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Form 990-PF

Department of the Treasury

Internal Revenue Service

OMB No 1545-0052

2015

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

F Information about 10111 990-F1 and its instructions is at www.irs.gov/10111390

, and ending 12-31-2015 For calendar year 2015, or tax year beginning 01-01-2015 A Employer identification number Name of foundation THE CHOD FAMILY FOUNDATION C/O GREENSFELDER HEMKER & GALE 43-6475433 BTelephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 10 S BROADWAY STE 2000 (314) 514-8881 **C** If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code ST LOUIS, MO 63102 G Check all that apply Initial return Initial return of a former public charity **D 1.** Foreign organizations, check here Final return Amended return  $\textbf{2.} \ \ \text{Foreign organizations meeting the } 85\%$ Name change Address change test, check here and attach computation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation **J**Accounting method IFair market value of all assets at end If the foundation is in a 60-month termination Cother (specify) under section 507(b)(1)(B), check here of year (from Part II, col. (c), (Part I, column (d) must be on cash basis.) line 16) ►\$ 14,600,453 Part I **Analysis of Revenue and Expenses** Disbursements Revenue and Net investment Adjusted net for charitable (The total of amounts in columns (b), (c), and (d) may not expenses per necessarily equal the amounts in column (a) (see (b) (c) purposes ıncome ıncome books (d) (cash basis only) instructions)) Contributions, gifts, grants, etc , received (attach 1 7.525.252 2 Check ► ☐ If the foundation is **not** required to attach . . . . . . . . . . . . . . . 3 Interest on savings and temporary cash investments 138 138 271,419 271,419 Dividends and interest from securities Gross rents . . . . . . . . . . . . 5a Net rental income or (loss) b Net gain or (loss) from sale of assets not on line 10 6a Revenue b Gross sales price for all assets on line 6a 95 Capital gain net income (from Part IV, line 2) . . Net short-term capital gain . . . Income modifications . . . 10a Gross sales less returns and allowances Less Cost of goods sold . . . . b Gross profit or (loss) (attach schedule) . . c Other income (attach schedule) . . . . 11 Total. Add lines 1 through 11 7,796,904 271,652 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . . 15 Pension plans, employee benefits . . Expenses Legal fees (attach schedule). . . . . 匆 3,157 1,579 1,578 16a 夗 2,456 1,228 1,228 Accounting fees (attach schedule). . . . b Other professional fees (attach schedule) . C Operating and Administrative **17** 囱 21,426 21,426 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion . 20 Occupancy . . . . . . . 21 Travel, conferences, and meetings. 22 Printing and publications . . 23 Other expenses (attach schedule). 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . 27.039 24.233 2.806 495,300 495,300 25 Contributions, gifts, grants paid . . . . . . 26 Total expenses and disbursements. Add lines 24 and 522,339 24,233 498,106 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 7,274,565 a 247,419 Net investment income (if negative, enter -0-) Adjusted net income(if negative, enter -0-)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	-1	(b) book value	(c) Full Planket Value
	2	Savings and temporary cash investments	278,481	5,070,812	5,070,812
	3	Accounts receivable	,	. ,	, ,
		Less allowance for doubtful accounts			
	4	Pledges receivable -			
	•	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			_
	O	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	,	Less allowance for doubtful accounts			
		Inventories for sale or use			
왍	8				
Assets	9	Prepaid expenses and deferred charges			
4	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	4,773,614	6,965,772	9,329,141
	С	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)	0	290,075	200,500
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule)			
	15	O ther assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	5,052,094	12,326,659	14,600,453
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
_	21	Mortgages and other notes payable (attach schedule)			
	22	O ther liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here 🕨 🦵			
Fund Balances		and complete lines 24 through 26 and lines 30 and 31.			
픙	24	Unrestricted			
8	25	Temporarily restricted			
豆	26	Permanently restricted			
ΞĮ		Foundations that do not follow SFAS 117, check here			
<u>-</u>		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	5,052,094	12,326,659	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	0	0	
Net	30	Total net assets or fund balances(see instructions)	5,052,094	12,326,659	
-	31	Total liabilities and net assets/fund balances(see instructions)	5,052,094	12,326,659	
Pa	rt 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 ac	gree	
		with end-of-year figure reported on prior year's return)	, ,		5,052,094
2		Enter amount from Part I, line 27a		<u> </u>	7,274,565
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		4	12,326,659
5		Decreases not included in line 2 (itemize)		5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa			12,326,659

Part IV Capital Gains and Losses for Tax on Investment Income

the Part VI instructions

		and(s) of property sold (e g , rese, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation	I I)ata acquirad	
1 a	COMMERCE BANCSHAR	ES, INC		Р	2015-12-14	2015-12-14
	FHLMC 36D MULTICLAS	S CMO		Р	2015-04-15	2015-12-15
d						
	e) Gross sales price	Depreciation allowe (f) (or allowable)		t or other basis expense of sale		n or (loss) s (f) minus (g)
а	3	3 2				32
<u></u> ь	6	53				63
d						
е						
Co	mplete only for assets show	ng gain in column (h) and owne	ed by the foundation	on 12/31/69	Gains (Col	(h) gain minus
		A djusted basis		cess of col (ı)		ot less than -0-) <b>or</b>
(ı)	FMV as of 12/31/69	<b>(j)</b> as of 12/31/69	<b>(k)</b> ove	rcol (j), ıfany	(I) Losses	(from col (h))
а						32
b						63
С						
d						
3	If gain, also enter in Part I in Part I, line 8	n or (loss) as defined in sectio , line 8, column (c) (see instru	ctions) If(loss), e	nter -0 -	3	95
Part (For ont		er Section 4940(e) for R				
Ifsecti	on 4940(d)(2) applies, leave	this part blank				
		tion 4942 tax on the distribute alify under section 4940(e) De			eriod?	│ Yes
<b>1</b> E n	ter the appropriate amount ir	n each column for each year, s	ee instructions befo	ore making any ent	ries	
	(a) e period years Calendar or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncha	ritable-use assets	<b>(d)</b> Distributio (col (b) divideo	on ratio
	2014	224,653		6,449,006		0 034835
	2013	348,337		5,212,761		0 066824
	2012	335,045		5,271,486		0 063558
	2011	240,000		5,037,915		0 047639
	2010	296,858		3,885,196		0 076407
2	Totalof line 1, column (d).				2	0 289263
3	the number of years the fo	for the 5-year base period—div undation has been in existence	e if less than 5 year	rs	3	0 057853
4		charitable-use assets for 2015	·		4	9,926,061
5				<u> </u>	5	574,252
6	Enter 1% of net investme	nt income (1% of Part I, line 2	7b)		6	2,474
7	Add lines 5 and 6				7	576.726

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

498,106

ĿĊL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49		, UI 4340—SC	e page	= 10 OI	the ms	LIUCLIO	115)		
1a	Exempt operating foundations described in section 4940(d)(2), check here $ ightharpoonup$ and enter "N/A" on line 1	· [		)						
	Date of ruling or determination letter			ļ						
	(attach copy of letter if necessary-see instructions)									
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V,			)	1			4	4,948	
_	here ► Tand enter 1% of Part I, line 27b			•						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organiza Part I, line 12, col (b)	itions e	enter 4% of							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun	dation	s only Othe	rs	2			-	0	
3	enter -0-) Add lines 1 and 2				3				 4 ,9 4 8	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four	ndation	s only Othe	ers					1,510	
	enter -0-) 4									
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	nter -0		•	5			4	4,948	
6	Credits/Payments	ا د۔	1 4.	0.400						
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1	0,400						
b	Exempt foreign organizations—tax withheld at source	6b								
с	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				7			1	0,400	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2				8					
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed.			<b>P</b>	9					
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount Enter the amount of line 10 to be Credited to 2015 estimated tax				10			;	5,452	
11 Dar	t VII-A Statements Regarding Activities	5,452	Refunded		11				0	
1a	During the tax year, did the foundation attempt to influence any national, state	orloc	al legiclatio	n or di				Yes	No	
Ia	it participate or intervene in any political campaign?	, 01 100	ai legisiatio	ii oi ui	u		1a	163	No	
h	Did it spend more than \$100 during the year (either directly or indirectly) for p	· ·	Inurposes (	· ·	etructi	one	la la	$\vdash$	140	
U	for definition)?		-	3CC 111	Structi	0115	1b		No	
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities			nateria	 Is	•				
	published or distributed by the foundation in connection with the activities.	4,74 00	p. 65 6, 4,,, ,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,					
c	Did the foundation file <b>Form 1120-POL</b> for this year?						1c		No	
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos	sed dur	ring the year	_						
	(1) On the foundation $\blacktriangleright$ \$ 0 (2) On foundation managers	<b>-</b> \$ _		0						
e	Enter the reimbursement (if any) paid by the foundation during the year for poli	tical e	xpenditure t	ax ımp	osed					
	on foundation managers 🕨 \$0									
2	Has the foundation engaged in any activities that have not previously been rep	orted	to the IRS?				2		No	
	If "Yes," attach a detailed description of the activities.									
3	Has the foundation made any changes, not previously reported to the IRS, in it	ts gove	rnıng ınstru	ment,	articles	5				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo	ormed (	copy of the c	hanges			3		No	
4a	Did the foundation have unrelated business gross income of \$1,000 or more d	urıng t	he year?				4a		No	
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction dur	rıng the	e year?				5		No	
	If "Yes," attach the statement required by General Instruction T.									
6	Are the requirements of section 508(e) (relating to sections 4941 through 49-	45)sa	tisfied eithe	r						
	By language in the governing instrument, or									
	By state legislation that effectively amends the governing instrument so the									
	that conflict with the state law remain in the governing instrument?						6	Yes		
7	Did the foundation have at least \$5,000 in assets at any time during the year?  and Part XV.	?If "Yes	s," complete i	Part II	, col. (c <sub>.</sub>	),	7	Yes		
Q >	Enter the states to which the foundation reports or with which it is registered (s		tructions)					163		
Ja	MO	IIIS	actions)							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF	to the Attori	nev						
_	General (or designate) of each state as required by General Instruction G? If '						8b	Yes		
9	Is the foundation claiming status as a private operating foundation within the n				(1)(3)					
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (se		_							
	If "Yes," complete Part XIV						9		No	
10	Did any persons become substantial contributors during the tax year? If "Yes,"	" attach	a schedule i	lıstıng	their no	ames				
	and addresses.						10		No	

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►LOPATA FLEGEL COMPANY LLP  Telephone no ►(314)	1514	- 8 8 8 1	
	Located at ▶600 MASON RIDGE CENTER DR ST LOUIS MO  ZIP+4 ▶63141	/	0001	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here	• •		
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	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 🟲			
Par	t 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? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)? $ extstyle  ex$			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
_	after termination of government service, if terminating within 90 days )			
Ь	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	41		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1.		Na
_	that were not corrected before the first day of the tax year beginning in 2015?	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)) At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
а	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 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 allyears listed, answer "No" and attach statement—see instructions )	2b		
С	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			
	<b>▶</b> 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
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? (Use Schedule C, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2015.).	3b		
<b>4</b> a	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

Pa	rt VII-B	Statements Rega	rdir	ng Activities for	Wh	ich Form 4720	May	Be Required <i>(Cont</i>	tinue	?d)
5a	During th	e year dıd the foundatıoı	прау	or incurany amoun	t to					
	<b>(1)</b> Carry	on propaganda, or other	wise	attempt to influence	e leg	ıslatıon (section 49	45(e	)) <sup>?</sup>	√ No	
	<b>(2)</b> Influe	nce the outcome of any	spec	ıfıc publıc election (	see	section 4955), or to	car	ry		
	on, dı	rectly or indirectly, any	votei	registration drive?.				T Yes	√ No	
	<b>(3)</b> Provi	de a grant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		┌ Yes ि	√ No	
	<b>(4)</b> Provi	de a grant to an organıza	ition	other than a charita	ble,	etc , organization de	scrib	oed		
	ın sec	tion 4945(d)(4)(A)? (se	ee ins	structions)				T Yes	√ No	
	<b>(5)</b> Provi	de for any purpose other	thar	religious, charitable	e, sc	ientific, literary, or				
	educa	ational purposes, or for t	he pr	evention of cruelty t	o ch	ıldren or anımals?.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√ No	
ь	If any ans	swerıs "Yes" to 5a(1)–(	5), d	id <b>any</b> of the transac	tions	fail to qualify under	the	exceptions described in		
	Regulatio	ns section 53 4945 or i	nac	urrent notice regard	ıng d	lisaster assistance	(see	instructions)?		5b
	O rganıza	tions relying on a curren	t not	ice regarding disast	eras	ssistance check here	e		_	
С	_	wer is "Yes" to question								
	tax becau	ise it maintained expend	liture	responsibility for th	ne gr	ant?		\ Yes \	_ No	
		attach the statement requ								
6a	Did the fo	undation, during the yea	ır, re	ceive any funds, dire	ctly	or indirectly, to pay	prer	niums on		
		al benefit contract?							√ No	
ь								benefit contract?		6b No
	If "Yes" to	o 6b, file Form 8870.								
7a		ne during the tax year, v	vas tl	ne foundation a party	/ to a	a prohibited tax shel	ter t	ransaction? <b>\( Yes</b> \)	- No	
ь	If yes, did	d the foundation receive	any	proceeds or have an	y ne	t income attributable	e to t	he transaction?		7b
		Information About	t Of	ficers, Directors	s, Tı	rustees, Founda	tio	n Managers, Highly	Paid	d Employees,
	rt VIII	and Contractors		•						
_1_	List all off	icers, directors, trustee	s, fou	ındation managers a	nd t	heir compensation (	see i			
				Title, and average	(c)	Compensation( <b>If</b>		<b>(d)</b> Contributions to		Expense account,
	<b>(a)</b> Na	me and address	<b> </b>	hours per week		not paid, enter	e	mployee benefit plans		other allowances
			(b)	devoted to position		-0-)	and	deferred compensation	L`´	
EDW	ARD A CHOD		4	SIDENT		0		0		0
		AY STE 2000	2 00	)						
	OUIS, MO	63102								
	YL ABRAMS	AV CTE 2000	10 FF	ICER Y		0		0		0
	.OUIS, MO	AY STE 2000 63102		,						
	ALD J CHOD		O F F	ICER		0		0		0
		AY STE 2000	2 0 0			9		J		· ·
	OUIS,MO									
2	Compensa	tion of five highest-paid	emp	loyees (other than	thos	e included on line 1–	-see	instructions). If none, e	nter "	NONE."
		(a)		Title, and aver	age			Contributions to		
Na		ress of each employee p	aıd	hours per wee	₽k	(c) Compensation	n	employee benefit plans and deferred	(e)	Expense account, other allowances
	mo	re than \$50,000		(b) devoted to posi	tion			(d) compensation	( )	other anomanees
пои	1E									
									1	
									<b> </b>	
									-	
_		C 11		<u> </u>						
rota	ıı number o	f other employees paid o	vers	,50,000				🟲		0

Part VIII and Contractors (continued)	istees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional service	·es	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Includ- organizations and other beneficiaries served, conferences convened, research papers		Expenses
1	produced, etc	·
2		
3		
<u> </u>		
Part IX-B Summary of Program-Related Investmen	ts (see instructions)	
Describe the two largest program-related investments made by the foundation du		Amount
1 N/A		0
2	_	
		1
		1
All other program-related investments See instructions		
3		
		1
		1
Total. Add lines 1 through 3		0

### Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	9,099,965
b	A verage of monthly cash balances	1b	977,254
С	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	10,077,219
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	10,077,219
4	Cash deemed held for charitable activities Enter 1 $1/2\%$ of line 3 (for greater amount, see		
	ınstructions)	4	151,158
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,926,061
6	Minimum investment return. Enter 5% of line 5	6	496,303
Pai	t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	taın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	496,303
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 ) 2b		
С	Add lines 2a and 2b	2c	4,948
3	Distributable amount before adjustments Subtract line 2c from line 1	3	491,355
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	491,355
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	491,355
Par	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	498,106
	Program-related investments—total from Part IX-B	1b	0
2	A mounts 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	498,106
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	498,106
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

Ρ	art XIII Undistributed I	<b>ncome</b> (see ınstru	ctions)			
			(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	( <b>d</b> ) 2015
1	Distributable amount for 2015 fro	om Part XI, line 7				491,355
	Undistributed income, if any, as o					
	Enter amount for 2014 only				0	
	Total for prior years 20,			0		
3	Excess distributions carryover, i			-		
а	From 2010	105,100				
	From 2011					
С	From 2012	75,629				
d	From 2013	91,097				
е	From 2014					
f	<b>Total</b> of lines 3a through e		271,826			
4	Qualifying distributions for 2015	from Part				
	XII, line 4 🕨 \$	498,106				
а	Applied to 2014, but not more th	an line 2a			0	
b	Applied to undistributed income of	of prior years		0		
	(Election required—see instruction	ons)				
С	Treated as distributions out of co required—see instructions)		0			
d	Applied to 2015 distributable am					491,355
е	Remaining amount distributed ou	t of corpus	6,751			
5	Excess distributions carryover a	pplied to 2015	0			0
	(If an amount appears in column (o	**				
6	Enter the net total of each colun	` ' '				
	indicated below:		270 577			
	Corpus Add lines 3f, 4c, and 4e		278,577			
b	Prior years' undistributed income			0		
_	line 4b from line 2b					
C	Enter the amount of prior years' u income for which a notice of defic					
	been issued, or on which the sect	•				
	tax has been previously assessed	d		0		
d	Subtract line 6c from line 6b Tax			0		
	—see instructions			U		
е	Undistributed income for 2014 S					
	4a from line 2a Taxable amount- instructions	-see			0	
f	Undistributed income for 2016 S	Subtract				
•	lines 4d and 5 from line 1. This ai					
	be distributed in 2015					0
7	Amounts treated as distributions					
	corpus to satisfy requirements in					
	section 170(b)(1)(F) or 4942(g)( be required - see instructions).	' ' '	0			
Q	Excess distributions carryover fr	_				
Ü	applied on line 5 or line 7 (see ins		105,100			
9	Excess distributions carryover to					
	Subtract lines 7 and 8 from line 6		173,477			
10	Analysis of line 9					
а	Excess from 2011					
b	Excess from 2012	75,629				
C	Excess from 2013	91,097				
	Excess from 2014					
е	Excess from 2015	6,751				

	Private Operating Foundat	•			19)	
1a	If the foundation has received a ruling or determ					
	foundation, and the ruling is effective for 2015,					
	Check box to indicate whether the organization		ting foundation de		1 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	
	year listed					
<b>b</b> 8	35% of line 2a					
c	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used					
	directly for active conduct of exempt activities					
e	Qualifying distributions made directly					
•	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets		1			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3		1			
-	of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section $4942(j)(3)(B)(iii)$					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information (C			e organizatio	n had \$5,000 o	r more in
	assets at any time during the	<u>year—see ins</u>	tructions.)			
L a	<b>Information Regarding Foundation Managers:</b> List any managers of the foundation who have co	ontributed more th	nan 2% of the tota	ıl contributions rec	eived by the found	lation
	before the close of any tax year (but only if they					ideloli
b	List any managers of the foundation who own 10				large portion of th	е
	ownership of a partnership or other entity) of wh	ich the loundation	inas a 10% or gre	eaterinterest		
	Total Control Control Control City	Cabalanak	:t- B			
2	Information Regarding Contribution, Grant, Gift					
	Check here ► ✓ If the foundation only makes counsolicited requests for funds. If the foundation					
	other conditions, complete items 2a, b, c, and d		its, etc. (see ilisti)	actions) to marvia	dais of organizatio	iis uiidei
а	The name, address, and telephone number or e	mail address of th	e nerson to whom	annlications shou	ld he addressed	
u	The name, address, and telephone number of el	man address of th	e person to whom	applications shou	ia be addressed	
b	The form in which applications should be submi	tted and informat	ion and materials t	they should includ	e	
C	Any submission deadlines					
_	A					
d	Any restrictions or limitations on awards, such factors	as by geographic	aı areas, charitabl	e neias, kinds of ii	nstitutions, or othe	Γ

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 495,300 **b** Approved for future payment

Form 990-PF (2015)  Part XVI-A Analysis of Income-Production	cina Activitie	<u> </u>			Page <b>12</b>
Enter gross amounts unless otherwise indicated		usiness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See
a		, , , , , , , , , , , , , , , , , , ,			instructions )
b					
c					
d e					
f					
<ul><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li></ul>					
3 Interest on savings and temporary cash investments			14	138	
4 Dividends and interest from securities			14	271,419	
5 Net rental income or (loss) from real estate a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
<b>7</b> Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	95	
<ul><li>9 Net income or (loss) from special events</li><li>10 Gross profit or (loss) from sales of inventory</li></ul>					
 11 Otherrevenue a					
b					
c d					
e					
12 Subtotal Add columns (b), (d), and (e).  13 Total.Add line 12, columns (b), (d), and (e).			0	271,652	
(See worksheet in line 13 instructions to verify	calculations )				271,032
Line No.  Explain below how each activity for whe accomplishment of the foundation instructions )	ıch ıncome ıs re	ported in column	(e) of Part XVI-A co	ontributed importa	

Part	XVI	Information Re Noncharitable				actions	and Relationship	s With		
		organization directly or i	ndırectly (	engage in any of	the following wit				Yes	No
		501(c) of the Code (other	er than se	ction 501(c)(3)	organizations) o	r in section	527, relating to polit	ıcal	res	NO
_		tions? s from the reporting foui	ndation to			. t. a. p. a. f				
		h						1:	2(1)	No
										+
• • •		ansactions							1(2)	NO
			ritable ev	emnt organizati	n n			11	b(1)	No
								<u> </u>		+
										+
								_		+
										+
									· · ·	
	_		_							NO
of t	he go any tra	ods, other assets, or se	rvices giv angement	en by the report	ting foundation In (d) the value of	f the founda f the goods,	ation received less the other assets, or serv	an fair market v ices received	value	unto
(a) Lin	110	(b) Amount involved	(c) Nume	or nonchantable ex	tempt organization	(4) 503	inputor of transfers, transa	ctions, and sharin	, anangeme	1103
des	cribe	d in section 501(c) of the complete the following	he Code (d schedule	other than section.	on 501(c)(3)) or	ın section 5	527?			No
Sign	the info	best of my knowledge a ormation of which prepai	and belief,	it is true, correc	ct, and complete	Declaratio	n of preparer (other tl	May the	s based or	n all
Here					2010 00 23	1b(1) No 1b(2) No 1b(3) No 1b(4) No 1b(5) No 1b(6) No 1c No 1c No 1chedule Column (b) should always show the fair market value ation If the foundation received less than fair market value ation of the goods, other assets, or services received  (d) Description of transfers, transactions, and sharing arrangements  (d) Description of transfers, transactions, and sharing arrangements  (a) Description of transfers, transactions, and sharing arrangements  (b) Description of transfers, transactions, and sharing arrangements  (c) Description of relationship  (d) Description of relationship				
	<u> </u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, at the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based information of which preparer has any knowledge  ******  Signature of officer or trustee  Print/Type preparer's name MARY L WILLIS  Print/Type preparer's name Preparer's Signature  Print/Type preparer's name Preparer's Signature  Print/Type preparer's name Preparer's Signature  Firm's name Firm's EIN * 43-1552002	·)? <b>▼ Yes</b> 「	No						
			name	Preparer's Sıg	nature	Date			192390	
Paid Prep Use			OMPANY	LLP			Firm's EIN ▶	43-1552002		
Only		600 MASON RIDGE 6 ST LOUIS, MO 6314		ORIVE SUITE10	00		Phone no (31	4)514-8881		

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

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
	or substantial contributor			
a Paid during the year				
AMERICAN RED CROSS 10195 CORPORATE SQUARE ST LOUIS,MO 63132	NONE	EOF	GENERAL SUPPORT	5,000
CANCER SUPPORT COMMUNITY 1058 OLD DES PERES ROAD ST LOUIS,MO 63131	NONE	EOF	GENERAL SUPPORT	2,000
CARDINAL GLENNON CHILDRENS FOUNDATION 1465 S GRAND BLVD ST LOUIS,MO 63104	NONE	EOF	GENERAL SUPPORT	1,000
CONGREGATION TEMPLE ISRAEL 1 RABBI ALVAN D RUBIN DRIVE ST LOUIS,MO 63141	NONE	EOF	GENERAL SUPPORT	1,000
DOCTORS WITHOUT BORDERS PO BOX 5022 HAGERSTOWN,MD 21741	NONE	EOF	GENERAL SUPPORT	1,000
FOREST PARK FOREVER 5595 GRAND DR ST LOUIS,MO 63112	NONE	EOF	GENERAL SUPPORT	2,500
GATEWAY TO HOPE 845 NORTH NEW BALLAS COURT ST LOUIS,MO 63141	NONE	EOF	GENERAL SUPPORT	25,000
HARRIS HOUSE 8315 SOUTH BROADWAY ST LOUIS,MO 63111	NONE	EOF	GENERAL SUPPORT	25,000
HUMANE SOCIETY 1201 MACKLIND AVENUE ST LOUIS,MO 63110	NONE	EOF	GENERAL SUPPORT	500
JEWISH COMMUNITY CENTER 2 MILLSTONE CAMPUS DR ST LOUIS,MO 63146	NONE	EOF	GENERAL SUPPORT	210,000
JEWISH FAMILY & CHILDRENS SERVICES 10950 SCHUETZ ROAD ST LOUIS,MO 63146	NONE	EOF	GENERAL SUPPORT	5,000
MISSOURI HISTORY MUSEUM 5700 LINDELL BOULEVARD ST LOUIS,MO 63112	NONE	EOF	GENERAL SUPPORT	500
OPERATION FOOD SEARCH 6282 OLIVE BLVD ST LOUIS,MO 63130	NONE	EOF	GENERAL SUPPORT	1,000
SAUL MIROWITZ JEWISH COMMUNITY SCHOOL 348 SOUTH MASON ROAD ST LOUIS,MO 63141	NONE	EOF	GENERAL SUPPORT	100,000
ST LOUIS AREA FOODBANK 70 CORPORATE WOODS DRIVE ST LOUIS,MO 63044	NONE	EOF	GENERAL SUPPORT	2,500
Total			▶ 3a	495,300

### 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	Foundation status of	Purpose of grant or contribution	A mount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
<b>a</b> Paid during the year					
ST LOUIS MENS GROUP AGAINST CANCER 21255 WOODSON ROAD ST LOUIS,MO 63114	NONE	EOF	GENERAL SUPPORT	2,000	
STRAY RESCUE OF ST LOUIS 1463 S 18TH ST ST LOUIS,MO 63104	NONE	EOF	GENERAL SUPPORT	500	
SUPPORT DOGS 11645 LILBURN PARK RD ST LOUIS,MO 63146	NONE	EOF	GENERAL SUPPORT	1,000	
TENDER HEART HAVEN 1197C EAST LOS ANGELES AVE SIMI VALLEY,CA 93065	NONE	EOF	GENERAL SUPPORT	2,000	
THE SALVATION ARMY PO BOX 795195 ST LOUIS,MO 63179	NONE	EOF	GENERAL SUPPORT	2,500	
THE USO PO BOX 96860 WASHINGTON, DC 20077	NONE	EOF	GENERAL SUPPORT	1,000	
HOLOCAUST MUSEUM & LEARNING CENTER 12 MILLSTONE CAMPUS DR ST LOUIS, MO 63146	NONE	EOF	GENERAL SUPPORT	1,000	
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD ST 7TH FL NEW YORK,NY 10016	NONE	EOF	GENERAL SUPPORT	1,800	
JEWISH FEDERATION OF ST LOUIS 12 MILLSTONE CAMPUS DR ST LOUIS,MO 631465776	NONE	EOF	GENERAL SUPPORT	100,000	
OPEN DOOR ANIMAL SANCTUARY 6065 DUDE ROAD HOUSE SPRINGS,MO 63051	NONE	EOF	GENERAL SUPPORT	1,000	
PONY BIRD PO BOX 190 MAPAVILLE, MO 63065	NONE	EOF	GENERAL SUPPORT	500	
Total			▶ 3a	495,300	

### **TY 2015 Accounting Fees Schedule**

Name: THE CHOD FAMILY FOUNDATION

C/O GREENSFELDER HEMKER & GALE

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE	2,456	1,228		1,228

### **TY 2015 General Explanation Attachment**

Name: THE CHOD FAMILY FOUNDATION

C/O GREENSFELDER HEMKER & GALE

Identifier	Return Reference	Explanation
	STATEMENT 7	CONTRIBUTION OF SHARES OF STOCK TO GATEWAY TO HOPE 1,217 SHARES OF KRAFT FOODS GROUP - TAX BASIS 21,894 -MARKET VALUE 66,053

### **TY 2015 Investments Corporate Stock Schedule**

Name: THE CHOD FAMILY FOUNDATION

C/O GREENSFELDER HEMKER & GALE

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AMEREN - 13,006 SH	512,135	560,949
COMMERCE BANCSHARES - 30,591 SH	210,949	1,301,341
ELI LILLY - 8,000 SH	570,200	674,080
ROYAL DUTCH SHELL PLC - 1,200 SH	77,070	54,948
PEPSICO INC - 5,000 SH	333,941	499,600
WAL-MART - 5,000 SH	249,957	306,500
CONOCOPHILLIPS - 3,000 SH	157,915	140,070
PAYCHEX - 6,000 SH	244,526	317,340
PROCTER & GAMBLE - 2,000 SH	141,334	158,820
VERIZON - 3,000 SH	101,554	138,660
ABBOTT LABORATORIES - 2,000 SH	44,822	89,820
EMERSON ELECTRIC CO - 3,000 SH	119,752	143,490
TOTAL S.A. SPONS ADR - 2,000 SH	110,641	89,900
INTEL CORP - 35,000 SH	745,363	1,205,750
FRONTIER CORP - 720 SH	5,941	3,362
BRISTOL MYERS SQUIBB - 6,000 SH	292,520	412,740
PHILLIPS 66 - 1,500 SH	46,930	122,700
ABBVIE - 2,000 SH	48,606	118,480
CHEVRON - 4,500 SH	499,892	404,820
MERCK - 2,800 SH	145,637	147,896
AT&T - 2,000 SH	70,341	68,820
INTERNATIONAL PAPER CO - 2,000 SH	99,133	75,400
KIMBERLEY CLARK CORP - 5,900 SH	604,471	751,070
QUALCOMM INC - 1,300 SH	104,610	64,981
3M CO - 1,500 SH	217,676	225,960
ALTRIA GROUP, INC 4,000 SH	222,440	232,840
BANK OF AMERICA CORP - 4,000 SH	65,520	67,320
HALYARD HEALTH, INC - 737 SH	27,491	24,623
IBM CORP - 500 SH	81,825	68,810
JOHNSON & JOHNSON - 3,000 SH	300,780	308,160

Name of Stock	End of Year Book Value	End of Year Fair Market Value
JP MORGAN CHASE & CO - 3,000 SH	179,400	198,090
PHILLIP MORRIS INTERNATIONAL - 4,000 SH	332,160	351,640
FHLMC MULTICLASS CMO	240	161

### **TY 2015 Investments - Other Schedule**

Name: THE CHOD FAMILY FOUNDATION

C/O GREENSFELDER HEMKER & GALE

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
NUSTAR ENERGY LP - 5,000 SH	AT COST	290,075	200,500

### TY 2015 Legal Fees Schedule

Name: THE CHOD FAMILY FOUNDATION

C/O GREENSFELDER HEMKER & GALE

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	3,157	1,579		1,578

### **TY 2015 Taxes Schedule**

Name: THE CHOD FAMILY FOUNDATION

C/O GREENSFELDER HEMKER & GALE

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX PAID	2,350	2,350		0
FEDERAL INCOME TAX	19,076	19,076		0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

### DLN: 93491187002056

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

THE CHOD FAMILY FOUNDATION

C/O GREENSFELDER HEMKER & GALE

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.
► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

**Employer identification number** 

43-6475433

2015

Organization type (check or	Organization type (check one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	☐ 527 political organization						
Form 990-PF	√ 501(c)(3) exempt private foundation						
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
other property) from	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions						
For an organization de under sections 509(a) received from any one	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% 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						
during the year, total o	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						
during the year, contri this box is checked, e purpose Do not comp	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

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), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization
THE CHOD FAMILY FOUNDATION
C/O GREENSFELDER HEMKER & GALE

Employer identification number 43-6475433

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
1	RONALD CHOD IRREVOCABLE TRUST		Person	্
	10 S BROADWAY STE 2000	\$ 5,000,000	Payroll	Г
	ST LOUIS, MO 63102	Ψ 5,000,000	Noncash	Г
	31 L0013, M003102		(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
2	RONALD CHOD IRA		Person	<b>□</b>
	10 S BROADWAY STE 2000	\$ 26,291	Payroll	Г
	ST LOUIS, MO 63102	<u> </u>	Noncash	Г
	31 20013, 110 03102		(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
3	RONALD CHOD IRA		Person	Г
	10 S BROADWAY STE 2000	\$ 2,498,961	Payroll	Г
	ST LOUIS, MO 63102	<u> </u>	Noncash	ন
	31 20013, NO 03102		(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
		\$	Payroll	Г
		<u>*</u>	Noncash	Г
			(Complete Part II f contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
		\$	Payroll	Г
			Noncash	Г
			(Complete Part II f contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
		\$	Payroll	Г
			Noncash	Г
		l l		

**Employer identification number** Name of organization THE CHOD FAMILY FOUNDATION C/O GREENSFELDER HEMKER & GALE 43-6475433 Noncash Property Part II (see instructions) Use duplicate copies of Part II if additional space is needed (c) (a) (b) (d) FMV (or estimate) Description of noncash property given No.from Part I Date received (see instructions) \$ 2,498,961 2015-02-24 COMMON STOCK OF VARIOUS PUBLICLY TRADED CORPORATIONS (c) (d) (a) (b) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (d) (a) (b) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (a) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (d) (a) (b) FMV (or estimate) Description of noncash property given No.from Part I Date received (see instructions) (c) (d) (a) (b) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions)

Schedule B (Form 990, 990-EZ, or 990-F	<b>'</b> F)	(2015	5)
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Page 4

Name of organization
THE CHOD FAMILY FOUNDATION
C/O GREENSFELDER HEMKER & GALE

Employer identification number

43-6475433

total more line entry. of \$1,000 o	religious, charitable, etc., contribut than \$1,000 for the year from any or	ions to organizations described in contributor. Complete columns I, enter the total of exclusively relimation once. See instructions.)	s (a) through (e) and the following igious, charitable, etc., contributions
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			
	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rela	tionship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·   -	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rela	tionship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rela	tionship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rela	tionship of transferor to transferee