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Form **990-PF**

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

2015

Department of the Treasury

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

For calendar year 2015 or tax year beginning SEP 16, 2015 , and ending DEC 31. 2015 A Employer identification number Name of foundation THE DRURY FAMILY CHARITABLE FOUNDATION 47-7320432 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 314-423-6698 721 EMERSON ROAD, SUITE 200 City or town, state or prevince, country, and ZIP or foreign postal code C If exemption application is pending, check here ST. LOUIS, MO 63141 X Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change H Check_type of organization: X Section 501(c)(3) exempt private foundation E If-private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash If the foundation is in a 60-month termination ___ Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 1,150,000. (Part I, column (d) must be on cash basis) ″-∠ ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purpos (cash basis only) expenses per books income ıncome 1,150,000. N/A Contributions, gifts, grants, etc., received €> Check If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a ο. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 1,150,000 0. 12 Total. Add lines 1 through 11 Ö. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (U) b Accounting fees 2 5 2016 3 c Other professional fees Operating and Administrative 17 Interest 18 Taxes APV. JUSIN, UI 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 0 0 expenses. Add lines 13 through 23 0. O. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0. 0. Add lines 24 and 25 27 Subtract line 26 from line 12: 1,150,000. a Excess of revenue over expenses and disbursements Ô. b Net investment income (if negative, enter -0-) $\overline{N/A}$ c Adjusted net income (if negative, enter -0-)

Form **990-PF** (2015)

LHA For Paperwork Reduction Act Notice, see instructions.

THE DRURY FAMILY CHARITABLE FOUNDATION Form 990-PF (2015) 47-7320432 Page 2 Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 1,150,000. 1,150,000. 2 Savings and temporary cash investments 3 Accounts receivable ► Less; allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less; allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 1,150,000. 1,150,000. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 23 Total liabilities (add lines 17 through 22) ightharpoonup XFoundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. or Fund Balances 1,150,000 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here 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 O. 1,150,000 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 0. 1,150,000 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) 1,150,000 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) 1,150,000 Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) 1,150,000. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form **990-PF** (2015)

_	2011					
_	2010					
2	Total of line 1, column (d)			2		
3	Average distribution ratio for the 5-year bathe foundation has been in existence if less		5, or by the number of years	s 3		
4	Enter the net value of noncharitable-use as	sets for 2015 from Part X, line 5		4		_
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investment income (1% of	Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributions from Part XII	line 4		8		

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.

523521 11-24-15

Form 990-PF (2015)

See the Part VI instructions.

Part VII Excise Tax Based on Investment Incorner (Section 4940(a), 4940(b), or 4940(c), or 4940 - see instructions)	Form		7320			Page 4
Date of ruling or determination letter: A collection of part I, line 27b 2 A lot line domestic foundations shall ment the section 4940(e) requirements in Part V, clack here ▶ and enter 1% of Part I, line 27b 2 A lot line domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot (b). 2 Tax under sciencia 511 (idomestic section 4947(a)(1) trusts and daxable foundations only. Others enter -0-) 3 A did lines 1 and 2 3 A 3 O. 3 Add lines 1 and 2 3 A 3 O. 5 Substite A (normal) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income, Subtract the 4 from line 3. It zor or less, enter -0- 5 Tax based on investment income, Subtract the 4 from line 3. It zor or less, enter -0- 5 Exempt foreign organizations - tax withheld at source 1 Total credits and payments. Add lines 5 and 6 lines 6 line			see i	instru	ctio	ns)
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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. c Did the foundation file Form 1120-PDL for this year? d 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 . e 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 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b 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? 8 Enter the states to which the foundation reports or with which it is registered (see instructions) MO b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Altorrey 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 ye	h			\vdash		
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	10		. 1		x	<u> </u>
		U 114.1				(2015)

Form **990-PF** (2015)

Form 990-PF (2015) THE DRURY FAMILY CHARITA			<u>47-73204</u>	132	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
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))?	Ye	s X No		-
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,			-
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in section				
4945(d)(4)(A)? (see instructions)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	I		
the prevention of cruelty to children or animals?			es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc		n Regulations	37/3		
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			I		ŀ
expenditure responsibility for the grant?		I/A Y	s L. No		-
If "Yes," attach the statement required by Regulations section 53 4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	oay premiums on	v.	s X No		
a personal benefit contract?		T-6	S LAUNO	eh l	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?			6b	
If "Yes" to 6b, file Form 8870	haltar transpation?		es X No		i
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	+-
Part VIII Information About Officers, Directors, Trust		nagers Highly			
Paid Employees, and Contractors	ees, i oundation me	magers, mgm	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.	· · · · · · · · · · · · · · · · · · ·			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e)	Expense ount, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	acco	owances
	<u> </u>		- Components		
SEE STATEMENT 2		0.	0	•	0.
·			<u></u>		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	1 (0)) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans	ačci	ount, other
2017	devoted to position	ļ · · · · · · · · · · · · · · · · · · ·	compensation	all	lowances
NONE				1	
		 		+	
				+	
		 	 	+-	
	1		1		
		 		+	
	1		1		
Total number of other employees paid over \$50,000			<u> </u>		0
,	· - · · - · · · · · · · · · · · · · · ·		For	n 990-	PF (2015)

	7320432 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
	İ
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program related investments. Con instructions	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.
Total Tide Miles - Milesgrie	Form 990-PF (2015)

523561 11-24-15

Form 990		LE FOUNDATION	4/-/	/320432 Page 8
Part X	Minimum Investment Return (All domestic foundations	must complete this part. Foreign fou	ndations, se	e instructions)
1 Fair n	narket value of assets not used (or held for use) directly in carrying out charital	ble, etc., purposes:		
a Avera	ge monthly fair market value of securities		1a	0.
b Avera	ge of monthly cash balances		1b	<u>0.</u> 383,333.
c Fair n	narket value of all other assets		1c	
d Total	(add lines 1a, b, and c)		1d	383,333.
e Redu	ction claimed for blockage or other factors reported on lines 1a and			
1c (a	tach detailed explanation)	1e 0.		
2 Acqu	sition indebtedness applicable to line 1 assets		2	0.
3 Subtr	act line 2 from line 1d	. 3	383,333.	
4 Cash	deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amour	nt, see instructions)	4	5,750.
5 Net v	alue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and 6	on Part V, line 4	5	377,583.
6Minir	num investment return. Enter 5% of line 5 ADJUSTED FOR SH	HORT TAX PERIOD	6	5,535.
Part X	Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here ☐ and do not complete this par		nd certain	
1 Minin	num investment return from Part X, line 6		1	5,535.
2a Tax o	n investment income for 2015 from Part VI, line 5	2a		
b Incon	ne tax for 2015. (This does not include the tax from Part VI.)	2b	1 1	
c Add I	nes 2a and 2b		2c	0.
3 Distri	outable amount before adjustments. Subtract line 2c from line 1		3	5,535.
4 Reco	veries of amounts treated as qualifying distributions		4	0.
5 Add I	nes 3 and 4		5	5,535.
6 Dedu	ction from distributable amount (see instructions)		6	0.
7 Distri	butable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pai	rt XIII, line 1	7	5,535.
Part X	Qualifying Distributions (see instructions)			
1 Amou	ints paid (including administrative expenses) to accomplish charitable, etc., pu	rposes:		
a Exper	ises, contributions, gifts, etc total from Part I, column (d), line 26		1a	0.
b Progr	am-related investments - total from Part IX-B	_	1b	0.
2 Amou	ints paid to acquire assets used (or held for use) directly in carrying out charita	able, etc., purposes	2	
3 Amou	ints set aside for specific charitable projects that satisfy the:			
a Suital	oility test (prior IRS approval required)		3a	
b Cash	distribution test (attach the required schedule)	_	3b	
4 Quali	fying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8,	and Part XIII, line 4	4	0.
5 Found	dations that qualify under section 4940(e) for the reduced rate of tax on net inv	vestment		· · · · · · · · · · · · · · · · · · ·
incon	ne. Enter 1% of Part I, line 27b		5	0.
6 Adjus	ted qualifying distributions. Subtract line 5 from line 4	-	6	0.
Note.	The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years.	when calculating whether the foundation (qualifies for th	ie section

Form **990-PF** (2015)

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				5,535.
2 Undistributed income, if any, as of the end of 2015			_	
a Enter amount for 2014 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2015:		0.		
a From 2010				
b From 2011				
c From 2012				
dFrom 2013				
e From 2014				
f Total of lines 3a through e	0.			
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				0.
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	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				5,535.
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	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015			<u></u>	<u> </u>

523581 11-24-15

Form **990-PF** (2015)

	RY FAMILY C			47-73	20432 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2015, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatii	ng foundation described	ın section	4942(j)(3) or 49	42(j)(5)·
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		•
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for				·	
each year listed					
b 85% of line 2a		1			
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.			1		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			<u> </u>		
alternative test relied upon: a "Assets" alternative test - enter;					
(1) Value of all assets				-	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter			-		
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					· · · · · · · · · · · · · · · · · · ·
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			1		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5.000 or mo	re in assets
at any time during t				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Information Regarding Foundation	n Managers:	•			
a List any managers of the foundation wh	-	than 2% of the total cont	ributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed in					o or any wax
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	(or an equally large porti	on of the ownership of a pa	rtnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.	() 9 - p		
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	rograms:		
				not accept unsolicited requi	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber or e-mail address of t	the person to whom appl	cations should be addre	ssed:	
, , ,					
SEE STATEMENT 3 b The form in which applications should b	e submitted and informa	tion and materials they sl	nould include:		
		and materials tricy si	TOBIO INCIDUO.		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

523611 11-24-15

Total

▶ 3b

Part XVI-A Analysis of Income-Producing Activitie	rt XVI-A	Analysis of Income-Pro	ducing Activitie
---	----------	------------------------	------------------

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ided by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Alliodit	iunction income
a					
b					
c				<u> </u>	
			 		
<u> </u>					
T			├		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3_Interest_on_savings_and_temporary_cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property			┢		
	ļ		\vdash		
b Not debt-financed property					,_
6 Net rental income or (loss) from personal					
property					
7 Other investment income			<u> </u>		
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events				· · · · · · · · · · · · · · · · · · ·	
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:					
a			ļ		
b					
C			<u> </u>		
d					
e		. =			
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	·		. 13	0.
(See worksheet in line 13 instructions to verify calculations.)				• • • •	
· · · · · · · · · · · · · · · · · · ·					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Fuelous holous house and patricks for subschape and					
Explain below how each activity for which income the foundation's exempt purposes (other than be			contri	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than b	y providing to	inus ioi sucii purposes).		· 	
		= ==			
					·····
	· ·	· · · · · · · · · · · · · · · · · · ·			
					
		•			
	"			·	•
				· · · · · · · · · · · · · · · · · · ·	
					

Part XVII	Information Re Exempt Organ		To and Transactions a	ind Relationships with Nonch	aritabi	3
1 Did the or			ollowing with any other organization	in described in section 501(c) of		Yes No
			tion 527, relating to political organ			
	•	ation to a noncharitable exer				
(1) Cash		audit to a nonenariable exe	mpt of gameation of		1a(1)	X
(2) Other		•			1a(2)	
b Other tran					13(2)	
	of assets to a noncharita	thie exempt organization			1b(1)	x
		encharitable exempt organiza	ation		1b(2)	X
· ·	al of facilities, equipment,	· · · · · ·		- •	1b(3)	 -
, <i>,</i>	bursement arrangements				1b(4)	
, ,	s or loan guarantees			•	1b(5)	+ +
	•	embership or fundraising sol	licitations	~~	1b(6)	X
` '		ailing lists, other assets, or p		· 	15	X
_	• •			ways show the fair market value of the goods	, other ass	sets.
				ie in any transaction or stiaring arrangement		·
		other assets, or services rec				
(a)Line no	(b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Description of transfers transactions on	d sharing ar	rangements
		N	/A			
			- Marine Marine			
		and advantable to the second				
			······································			
				4		
		!				
,,	m=1 p=	<u> </u>				
	-	•	lo, one or more tax-exempt organi	zations described		[12]
	. ,	r than section 501(c)(3)) or	m section 527?	·	Yes	X No
b if "Yes," c	omplete the following sch		L (h) Time of exception	L (a) Description of relation	abin.	
	(a) Name of org	janization	(b) Type of organization	(c) Description of relation	istip	
	N/A					
Under	populties of parties declare	that I have examined this return	including accompanying schedules and	statements, and to the best of my knowledge.		
Sign and b	elief, it is true correct and co	polete Declaration of preparer (o	ther than taxpayer) is based on all inform	variou of Which behalf the table phone to be	e,urn with th	uiuscuss Triis ie prepaier
Here	Mathe CK	id A	1 dulin	TRUSTEE	hown below Yes	(see instr)?
<u> </u>	nature of officer or trustee	30 70 1	Date	Title		. (41) 190
	Print/Type preparer's na		rer's signature	Date Check II PTIN	j	
	, , , , , , , , , , , , , , , , ,	[(7)	21/	- / / cott. employed		
Paid	STEVEN R.	HARPOLE A	m KHansele	5/4//6 seri-employed PI	00745	777
Preparer		IST & YOUNG U	S LLP	Firms EiN ► 36-0		
Use Only	I mus name > LIKE	,51 4 100110 0		ism sem p so		
,	Firm's address > 1 9	0 CARONDELET	PLAZA, SUITE 1	300		
		AYTON, MO 63	-	Phone no. 314-2	290-1	.000
	<u> </u>					0-PF (201

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Employer identification number

	THE DRURY FAMILY CHARITABLE FOUNDATION 47-7320432						
Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
501(c)(3) taxable private foundation							
• •	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule See instructions.					
General Rule							
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contributor.						
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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							
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) filling 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.							
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Scheo on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	•					

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

Name of organization

Employer identification number

THE DRURY FAMILY CHARITABLE FOUNDATION

47-7320432

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DRURY DEVELOPMENT CORPORATION 721 EMERSON ROAD, SUITE 200 ST. LOUIS, MO 63141	s1,150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2	6.15	Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2015)

Employer identification number

THE DRURY FAMILY CHARITABLE FOUNDATION

47-7320432

art II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
j		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

Name of org	13 (101111990, 990-12, 01 990-11) (2013)		Employer identification number			
Maine or org	Janization		Employer identification number			
			45 5000400			
Part III	RURY FAMILY CHARITABLE Exclusively religious charitable etc. cont	ributions to organizations describe	47-7320432 d in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
ı uıtın	the year from any one contributor. Complete of	columns (a) through (e) and the folio	OWING line entry. For organizations			
	completing Part III, enter the total of exclusively religious	s, chantable, etc., contributions of \$1,000 of	or less for the year (Enterthis info once)			
7-1 NI- T	Use duplicate copies of Part III if addition	al space is needed				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Fulpose of gift	(c) Ose of gift	(a) bescription of now gift is field			
			-			
	_	-				
<u> </u>	(e) Transfer of gift					
	(a) transition of gire					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
ľ	Transfere o traine, address, und zai 14		Treatment of Carlotor to Carlotor			
		·				
1		····				
(a) No.			···-			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Parri						
-						
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F						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
ľ		··				
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ŀ	<u> </u>					
(a) No.		L				
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
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1						
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- -						
ŀ	(e) Transfer of gift					
İ						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
į						
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ļ						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) r dipose of gire	(c) Ose or give	(a) Description of now gift is need			
i						
	<u>.</u>					
Ĺ	<u></u>					
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
1						
ļ						
			Cabadula B /Form 000, 000 E7, as 000 DE) /2015)			

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

STATEMENT

STATEMENT

1

2

NAME OF CONTRIBUTOR

ADDRESS

DRURY DEVELOPMENT CORPORATION

721 EMERSON ROAD, SUITE 200

ST. LOUIS, MO 63141

TRUSTEES AND FOUNDATION MANAGERS EMPLOYEE TITLE AND COMPEN-BEN PLAN EXPENSE AVRG HRS/WK NAME AND ADDRESS SATION CONTRIB ACCOUNT CHARLES L. DRURY, JR. TRUSTEE 721 EMERSON ROAD, SUITE 200 0.00 0. 0. 0. ST. LOUIS, MO 63141 SHIRLEY J. DRURY TRUSTEE 721 EMERSON ROAD, SUITE 200 0.00 0. 0. 0. ST. LOUIS, MO 63141 TIMOTHY M. DRURY TRUSTEE 0. 721 EMERSON ROAD, SUITE 200 0. 0.00 0. ST. LOUIS, MO 63141 JANICE A. RUOPP TRUSTEE 721 EMERSON ROAD, SUITE 200 0.00 0. 0. ST. LOUIS, MO 63141 JACQUELINE D. POLLVOGT TRUSTEE 721 EMERSON ROAD, SUITE 200 0. 0.00 0. 0. ST. LOUIS, MO 63141 ANTHONY C. RIGHT ADMINISTRATIVE TRUSTEE 721 EMERSON ROAD, SUITE 200 0.00 0. 0. 0. ST. LOUIS, MO 63141 ROBERT C. ZAEGEL ADMINISTRATIVE TRUSTEE 721 EMERSON ROAD, SUITE 200 0.00 0. 0. 0.

0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

ST. LOUIS, MO 63141

0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

3

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANTHONY C. RIGHT 721 EMERSON ROAD, SUITE 200 ST. LOUIS, MO 63141

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE SUBMITTED IN WRITTEN FORM AND SHOULD BE SPECIFIC WITH RESPECT TO THE RECIPIENT ORGANIZATION, PURPOSE, AMOUNT, AND TIMING OF PAYMENT.

ANY SUBMISSION DEADLINES

NONE.

RESTRICTIONS AND LIMITATIONS ON AWARDS

DONATIONS SHALL ONLY BE MADE TO PUBLIC CHARITIES AS DEFINED IN THE INTERNAL REVENUE CODE.