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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052 2015

Department of the Treasury Internal Revenue Service

▶ 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 wave ire gov/form990nf

Inter	nal Reve	nue Service Information about Form 990-PF	and its se	parate instructions i	s at www.i	rs.gov/forms	990pf. Open	to Public Inspection		
For	calend	dar year 2015 or tax year beginning			and endin			, 20		
N	ame of f	foundation THE FLORENCE S. MAHONEY FOUN	DATION			A Employer	identification number			
		C/O ANTLEY & LOPEZ LLP				52-1854	1092			
N	umber a	and street (or P.O box number if mail is not delivered to street	address)	F	Room/suite	B Telephone	number (see instructions			
6	01 13	3TH STREET NW 900 SOUTH		وا	900 SO	(202) 249-7390				
С	ty or to	wn, state or province, country, and ZIP or foreign postal code		chack hara						
Washington, DC 20005 Clif exemption application is pending, check										
G	Check a	all that apply: Initial return Ir	nitial return	of a former public cha	rity	D 1. Foreia	n organizations, check hei	e ▶□		
		Final return A			• • • • • • •					
X Address change Name change 2. Foreign organizations meeting the check here and attach computation										
Н	Check t	type of organization: X Section 501(c)(3)					•			
	Secti	ion 4947(a)(1) nonexempt charitable trust	tion		foundation status was terr 07(b)(1)(A), check here	ninated under				
1 1		arket value of all assets at J Accounting		X Cash	Accrual	1				
(end of y	year (from Part II, col. (c), Other (s		L			ndation is in a 60-month te ction 507(b)(1)(B), check h	1 1		
1	ne 16)	, <u> </u>	· · · ·	e on cash basis.)			(-)(·)(-)(· · · · · · · · · · · · · · · · · · ·			
P	rt I	Analysis of Revenue and Expenses (Th				·		(d) Disbursements		
	······	amounts in columns (b), (c), and (d) may not necessarily eq		(a) Revenue and expenses per		investment	(c) Adjusted net	for charitable		
	٥	the amounts in column (a) (see instructions))		books	ın	come	income	purposes (cash basis only)		
	D 1	Contributions, gifts, grants, etc., received (attach sche-	dule)	96,11	2			······································		
	72 4 37	Check ▶ ☐ If the foundation is not required to attach Sch B	,		7					
	3-3	Interest on savings and temporary cash investments		0	1	0	6	······································		
	4	Dividends and interest from securities		7,88	7	7,854		***************************************		
ä	\Box_{5a}	Gross rents	7,00		0	0				
•	Рь	Net rental income or (loss)								
	6a	Net gain or (loss) from sale of assets not on line 10		56,25	- †		1.1.1/1/1.			
Sevenue -	b		1,419	30,23	7					
<u>8</u>	7	Capital gain net income (from Part IV, line 2)	1		56,256	**************************************				
Ą.	8	Net short-term capital gain				30,230	0			
Ŭ,	9	Income modifications RECEIVED	7		+	,, .,	0	<u>'}'- - - </u>		
	10a						***************************************			
		Land Control and a little		####	 	!'1^14 '414 ₇ 1 ₇ -'	''' '	*************************************		
	С	Gross profit or (loss) (attach schedule) 7 2016	8		-t	•••••	0			
9	11	Other income (attach schedule)	낊		1	***************************************	0			
19 Redelved	12	Total. Add lines 1 through 11 OCOFN UT	1 1	160,25	5	64,110				
3	13	Compensation of officers, directors, trustees, etc		0	1	C	0	0		
38	14	Other employee salaries and wages		0	1	0	0	0		
*	15	Pension plans, employee benefits		0		0	0	0		
, eg	16a	Legal fees (attach schedule)	STM107	24,60	6	13,520		11,086		
شے	ь		STM108	1,92	+	1,925		0		
3	С		STM109	10	+	100		0		
褈	17	Interest		0		0	0	0		
<u> </u>	18	Taxes (attach schedule) (see instructions) .	STM110	1,04	3	43		0		
즐	19	Depreciation (attach schedule) and depletion		Ö	1	0	ð			
and Aduli Stratik 2 Experis	20	Occupancy		Ø		0	Ó	0		
70	21	Travel, conferences, and meetings		0		0	Ø	0		
an	22	Printing and publications		0	1	0	Ö	0		
Operating	23	Other expenses (attach schedule) .		0	1	<u> </u>	0	0		
ati	24	Total operating and administrative expenses.								
per		Add lines 13 through 23		27,67	4	15,588	0	11,086		
Ō	25	Contributions, gifts, grants paid		55,00				55,000		
	26	Total expenses and disbursements. Add lines 24 an	d 25	82,67	-	15,588	0	66,086		
	27	Subtract line 26 from line 12	7]	· · · · · · · · · · · · · · · · · · ·				
	a	Excess of revenue over expenses and disburseme	nts	77,58	1					
	Ь	Net investment income (if negative, enter -0-)				48,522		***************************************		
	С	Adjusted net income (if negative, enter -0-)				 	33			

For Paperwork Reduction Act Notice, see instructions.

Page 2

P	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of y	ear
	1	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			
	2	Savings and temporary cash investments	544,196	695,738	695,738
	3	Accounts receivable	1		
		Less: allowance for doubtful accounts			©
	4	Pledges receivable			
		Less: allowance for doubtful accounts	0		0
	5	Grants receivable	0	0	đ
	6	Receivables due from officers, directors, trustees, and other			_
		disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)			······································
		Less: allowance for doubtful accounts ▶		6	O
Assets	8	Inventories for sale or use	0	Ø	Ø
SS	9	Prepaid expenses and deferred charges	O	0	Ø
⋖	10a	Investments - U.S and state government obligations (attach schedule)	0	8	0
	Ь	Investments - corporate stock (attach schedule) STM137	485,712	411,751	447,203
	C	Investments - corporate bonds (attach schedule) STM138	75,005	75,005	80,822
	11	Investments - land, buildings, and equipment basis			······
	1	Less accumulated depreciation (attach schedule)	<u> </u>		Ø
	12	Investments - mortgage loans .		0	<u> </u>
	13	Investments - other (attach schedule)	0	0	<u> </u>
	14	Land, buildings, and equipment basis ▶	······································		
		Less accumulated depreciation (attach schedule)	Ćs	0	O
	15	Other assets (describe ▶	0	0	0
	16	Total assets (to be completed by all filers - see the			
		ınstructions. Also, see page 1, item l)	1,104,913	1,182,494	1,223,763
	17	Accounts payable and accrued expenses	- 0	6	
	18	Grants payable		0 -	
ies	19	Deferred revenue	0	σ	
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
Liabilities	21	Mortgages and other notes payable (attach schedule)	0	0	
_	22	Other liabilities (describe ▶)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
alances		Foundations that follow SFAS 117, check here			
au	24	Unrestricted			
3al	25	Temporarily restricted	·· · · · · · · · · · · · · ·		
Fund B	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
orF		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund		0	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,104,913	1,182,494	
Net	30	Total net assets or fund balances (see instructions)	1,104,913	1,182,494	
Z	31	Total liabilities and net assets/fund balances (see			
Б.	and Pi	instructions)	1,104,913	1,182,494	
	art (i	<u></u>			
1		net assets or fund balances at beginning of year - Part II, column (a), line 3	0 (must agree with		
_		of-year figure reported on prior year's return)	• • • •	1	1,104,913
		amount from Part I, line 27a		2	77,581
		rincreases not included in line 2 (itemize)		3	<u> </u>
		nes 1, 2, and 3			1,182,494
		eases not included in line 2 (itemize)		5	
6	i otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	1,182,494

raitit Capital Gaills	and Losses for Tax Off Illy	estinent income	U		
(a) List and descr 2-story brick wai	be the kind(s) of property sold (e.g., real erehouse, or common stock, 200 shs MLC	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a 837.099 SHS COI	UMBIA ACORN FD	P	VARIOUS	09-16-2015	
b 540.957 SHS COLU	MBIA ACORN FD	P	VARIOUS	09-16-2015	
c 3216.099 SHS COI		P	VARIOUS	09-16-2015	
d LT CAPITAL GAIN	DISTRIBUTIONS	P	VARIOUS	VARIOUS	
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o plus expen			Gain or (loss) us (f) minus (g)
a 24,401			25,337		(936)
b 15,768			17,149		(1,381)
c 93,746			95,677		(1,931)
d 60,504		60,504			
е					
Complete only for assets sho	wing gain in column (h) and owned by	the foundation on 1	2/31/69	(I) Gains	(Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j		col (k), but	not less than -0-) or s (from col. (h))
a		·			(936)
b					(1,381)
С					(1,931)
d					60,504
е					<u></u>
2 Capital gain net income or (ne	et capital loss)	so enter in Part I, line enter -0- in Part I, line	>	2	56,256
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6).	ļ		
If gain, also enter in Part I, line	e 8, column (c) (see instructions) If (li	oss), enter -0- ın			
	· · · · · · · · · · · · · · · · · · ·		}	3	- (936)
	Inder Section 4940(e) for Re	educed Tax on	Net Investme	ent Income	·
If section 4940(d)(2) applies, leav	vate foundations subject to the section e this part blank. section 4942 tax on the distributable a qualify under section 4940(e). Do not	mount of any year in			Yes X No
	in each column for each year, see the		making any entrie	es.	
(a) Base period years Calendar year (or tax year beginni	(b)		(c) oncharitable-use as		(d) Distribution ratio (b) divided by col (c))
2014	44,		1,121,4		0.040021
2013	50,		1,014,3		0.049492
2012	37,		892,0		0.042037
2011	37,		907,4		0.040774
2010	20,		802,4		0.024924
2 Total of line 1, column (d) .				2	0.197248
3 Average distribution ratio for t	he 5-year base period - divide the total	al on line 2 by 5, or b	y the		
number of years the foundation	on has been in existence if less than 5	years		3	0.03945
4 Enter the net value of noncha	ritable-use assets for 2015 from Part	X, line 5		. 4	1,171,980
5 Multiply line 4 by line 3 .				. 5	46,235
6 Enter 1% of net investment in	come (1% of Part I, line 27b)			6	485
7 Add lines 5 and 6				. 7	46,720
8 Enter qualifying distributions f				. 8	66,086
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI, I	ine 1b, and complete	that part using a	1% tax rate. See	the

names and addresses

A Question 10. No person became a substantial contributor to Form 990-PF (2015)

The Foundation clusing the 2015 fiscal year. However, the

Florence manency Charitable Trest Continued to be a substantial

Florence manency Charitable Trest Continued to be a substantial

Contributor. The Trust is listed in Schedule B (Schedule of Contributors)

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

10

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,"

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

Х

Х

8b

Form	990-PF (2015) THE FLORENCE S. MAHONEY FOUNDATION	52-18540	92	P	age 5
Pa	rt VII-A Statements Regarding Activities (continued)				
11	At any time,during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		Х
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	,		X	
	Website address ► N/A			 1	
14	The books are in care of ► CORINNE ANTLEY Telephone no.	▶ 202-2	19-73	90	
	Located at ► 601 13TH STREET NW SUITE 900 SOUTH, DC ZIP+4	▶ 20005			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here				▶ □
	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			'es	No
	over a bank, securities, or other financial account in a foreign country?		16	"	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	•			
	the foreign country			- 1	}
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			í	
4, -44	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		1	'es	No
1a	During the year did the foundation (either directly or indirectly):		<u>-</u>	-	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No	I		į
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	٠.٠٠ ي			ł
	disqualified person?	X No	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	X No	Ī		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No		1	į
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		I		į
	the benefit or use of a disqualified person)?	X No	1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1		
	foundation agreed to make a grant to or to employ the official for a period after		I		İ
	termination of government service, if terminating within 90 days.)	X No			ĺ
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				İ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b	ı	ĺ
	Organizations relying on a current notice regarding disaster assistance check here				
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	_	-		ĺ
	were not corrected before the first day of the tax year beginning in 2015?		1c		х
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))				ĺ
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and				1
	6e, Part XIII) for tax year(s) beginning before 2015? Yes	X No			
	If "Yes," list the years ▶				ĺ
b	Are there any years listed in 2a for which the foundation is not 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				
	all years listed, answer "No" and attach statement - see instructions)		2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	• ,,,,,				
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				į
	at any time during the year?	X No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	· 			İ
	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		1		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		1		
	foundation had excess business holdings in 2015)		3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
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		х

Form 990-PF (2015)

Form 990-PF (2015) THE FLORENCE S. MAHONEY FOUNDATION

Pa	t VII-B	Statements Regarding Activitie	es for \	Which Forr	n 4720	May Be	Requi	r ed (cor	ntinued			
5a	During th	e year did the foundation pay or incur any an	nount to						<u>-</u>			****
	(1) Carry	on propaganda, or otherwise attempt to influ	uence le	gislation (section	on 4945(e))?	. [Yes	X No			
	(2) Influe	ence the outcome of any specific public electi	ion (see	section 4955);	or to car	ry on,	-		_			
	direc	tly or indirectly, any voter registration drive?					[Yes	X No			
	(3) Provi	ide a grant to an individual for travel, study, o	r other s	imilar purposes	s?		[Yes	X No			
	(4) Provi	ide a grant to an organization other than a ch	antable,	etc., organizati	on desc	ribed in	_					
	secti	on 4945(d)(4)(A)? (see instructions)					[Yes	X No			
	(5) Provi	de for any purpose other than religious, char	ntable, so	cientific, literary	, or edu	cational			_			
	purpo	oses, or for the prevention of cruelty to childre	en or ani	mals?			[Yes	X No			
b		swer is "Yes" to 5a(1)-(5), did any of the trans						d in				
		ons section 53.4945 or in a current notice reg					?			5b		
		tions relying on a current notice regarding dis							▶ ∐			
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		oundation, during the year, receive any funds	_	· · · · · · · · · · · · · · · · · · ·			г		-			
on a personal benefit contract?												
b		oundation, during the year, pay premiums, dir	ectly or i	indirectly, on a	persona	I benefit cont	ract?			6b	X	•
- .		o 6b, file Form 8870.					Г	٦,,	₹.			
7a		ne during the tax year, was the foundation a p did the foundation receive any proceeds or ha					· [Yes	X No			
Par Dar	t VIII	Information About Officers, Dire						s High	ly Paid	Fmpl	OVAAS	—
		and Contractors Sec 998	25 - D	ور ملک صری	Sta	boant	nager	s, mgm	iy i alu	Lilipi	oyees,	
1 L	ist all offi	cers, directors, trustees, foundation mana					ctions).					
			(b) Title	e, and average	(c) Co	mpensation	(d)	Contributio		(e) Exp	ense accou	int.
3ee	990 OF	(a) Name and address	rs per week ed to position				employee benefit plans and deferred compensation		other allowances			
MEL	M AGN	CAMPI	PRESI	DENT/DIREC	F		_	_		_		_
501	13TH S	TREET NW 900 SOUTH, 20005		1.00		0			0			0
MAC:	EL J M	AHONEY III	AICE	PRESIDENT	ł							
-		TREET NW 900 SOUTH, 20005		\$ 1.00		0	<u> </u>		0			0_
	F SADL		SECRE	TARY/DIREC	ř							
		TREET NW 900 SOUTH, 20005		₹ 1.00		00			0			<u> </u>
	EN M PA		TREAS	URER/DIRE	F	_						_
		TREET NW 900 SOUTH, 20005 tion of five highest-paid employees (other	40-2-40-	〈 1.00		0	4	16	0			<u>0 </u>
	ompensa NONE."	tion of five highest-paid employees (other	r than th	iose included	on line	1 - see instr	uctions	. IT none,	enter			
	NONE.			<u> </u>				(d) Contrit	outions to			—
	(a) Name a	and address of each employee paid more than \$50	.000	(b) Title, and a		(c) Comper	sation	employee	e benefit		nse accou	
	•	, ,		devoted to po		(0, 00		plans and comper		omer	allowances	
NON	3				···							_
_												
_												
				į.		1						
												_
Total	numbere	f other employees paid over \$50,000		L <u>.</u>		l		L				0
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Page 6

Form 990-PF (2015)

THE FLORENCE S. MAHONEY FOUNDATION

Form 990-PF (2015)

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Form 990-PF (2015) THE FLORENCE S. MAHONEY FOUNDATION	52-18	354092 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	n Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional services (see instruction	s). 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 inforganizations and other beneficiaries served, conferences convened, research papers produced, etc.	ormation such as the number of	Expenses
1 NONE		
		C
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction	e)	· · · · · · · · · · · · · · · · · · ·
Describe the two largest program-related investments made by the foundation during the tax year on lines 1		Amount
1 NONE		
2		
		· · · · · · · · · · · · · · · · · · ·
All other program-related investments. See instructions		

Form **990-PF** (2015)

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	i found	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	568,893
b	Average of monthly cash balances	1b	620,934
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,189,827
e	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	1,189,827
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	17,847
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,171,980
6	Minimum investment return. Enter 5% of line 5	6	58,599
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ounda	tions .
	and certain foreign organizations check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	58,599
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	1 1	
С	Add lines 2a and 2b	2c	485
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	58,114
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	58,114
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	58,114
	rt XII Qualifying Distributions (see instructions)		
FA	Tt XII 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	66,086
b	Program-related investments - total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	6
b	Cash distribution test (attach the required schedule)	3b	G
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	66,086
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	485
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	65,601
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	e found	ation
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income (see instr	uctions)	· · · · · · · · · · · · · · · · · · ·		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years pnor to 2014	2014	(d) 2015
	line 7				58,114
2	Undistributed income, if any, as of the end of 2015:				
а	Enter amount for 2014 only		1	39,210	
b	Total for prior years		6	37,210	
3	Excess distributions carryover, if any, to 2015				***************************************
a	From 2010			1	
b	From 2011		!	1	
c	From 2012	1	1	1	
d	From 2013		ŀ	‡	
e	_	-{			
	<u> </u>	-	•	}	
f	Total of lines 3a through e	<u> </u>			
4	Qualifying distributions for 2015 from Part XII,			<u> </u>	
	line 4 ⁻ ▶ \$ 66,086	:		‡	
a	Applied to 2014, but not more than line 2a	***************************************		39,210	
ь	11			ŧ	
	(Election required - see instructions)		0	······································	
С		_	-		
	required - see instructions)	0	<u></u>		
d	pp	***************************************			26,876
8	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2015 .	0		'	
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)			İ	
6	Enter the net total of each column as			1	
	indicated below:	_		Į.	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b	Prior years' undistributed income Subtract	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed	The state of the s	, ,		***************************************
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d		**************************************		-	***************************************
	amount - see instructions		0	-	
е	Undistributed income for 2014 Subtract line	***************************************			 ' - -
	4a from line 2a. Taxable amount - see	}			
	instructions			0	
f	Undistributed income for 2015. Subtract lines				······
	4d and 5 from line 1. This amount must be			-	
	distributed in 2016				31,238
, 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		114 1 114 14 1 1 1 1 1 1 1 1 1 1 1 1 1	······································	
•	applied on line 5 or line 7 (see instructions)	6		1	
9	Excess distributions carryover to 2016.				
J	Subtract lines 7 and 8 from line 6a	0		†	
10	Analysis of line 9			· · · · · · · · · · · · · · · · · · ·	·····
ıv a	Excess from 2011				
a h		-		‡	
2	Tuesday (1949)			!	
Ä		-		1	
u e		4		‡	
	Excess from 2015	<u> </u>	<u> </u>		

factors:

N 0 1 9 G

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During th	e Year or Approve	ed for Future i	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year				
BANNER HEALTH FOUNDATION			SERVICES/FACILITI	
2901 N CENTRAL AVENUE STE 160			ES FOR	
Phoenix, AZ 85012	NONE	SOI	DIAMOND CHILDRENS HOSPITAL	20,000
CHALLIS JR/SR HIGH SCHOOL				
P O BOX 304			EDUCATIONAL NEEDS	
Challis, ID 83226	NONE	GOV	OF JR/SR HIGH School	5,000
CHALLIS SCHOOL DISTRICT 181			EDUCATIONAL NEEDS	*
P O BOX 304			FOR STANLEY	•
Challis, ID 83226	NONE	GOV	ELEMENTARY SCHOOL	5,000
CONTRA COSTA CLUBHOUSES INC			SUPPORT ADULTS	
3024 WILLOW PASS RD ST 230			RECOVERING FROM	
Concord, CA 94519	NONE	PC	MENTAL ILLNESS	5,000
THE FRESH AIR FUND				
633 THIRD AVENUE 14TH FLOOR			SUMMER CAMP FOR	
New York, NY 10017	NONE	PC	NEEDY CHILDREN	5,000
PANCREATIC CANCER ACTION NETWORK			SUPPORT HEALTH	
1500 ROSECRANS AVE NO 200			CARE SERVICES &	
Manhattan Beach, CA 90266	NONE	PC	EDUCATION	10,000
PLANNED PARENTHOOD FED OF AMERICA			SUPPORT HEALTH	
434 WEST 33RD STREET			CARE SERVICES &	
New York, NY 10001	NONE	PC	EDUCATION	5,000
Total			▶ 3a	55,000
b Approved for future payment				
NONE				
	ļ			
		<u> </u>	3b	
				

Part XV	I-A Analysis of Income-Producing	Activities				
	amounts unless otherwise indicated	I	d business income	Excluded by s	ection 512, 513, or 514	(e)
	•	(a)	(b)	(c)	(d)	Related or exempt function income
1 Program	m service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a NO		code				
						
				-		
_				· · · · · · · · · · · · · · · · · · ·		
f <u>-</u> -						
	s and contracts from government agencies	ļ				
	ership dues and assessments					
	t on savings and temporary cash investments .	-				
	ids and interest from securities			14	7,853	
	ital income or (loss) from real estate					
	t-financed property					
	debt-financed property					
6 Net ren	ital income or (loss) from personal property					
7 Other in	nvestment income					
8 Gain or	(loss) from sales of assets other than inventory		"-	18	56,256	
9 Net inc	ome or (loss) from special events					
10 Gross	profit or (loss) from sales of inventory					
	evenue: a	-				
c						
ď						
е —						
12 Cubini	al Add columns (b), (d), and (e)				64,109	.
ı∡ Şudiola						
						64,109
13 Total.	Add line 12, columns (b), (d), and (e)					64,109
13 Total. (See works	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.)				13	64,109
13 Total. (See works	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) FB Relationship of Activities to the	Accomp	lishment of Exc	empt Purpo	13	
13 Total. (See works	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) FB Relationship of Activities to the Explain below how each activity for which inc	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) FB Relationship of Activities to the Explain below how each activity for which inc	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.) I-B Relationship of Activities to the Explain below how each activity for which inc accomplishment of the foundation's exempt p	Accompone is report	lishment of Exceed in column (e) of Fer than by providing	empt Purpo Part XVI-A contr	ses	е

Form 99	0-PF (20	015) T I	HE FLORENCE S	. MAHO	NEY FOUNI	NOITAC			52	-18540	92	Pa	ige 13
Part 3	XVII	Informatio	n Regarding T	ransfer	s To and T	ransact	ions and	Relations	hips Wi	th Non	charit	able	
		Exempt Or	ganizations										
1 D	id the org	ganization direc	ctly or indirectly enga	age in any	y of the follow	ng with any	other orga	nization descri	ped			Yes	No
in	section	501(c) of the C	ode (other than sec	tion 501(c	c)(3) organizat	ions) or in s	section 527	, relating to poli	tical				
or	ganızatı	ons?											
a Tı	ransfers	from the report	ing foundation to a r	noncharita	able exempt or	ganization	of:						
											1a(1)	† i	X
) Other										1a(2)		X
•	•	sactions.									,		ļ
			noncharitable exemp	ot organiz	ation						16(1)	† 1	Х
			from a noncharitable								1b(2)		X
			quipment, or other as								1b(3)	 	X
			ngements										X
		or loan guaran								•	1b(4)		X
•	•	•									1b(5)		
			ces or membership		_						1b(6)		X
			oment, mailing lists,								1c	L	X
			e above is "Yes," co										
			assets, or services										
			or sharing arrangem										
a) Line i	no (b) A	mount involved	(c) Name of no	ncharitable	exempt organiz	zation	(d) Desc	ription of transfer	s, transaction	ons, and sh	aring arr	angeme	ents
	-												
												_	
				_									
_					_								
		-											
									-				
2a Is	the foun	idation directly	or indirectly affiliated	d with, or	related to, one	or more ta	x-exempt of	organizations			_		
			(c) of the Code (other				-				∏ Y€	s X	No
b if	"Yes," co	omplete the foll	lowing schedule.										•
	(8	a) Name of organ	nization		(b) Type of o	organization		(c) Descripti	on of relation	onship		
	<u>·</u>			1					<u>-</u>				
-													
_ •													
				1									
_				 									
	Under pe	enalties of penjury, I	declare that I have exami aration of preparer (other t	ned this retu	ım, including acco	mpanying sch	edules and st	atements, and to the	best of my l	nowledge ar	d belief, if	t is true,	
Sign	correct, a	and complete Deck	aration of preparer (other t	han taxpaye	er) is based on all	information of	which prepare	r has any knowledg	e				
Here		Allen	M. Prund	مع	18-24	-16	TV.	enside!		May the I	reparer sh	nown bel	
11616		ature of officer or tr	ustee		Date		Title			(see inst	? 🗓	Yes	Mc
	J	Pnnt/Type prepar		Pre	parer's signature		$\overline{}$	Date	Chec	ck X if	PTIN		
Paid			W ROWE CPA	4	Linia	,06.	1/4/10	eliston	ا مر		P0145	7250	i
_			Konz cin		UNIMIA	100	- m	OHORO	35114	cilipioyeu			

Preparer **Use Only**

Firm's address P O Box 2924

Firm's name

▶ Patricia Rowe, CPA

Cashiers NC 28717

Firm's EIN

Phone no 828-743-7922

Schedule B (Form 990, 990-ÈZ, 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

	HE FLORENCE S. MAHONEY FOUNDATION 52-1854092								
Orga	anization type (check one).							
Filer	rs of:	Section:							
Form	n 990 or 990-EZ	☐ 501(c	() (enter number) organization					
		4947	a)(1) m	nonexempt charitable trust not treated as a private foundation					
		☐ 527 p	olitical	organization					
Form 990-PF		X 501(c	01(c)(3) exempt private foundation						
		4947	a)(1) n	nonexempt charitable trust treated as a private foundation					
		☐ 501(c	(3) tax	xable private foundation					
Che	ck if your organization is c	overed by the	ener	al Rule or a Special Rule.					
	Only a section 501(c)(7) uctions.	(8), or (10) or	janiza	tion can check boxes for both the General Rule and a Special F	Rule See				
Gen	eral Rule								
		roperty) from a		, or 990-PF that received, during the year, contributions totaling e contributor. Complete Parts I and II. See instructions for deter					
Spec	cial 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.								
i l	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								
990-	EZ, or 990-PF), but it mus	t answer "No"	on Pai	General Rule and/or the Special Rules does not file Schedule & rt IV, line 2, of its Form 990; or check the box on line H of its Fot meet the filing requirements of Schedule B (Form 990, 990-EZ	rm 990-EZ or on its				

Name of organization

THE FLORENCE S. MAHONEY FOUNDATION

Employer identification number 52-1854092

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	FLORENCE MAHYONEY CHARITABLE TRUST C/O JOHN WARD, 2201 N STREET NW Washington, DC 20037	\$ 96,112	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	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		 \$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	

Name of organization
THE FLORENCE S. MAHONEY FOUNDATION

Employer identification number 52-1854092

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) NONE 1_ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

			····			
Federa	al Supporting Stateme	ents 2	015 PG01			
Name(s) as shown on return		FEI	N			
THE FLORENCE S. MAHONEY FOUNDATION 52-1854092						
	- Part II - Line Corporate Stock S		Statement #137			
Category	BOY	Book Value	EOY FMV			
COLUMBIA ACORN FUND	131,003					
DAVIS NY FUND	115,731	139,919	123,041			
EUROPACIFIC GROWTH FUND	34,102	35,208	37,341			
GATEWAY FUND	29,318	29,948	34,631			
GROWTH FUND OF AMERICA	107,416	119,159	144,145			
T ROWE PRICE SMALL CAP VALUE	68,142	87,517	108,045			
Totals	485,712	411,751	447,203			
PG01 Form 990PF - Part II - Line 10(c) Statement #138 Investments: Corporate Bond Schedule						
Category	BOY	Book Value	EOY FMV			
GENERAL ELECTRC		75,00	80,822			
Totals	75,005	75,005	80,822			

		ì			-	
		Federal Su	leral Supporting Statements	nents	2015 PG01	
Name(s) as shown on return THE FLORENCE S. MAHONEY FOLINDATION					Your Social Secunity Number 52-1854092	<u>: -</u>
	Form OOMDE - Part	1 1	line 16(a) - Legal Fees Schedule	<u>a</u>	Statement #107~	
	5					
Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
ANTLEY & LOPEZ LLP COOLEY LLP	13,513	5,793	0 0	7,720		
Totals	54,606	13,520	0	11,086		
			_		1030	
	Form 990PF -	Part I - Line 16(b)	Form 990PF - Part I - Line 16(b) - Accounting Fees Schedule	chedule	Statement #108-	
Description PATRICIA ROWE	Revenue and expenses	Net investment 1,925	Adjusted net income	Charitable purpose 0		
Totals	1,925	1,925	0	9		
			_			
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Form 990PF - Part I - Line 16(c) - Other Professional Fees Schedule Revenue Net Adjusted Charitable of the Professional Fees Schedule 100 100 100 0 0 0 0 0 0 0 0 0 0 0 0 0		•
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Name(s) as shown on return THE FLORENCE S. MAHONEY FOUNDATION FORM 990PF Revenue Description Totals Totals Totals 1,000 Totals Totals 1,004	7-	

Federal Supporting Statements 2015 PG01 Your Social Security Number THE FLORENCE S. MAHONEY FOUNDATION 52-1854092

Form 990PF - Part XV - Line 2 Application Submission Information

Grant Program

Name(s) as shown on return

CONTACT PERSON FOR GRANT PROPOSALS

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Form & Content

APPLICATION LETTER

Submission Deadline

NONE

Restrictions on Award

NONE