS ANGELES, CA 90067		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	THOMAS J SMACH REV TRUST	\$ 10,000	Person <input checked="" type="checkbox"/>
	4504 SPRUCE RIDGE DRIVE		Payroll <input type="checkbox"/>
	MANLIUS, NY 13104		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	PHYLLIS TOMECKO 704 UNION STREET	\$ 97,192	Person <input checked="" type="checkbox"/>
	SCHENECTADY, NY 123051594		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Employer identification number</b>
38-6071154

**Part II** **Noncash Property**  
(see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

<b>Name of organization</b> IACOCCA FAMILY FOUNDATION	<b>Employer identification number</b> 38-6071154
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Part III

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

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