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### Form 990-PF

Department of the Treasury

**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 separate instructions is at www.irs gov/form990pf. OMB No 1545-0052

Fo	r cal	endar year 2015 or tax year beginning				and ending		, 20
		of foundation			, 20.0	, <del></del>	A Employer Identi	
•	raco	ONY FAMILY FOUNDATION					56-230923	34
_		r and street (or P O box number if mail is not delivered	d to street	t address)		Room/suite	B Telephone numi	
_		GAY AVE.					(636) 3	19-3000
C	ity or	town, state or province, country, and ZIP or foreign po	stal code				C #	
							C If exemption applice pending, check her	
_		LOUIS, MO 63105	<del></del>					
G	Che	ck all that apply Initial return	<u> </u>	Initial return	-	ublic charit		
		Final return	ļ	Amended ref			2 Foreign organiz 85% test, check	
		Address change		Name change			computation .	
H		ck type of organization X Section 501				_	E If private foundation	on status was terminated
Ţ		ection 4947(a)(1) nonexempt charitable trust		Other taxable pr			under section 507(	b)(1)(A), check here . D
ļ			_	method X C	asn Acc	rual		s in a 60-month termination
	end 16)			specify) (d) must be on cas	h hassa l		— under section 50/(	b)(1)(B), check here .
		Analysis of Revenue and Expenses (The	_	(u) must be on cas	in vasis j		-	(d) Disbursements
	<b>बा</b> र ।	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	1 (4)	Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	for charitable purposes (cash basis only)
П	1	Contributions gifts grants etc received (attach schedule) .		49,975.	ATCH 1			
ļ	2	Check ► if the foundation is not required to attach Sch B,						
	3	Interest on savings and temporary cash investments.		2.		2.		ATCH 2
	4	Dividends and interest from securities		3,331.		3,331.		ATCH 3
	5a	Gross rents						
Revenue	b	Net rental income or (loss)		<del></del>				
	6a b	Net rental income or (loss) Compared to the following sales price for all assets not on line 10 Gross sales price for all assets on line 6al	0	-1,815.				
eVe	. 7	Capital gain net income (from Part N. 2 (net)).	Ö					
ď	8	Net short-term capital gain	S					
	9		丰					
	10 a	Gross sales less returns OGDEN, UT						
		Less Cost of goods sold .						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule) ATCH, 4		151.				
	12	Total. Add lines 1 through 11		51,644.		3,333.		
m	13	Compensation of officers, directors, trustees, etc $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	<u> </u>	0.				-
nses	14	Other employee salaries and wages	<u> </u>					<del>                                     </del>
ē	15	Pension plans, employee benefits						
ф×	16 a	Legal fees (attach schedule)		1 025		007		000
ē		Accounting fees (attach schedule)ATCH 5	<u> </u>	1,975		987.		988
ξį	С	Other professional fees (attach schedule). [6]		1,793		1,793.		
ĭtra	17	Interest	-	87.		87.		
nis	18	Taxes (attach schedule) (see instructions)[7].	<u> </u>	67.		07.		
Ξ	19	Depreciation (attach schedule) and depletion.	<del></del>					
Ad	20	Occupancy	-					+
р	21	Travel, conferences, and meetings					<del></del>	
ä	22	Printing and publications	-					
ţi	23 24 25	Other expenses (attach schedule)	<del></del>	<del></del>				-
rai	24	Total operating and administrative expenses		3,855.		2,867.		988
Þe	2.	Add lines 13 through 23	-	4,085.		_,,,,,	<del></del>	4,085
J	ŀ	Contributions, gifts, grants paid		7,940.	1	2,867.		
_	26 27	Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12	+	.,,,,,,,,,	-	_, , .	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		Excess of revenue over expenses and disbursements		43,704.				
		Net investment income (if negative, enter -0-)		257.01.		466.		
	آ ا	Adjusted not income (if negative enter -0-)	<b>—</b>					

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Part if	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	Enc	of year	
T all li	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	53,795.	61,342	. 61,342	
	Accounts receivable ▶				
	Less allowance for doubtful accounts ▶				
4	Pledges receivable ▶				
	Less allowance for doubtful accounts ▶				
	Grants receivable				
1	Receivables due from officers, directors, trustees, and other				
•	disqualified persons (attach schedule) (see instructions)				
7	Other notes and loans receivable (attach schedule)				
	Less allowance for doubtful accounts	······································			
sol .					
<u>w</u> 1	Inventories for sale or use				
SS 9	Prepaid expenses and deferred charges				
-  10a	Investments - U S and state government obligations (attach schedule),	02 204	120 541	120 220	
	Investments - corporate stock (attach schedule) ATCH. 8		129,541	. 130,220	
11 <sup>C</sup>	Investments - corporate bonds (attach schedule)				
1	(attach schedule)				
12 13	Investments - mortgage loans				
14	Land, buildings, and	* *			
	equipment basis Less accumulated depreciation (attach schedule)		principal description of the second s		
	(attach schedule)				
	Other assets (describe )				
16	Total assets (to be completed by all filers - see the	147 170	100 000	101 560	
-	Instructions Also, see page 1, item I)	147,179.	190,883	. 191,562	
17	Accounts payable and accrued expenses				
18	Grants payable			- i	
<u>.6</u> 19	Deferred revenue				
19 20 21	Loans from officers, directors, trustees, and other disqualified persons L		-		
요 21	Mortgages and other notes payable (attach schedule)				
<b>-</b>   22	Other liabilities (describe ▶)		<del></del>		
1					
23	Total liabilities (add lines 17 through 22)	0.	C		
Balances 52 75	Foundations that follow SFAS 117, check here . ▶ and complete lines 24 through 26 and lines 30 and 31.				
E 24	Unrestricted		· - · · · · · · · · · · · · · ·		
<b>E</b> 25	Temporarily restricted			,	
	Permanently restricted				
Net Assets or Fund 22 22 23 30 31	Foundations that do not follow SFAS 117,				
빈	check here and complete lines 27 through 31.				
0 27	Capital stock, trust principal, or current funds	147,179.	190,883		
28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS 29	Retained earnings, accumulated income, endowment, or other funds				
¥ 30	Total net assets or fund balances (see instructions)	147,179.	190,883		
31	Total liabilities and net assets/fund balances (see				
	instructions)	147,179.	190,883		
Part II		nces			
	al net assets or fund balances at beginning of year - Part I		ust agree with		
	l-of-year figure reported on prior year's return)			147,179	
	er amount from Part I, line 27a			43,704	
			3	<del></del>	
	I lines 1, 2, and 3		5		
	creases not included in line 2 (itemize) ▶al net assets or fund balances at end of year (line 4 minus	lone 5) Deat 0 bi (0.1		<del></del>	

### TACONY FAMILY FOUNDATION

Capital Gains and Losses for Tax on Investment Income

Form 990-PF (2015) Part IV

Page 3

(a) List an	d describe the kind(s) of property sold (i	e g , real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a SEE PART IV SCHE		-	D - Donanoi		
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
а					
b					
С					
d					
е					
Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69	ļ ()	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a					
b					
С					
d					
е			,		
2 Capital gain net income	or (net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		-1,815.
	ain or (loss) as defined in sections Part 1, line 8, column (c) (see ins				
•			3		0.
		duced Tax on Net Investment I	ncome		
	the section 4942 tax on the distrib not qualify under section 4940(e)	outable amount of any year in the b	ase perio	d?	Yes X No
		ar, see the instructions before makir	20 204 00	trioc	
1 Enter the appropriate ar		T	ig any en	(d)	<del></del>
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	ļ <u>.</u>	Distribution r (col (b) divided by	col (c))
2014	7,985.	107,282.	ļ		0.074430
2013	4,790.	63,874.			0.074991
2012	10,161.	66,116.			0.153684
2011	2,757.	58,690.			0.046976
2010	8,721.	50,560.	<del> </del>		0.172488
	d)		2		
J			1 1		0.522569
number of years the fou	o for the 5-year base period - divid	de the total on line 2 by 5, or by the ss than 5 years	3		0.522569
·	o for the 5-year base period - divid Indation has been in existence if les	de the total on line 2 by 5, or by the ss than 5 years			
4 Enter the net value of no	o for the 5-year base period - dividindation has been in existence if les oncharitable-use assets for 2015 fr	de the total on line 2 by 5, or by the ss than 5 years	4		0.104514
4 Enter the net value of no	o for the 5-year base period - dividindation has been in existence if les oncharitable-use assets for 2015 fr	de the total on line 2 by 5, or by the ss than 5 years			0.104514
4 Enter the net value of no 5 Multiply line 4 by line 3	o for the 5-year base period - dividindation has been in existence if lesoncharitable-use assets for 2015 fr	de the total on line 2 by 5, or by the ss than 5 years	4		0.104514
<ul><li>4 Enter the net value of no</li><li>5 Multiply line 4 by line 3</li><li>6 Enter 1% of net investment</li></ul>	o for the 5-year base period - dividindation has been in existence if less on charitable-use assets for 2015 fr	de the total on line 2 by 5, or by the ss than 5 years	5		0.104514 169,670. 17,733.

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 )			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			9.
	here  and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of $\mathcal J$ Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			9.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0			9.
6	Credits/Payments			
а	2015 estimated tax payments and 2014 overpayment credited to 2015   6a			
b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			١,,
	Instructions for the definition)?	1b		<u> </u>
	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			١,,
	Did the foundation file Form 1120-POL for this year?	1c_		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation  \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
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	3		_ x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	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?	6_	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7_	<u> X</u>	<b>⊢</b> −
8a	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 Attorney General			1
	(or designate) of each state as required by General Instruction G <sup>o</sup> If "No," attach explanation	8b	Х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			1
_	names and addresses	10		X
		m 99	0-PF	(2015)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled	entity	within the	l 1	Yes	No
The first day time during the year, and the received the second			i 1		NO
meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		X
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		<u> X</u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exc			13	Х	<u></u>
Website address  N/A					
14 The books are in care of ▶ KEN TACONY Telephon	eno 🕨	636-349	-300	0	
		63105			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Cher	k 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				Yes	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 t	the name of		;	
the foreign country ▶				. Ĩ î	
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required					r
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			<u></u>	Yes	No
1a During the year did the foundation (either directly or indirectly)			, ,	特別	k ; 0
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	34.0	Ku, 3	'-
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_	[]	,		• • •
disqualified person?	— Yes		3	* * * · ·	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes		1		120
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No		28	<b>7</b> 7, [
(5) Transfer any income or assets to a disqualified person (or make any of either available for	╗	[v]	183.00	, 73,7	
the benefit or use of a disqualified person)?	Yes	X No		. 15%	
(6) Agree to pay money or property to a government official? (Exception Check "No" if the			1987 i su		7
foundation agreed to make a grant to or to employ the official for a period after		X No	1364	3,5	
termination of government service, if terminating within 90 days)	Yes		ľ	1 12	1
b if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described any of the acts fail to qualify under the exceptions described any of the acts fail to qualify under the exceptions described any of the acts fail to qualify under the exceptions described any of the acts fail to qualify under the exceptions described any of the acts fail to qualify under the exceptions described any of the acts fail to qualify under the exceptions described any of the acts fail to qualify under the exceptions described any of the acts fail to qualify under the exceptions described any of the acts fail to qualify under the exceptions described any of the acts fail to qualify under the exceptions described any of the acts fail to qualify under the exceptions described and the acts fail to qualify under the exceptions described and the acts fail to qualify under the exceptions described and the acts fail to qualify under the exceptions described and the acts fail to qualify under the exceptions described and the acts fail to qualify under the exceptions described and the acts fail to qualify under the exceptions described and the acts fail to qualify under the exceptions described and the acts fail to qualify under the exceptions described and the acts fail to qualify under the exceptions described and the acts fail to qualify under the exceptions described and the acts fail to qualify under the exception of the acts fail to qualify under the exception of the			1b	2	
section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		<b>-</b>	10	****	<u> </u>
Organizations relying on a current notice regarding disaster assistance check here		d age that	3.2	`	
were not corrected before the first day of the tax year beginning in 2015?			1c		X
- A second of the second of th			1.0	<b>!</b>	4.4
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation operating foundation defined in section 4942(j)(3) or 4942(j)(5))		is a private			100
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and					
6e, Part XIII) for tax year(s) beginning before 2015?	Yes	x No	*	7.390	1 1
If "Yes," list the years			<b>.</b>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of	section	n 4942(a)(2)			
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying se					
all years listed, answer "No" and attach statement - see instructions )			2b		<u> </u>
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the			138	137.7	
<b>&gt;</b>			1 2	1	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1 .		3
at any time during the year?	Yes	s X No	1 .		5.10
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by	the fo	oundation or	'		
disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period			"		- <sup>2</sup> 4 h
Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest,	or (3) t	the lapse of			
the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	deten	mine if the		.	. !
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			4a	<del>  ,</del> ,	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that					- 1
charitable purpose that had not been removed from jeopardy before the first day of the tax year	beginni		4b	<u> </u>	X (2016

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3 NONE

All other program-related investments See instructions

Total. Add lines 1 through 3 . . . . . . . . . .

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Part	X	Minimum Investment Return (All domestic foundations must complete this part. Foreig see instructions.)	n foundations,	
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purp	oses		
а		age monthly fair market value of securities	1a	114,685.
b		age of monthly cash balances	1b	57,569.
С	Fair	market value of all other assets (see instructions)	1c	
d		1 (add lines 1a, b, and c)	1d	172,254.
е		iction claimed for blockage or other factors reported on lines 1a and	i	
	1c (a	attach detailed explanation)		
2	Acqu	usition indebtedness applicable to line 1 assets	2	
3			3	172,254.
4	Cash	ract line 2 from line 1d		
		uctions)	4	2,584.
5	Net	value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	169,670.
6		mum investment return. Enter 5% of line 5	6	8,484.
Part	ΧI	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part)	dations	
1	Mınır	mum investment return from Part X, line 6	1	8,484.
2a	Tax	on investment income for 2015 from Part VI, line 5 2a 9 .		
b	Inco	me tax for 2015 (This does not include the tax from Part VI).		
c		lines 2a and 2b	2c	9.
3		butable amount before adjustments Subtract line 2c from line 1	3	8,475.
4		overies of amounts treated as qualifying distributions	4	
5	Add	lines 3 and 4	5	8,475.
6		uction from distributable amount (see instructions)	6	
7		ributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
		1	7	8,475.
Par	t XII	Qualifying Distributions (see instructions)		
1		ounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		enses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	5,073.
b	Prog	gram-related investments - total from Part IX-B	1b	
2	Amo	ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purp	oses	2	
3	Amo	ounts set aside for specific charitable projects that satisfy the		
а	Suita	ability test (prior IRS approval required)	3a	
b	Cas	h distribution test (attach the required schedule)	3b	
4		ifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	5,073.
5		ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Ente	er 1% of Part I, line 27b (see instructions)	5	0.
6	Αdjι	usted qualifying distributions Subtract line 5 from line 4	6	5,073.
		e. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		he foundation

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Part XIII Undistributed Income (see instruc	(a)	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	Corpus	rears prior to 2014	2014	8,475
line 7	-			
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			. —	
3 Excess distributions carryover, if any, to 2015				· · · · · · · · · · · · · · · · · · ·
a From 2010				
b From 2011	ı			
c From 2012 6,879.				
d From 2013				
e From 2014				
f Total of lines 3a through e	15,432.			
4 Qualifying distributions for 2015 from Part XII,				
line 4 ▶ \$ 5,073.				
a Applied to 2014, but not more than line 2a			· · · · · · · · · · · · · · · · · · ·	
b Applied to undistributed income of prior years				
(Election required - see instructions)	.,			
c Treated as distributions out of corpus (Election				
required - see instructions)				
d Applied to 2015 distributable amount				5,073
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015.	3,402.			3,402
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,030.		<del></del>	
b Prior years' undistributed income Subtract				
line 4b from line 2b				
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				
d Subtract line 6c from line 6b Taxable				
e Undistributed income for 2014 Subtract line				
4a from line 2a Taxable amount - see				
instructions				
f Undistributed income for 2015 Subtract lines	-			
4d and 5 from line 1. This amount must be				
distributed in 2016				
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)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	836.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	11,194.			
0 Analysis of line 9				
a Excess from 2011				
b Excess from 2012 6,879.				
c Excess from 2013 1,658.				
d Excess from 2014 2,657.				
e Excess from 2015				1

Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, question	on 9)		NOT	APPLIC	ABLE
1 a	a If the foundation has received a ruling or determination letter that it is a private operating								
	foundation, and the ruling is effective for 2015, enter the date of the ruling ▶								
b	Check box to indicate v	whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
		Tax year Prior 3 years							
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 20	12		(e) Total	
	I or the minimum investment	<del></del>	(2) 20 1 1	(0) = 0.0	(-, -				
	return from Part X for each	<u> </u>							
	year listed								
þ	85% 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								
е	Qualifying distributions made								
	directly for active conduct of exempt activities. Subtract line								
	2d from line 2c								
3	Complete 3a, b, or c for the								
•	"Assets" alternative test - enter								
٥	**								
	<ol> <li>Value of all assets</li> <li>Value of assets qualifying</li> </ol>		-						
	under section						i		
h	4942(j)(3)(B)(i)								
	enter 2/3 of minimum invest-								
	ment return shown in Part X,			j					
	line 6 for each year listed		•		<del> </del>				
С	"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)						ļ		
	(2) Support from general public and 5 or more								
	exempt organizations as								
,	provided in section 4942 (j)(3)(B)(iii)								
	(3) Largest amount of sup-								
	port from an exempt								
	organization (4) Gross investment income .								
Pa		ntary Information (	Complete this part	only if the founda	tion had \$	5,000 oi	r more	in asse	ts at
		luring the year - see		,	•	.,			
1	<del></del>		<u>-</u>						
	List any managers of	•		re than 2% of the tota	al contributi	ons receiv	ed by	the found	dation
_		y tax year (but only if th					•		
	A CULTA CITAT	איים איים							
	ATTACHME List any managers of	the foundation who	own 10% or more o	of the stock of a corn	oration (or	an equally	v large	portion (	of the
L		ership or other entity) of				an equal	, large	portion	31 1110
	5.000 cmp of a partito	p or outer orinty) of							
	× /-								
_	N/A	ng Contribution, Grant	Cift Loon Cabalana	hin ata Brazzama:					
2		_							
	Check here ► X If	the foundation only	makes contributions	to preselected char	itable orgai	nizations a	and do	es not a	accept
		for funds If the found		ants, etc (see instruc	tions) to inc	dividuals o	or orga	nizations	under
		plete items 2a, b, c, an							
a	The name, address, a	and telephone number	or e-mail address of	the person to whom ap	plications sh	ould be ad	dresse	t	
t	The form in which app	olications should be su	bmitted and informati	on and materials they	should inclu	de			
_	: Any submission dead	lines							
-	,								
_	Any restrictions or	limitations on awards	such as by deod	raphical areas charits	able fields	kınds of	ınstıtu	tions. or	other
•	factors	on analog	,	,	,			,	

m 990-PF (2015) art XV Supplementary Information (	(continued)				Page
art XV Supplementary Information ( 3 Grants and Contributions Paid Duri	ng the Year or Appl	oved for Fu	uture Pavment		<u> </u>
Recipient	If recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	741104111	
a Paid during the year					
ATCH 11					
		1			
Total	<del></del>	<del></del>	<b> ▶</b> 3	a	4,0
<b>b</b> Approved for future payment					
		1			
		1			
	1	1 1	i	1	

JSA 5E1491 1 000

Form 990-PF (2015)

Part XVI-A Analysis of Income-Prod	lucing Acti	ivities			
Enter gross amounts unless otherwise indicated		ated business income (b)	<del></del>	y section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue	Business code	Amount	(c) Exclusion code		function income (See instructions)
a			<del></del>		
b	ļ				
c			-		
d			-	<u> </u>	<del></del>
e	<u> </u>		+		
f g Fees and contracts from government agencies					
-			-		<u>.                                    </u>
2 Membership dues and assessments	<del></del>		14	2.	
3 Interest on savings and temporary cash investments -			14	3,331.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property	i		_		
6 Net rental income or (loss) from personal property.	1				
7 Other investment income	1				
8 Gain or (loss) from sales of assets other than inventory	J.		18	-1,815.	
9 Net income or (loss) from special events · · ·	1				
10 Gross profit or (loss) from sales of inventory	l.				
11 Other revenue a					
b ATCH 12				151.	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)	L	1		1,669.	
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc					1,669.
Explain below how each activity accomplishment of the foundation	-				
				<del></del>	
					<del> </del>
<del></del>					
i					
_					

JSA 5E1492 1 000

Part 2	XVII.	Information R Exempt Organ		ansfers To and	l Transacti	ons and I	Relations	hips With Non	chari	table	e
ın o	sections rganiza	organization direct on 501(c) of the Co ations?	lly or indirectly ode (other than	section 501(c)(3)	organization	s) or in sec				Yes	No
		rs from the reportir									v
									1		X
-	•	er assets					• • • • • •		1a(2)		<del>  ^-</del>
		ansactions.							45.44		x
		s of assets to a no									X
		chases of assets fro tal of facilities, equ									X
		nbursement arrang									х
		ns or loan guarante									х
		ormance of service									х
		of facilities, equipr									Х
d If	the a	nswer to any of the fithe goods, other	ne above ıs "Y	es," complete the	following so	hedule Co	lumn (b) sl	nould always show	v the		
		any transaction o									
(a) Line		(b) Amount involved	<del></del>	noncharitable exempt of	<del></del>	r		rs, transactions, and sha			
		N/A				N/A					
					<u>.</u>						
		· · · · · · · · · · · · · · · · · · ·			<u></u>						
							<del> </del>				
						<u> </u>					
			<del>                                     </del>								
					<del></del>						
			<del>                                     </del>		<del></del>						
										-	
			-		<del></del>	-					
					<del> </del>	· · · · · · · · · · · · · · · · · · ·					
											_
d	lescrib	oundation directly ed in section 501(c " complete the follo	) of the Code (	other than section			•	_	Y	es 🖸	∑ No
	res,	(a) Name of organization			of organization			) Description of relation	ship		
		(a) Name of organization		(4).,,,,	<u>5</u>			,			
_					<del></del>	·					
	_	1									
	Under	penaties of perjury, I dec , and complete Declaration	lare that I have example of oreparer (other than	mined this return, including taxpayer) is based on all in	g accompanying s formation of which	chedules and sta preparer has any	atements, and to knowledge	the best of my knowled	ge and	belief, i	t is true
Sign		MANNET OF	578)ac	2001 511	16/16	TRUSTE	!E		S discu:		
Here	Sign	ature of officer or trustee	()	Date	12/10	Title		with the p	reparer	Yes	below No
	1 3.9.1	7	_		2 0			(	· L-		
		Print/Type preparer's n	ame /	peparer's signat	y Z		Date	Check if	PΠN		
Paid		DONNA J LARSO	on (	Monay	Lauson	h,CPA	5/13/	self-employed	P000	437	51
Prepa	arer	Firm's name B	KD, LLP					Firm's EIN > 44 - 0	1602	60	
Use (	Only		11 N. BROA	DWAY, SUITE 6	500			— <del>—</del>			
		ST. LOUIS, MO 63102-2733 Phone no 314-23							<u>31-</u> 5	<u>544</u>	

### 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

TACONY FAMILY FOUND	ATION	56-2309234
Organization type (check or	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private f	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	Jation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c) instructions	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor Complete Parts I and II. See instructions.	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 and that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line ons of the greater of (1)
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that g the year, total contributions of more than \$1,000 exclusively for religious, tional purposes, or for the prevention of cruelty to children or animals. Comp	charitable, scientific,
contributor, during contributions tota during the year fo	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that gethe year, contributions exclusively for religious, charitable, etc., purposes, led more than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Do not complete any of other of this organization because it received nonexclusively religious, charitatic more during the year.	but no such ons that were received the parts unless the ble, etc., contributions
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does not file nust answer "No" on Part IV, line 2, of its Form 990, or check the box on lin , to certify that it does not meet the filing requirements of Schedule B (Form	e H of its Form 990-EZ or on its

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 TACONY FAMILY FOUNDATION

Employer identification number 56-2309234

Part I	Contributors (see instructions) Use duplicate copie	es of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TACONY CORPORATION  1760 GILSINN LANE  FENTON, MO 63026	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

56-2309234

ash Property (see instructions). Use duplicate copies	of Part II if additional space is nee	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	:
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	     \$	
	(b)  Description of noncash property given  (b)  Description of noncash property given	Description of noncash property given  (c)  FMV (or estimate) (see instructions)  \$  (c)  FMV (or estimate) (see instructions)  \$  (d)  Description of noncash property given  (e)  FMV (or estimate) (see instructions)  \$  (c)  FMV (or estimate) (see instructions)  \$  (d)  FMV (or estimate) (see instructions)  \$  (e)  FMV (or estimate) (see instructions)  \$  (f)  FMV (or estimate) (see instructions)  \$  (h)  Description of noncash property given  (c)  FMV (or estimate) (see instructions)  \$  (c)  FMV (or estimate) (see instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
Name of organization TACONY FAMILY FOUNDATION

Employer identification number

56-2309234

Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the state of t	the year from any or ons completing Part II e year (Enter this info	ne contributor. C I, enter the total	complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
raiti				
		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee
			<u> </u>	
(a) No.	0.0	(-) !!	4	(4) December of how of a held
from Part I	(b) Purpose of gift	(c) Use of	gιπ 	(d) Description of how gift is held
		(e) Transfer	of gift	100
	_ , , , , , , , , , , , , , , , , , , ,	170.4	Dates	
	Transferee's name, address, ar	10 ZIP + 4	Relatio	nship of transferor to transferee
				- Take
(a) No from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
			<del> </del>	
		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
	1			
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Part I				
		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee

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56-2309234

PUBLIC SUPPORT DIRECT DATE NAME AND ADDRESS

TACONY CORPORATION 1760 GILSINN LANE FENTON, MO 63026

12/29/15

TOTAL CONTRIBUTION AMOUNTS

48,000.

48,000.

ATTACHMENT 1 PAGE 19

	NET	INVESTMENT	INCOME	2.
REVENUE	AND	EXPENSES	PER BOOKS	2.
			DESCRIPTION	10RGAN STANLEY
			DES	MOR

TOTAL

ATTACHMENT 2 PAGE 20

## - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET	INVESTMENT	3,331.
REVENUE AND	EXPENSES PER BOOKS	3,331.
	PIION	MORGAN STANLEY
	DESCRIPTION	MORGAN

TOTAL

56-2309234

ATTACHMENT 4

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION

MISCELLANEOUS INCOME

REVENUE AND

**EXPENSES** 

PER BOOKS

151.

TOTALS

151.

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FEES
ACCOUNTING
-
H
PART
990PF,
FORM

CHARITABLE <u>PURPOSES</u>	. 888.	. 888.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	987.	987.
REVENUE AND EXPENSES PER BOOKS	1,975.	1,975.
		TOTALS
DESCRIPTION	TAX PREPARATION FEES	

ATTACHMENT 5 PAGE 23

### PART I - OTHER PROFESSIONAL FEES FORM 990PE,

TACONY FAMILY FOUNDATION

			1 •
NET INVESTMENT	INCOME	1,793.	1,793.
REVENUE AND EXPENSES	PER BOOKS	1,793.	1,793.
	DESCRIPTION	INVESTMENT AND MANAGEMENT FEES	TOTALS

PART I - TAXES FORM 990PF, REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

FOREIGN TAX

DESCRIPTION

87.

87.

87.

TOTALS

87.

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ATTACHMENT 7 PAGE 25

- CORPORATE STOCK PART II FORM 990PE,

DESCRIPTION

TOTALS

ENDING BOOK VALUE

ENDING FMV

130,220.

MUTUAL FUNDS

129,541.

129,541.

130,220.

ATTACHMENT 8 PAGE 26

ATTACHMENT 9 PAGE 27

RM 990PF, PART VIII - LIST OF	FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES		ATTACH	ATTACHMENT 9	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	•
EMILY TACONY 220 GAY AVE. ST. LOUIS, MO 63105	TRUSTEE 1.00		Ö	.0	
KENNETH TACONY 220 GAY AVE. ST. LOUIS, MO 63105	TRUSTEE 1.00		Ö	ö	

· 0

0

0

TRUSTEE

KATHLEEN TACONY 220 GAY AVE. ST. LOUIS, MO 63105 GRAND TOTALS

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

EMILY TACONY KENNETH TACONY

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ST LOUIS ART MUSEUM	NONE	SUPPORT OF THE ARTS	100
ONE FINE ARTS DRIVE, FOREST PARK	2		
ST LOUIS, MO 63110-1380			
KETC	NONE	SUPPORT OF PUBLIC TELEVISION	20
3655 OLIVE ST	PC		
ST LOUIS, MO 63108-3601			
ST LOUIS SCIENCE CENTER	NONE	SCIENCE EDUCATION	100.
5050 OAKLAND AVENUE	PC		
ST LOUIS, MO 63110			
ST LOUIS CHILDREN'S HOSPITAL	NONE	PEDIATRIC HEALTH CENTER	1,000
1 CHILDREN'S PLACE	PC		
ST LOUI, MO 63110			
FEED MY PEOPLE	NONE	PROVIDES FOOD TO THOSE WHO ARE NOT FINANCIALLY	100.
17 KINGSTON DRIVE	PC	BLESSED	
ST LOUIS, MO 63125			
Nass	NONE	HELPS CHILDREN LEARN IN A SAFE ENVIRONMENT,	250
2930 IOWA AVENUE	PC	ASSISTS FAMILIES TO PREPARE FOR HEALTHY	
ST LOUIS, MO 63118		CHILDBIRTH, AND HELPS PARENTS CARE FOR THEIR	
		CHILDREN	

V 15-4 5F

56-2309234

ATTACHMENT 11 (CONT.D)

# FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE VEAR

AMOUNT	. 900	100.	100	100	100	0\$
PURPOSE OF GRANT OR CONTRIBUTION	HOSPITAL THAT SERVES CHILDREN WITHOUT REGARD TO FAMILY CIRCUMSTANCES	PROVIDES OPPORTUNITIES FOR SELF-SUFFICIENCY AND DIGNITY TO PERSONS WHO ARE HOMELESS OR AT THE RISK OF BECOMING HOMELESS	GRANTS WISHES TO CRITICALLY ILL CHILDREN	ADVOCACY TEAMS SERVE CHILDREN WHO HAVE BEEN REMOVED FROM THEIR HOMES AS A RESULT OF ABUSE AND NEGLECT	HOUSING ASSISTANCE	SUPPORT OF HOMELESS PERSONS
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC
RECIPIENT NAME AND ADDRESS	CARDINAL GLENNON HOSPITAL 1465 S GRAND BOULEVARD ST LOUIS, MO 63104	ST PATRICK CENTER 800 N TUCKER BOULEVARD ST LOUIS, MO 63101	MAKE A WISH 8251 MARYLAND AVENUE ST LOUIS, MO 63105	VOICES FOR CHILDREN 920 NORTH VANDEVENTER ST LOUIS, MO 63108	HABITAT FOR HUMANITY 3763 FOREST PARK AVENUE ST LOUIS, MO 63108	THE SALVATION ARMY 205 N 18TH STREET ST LOUIS, MO 63102

V 15-4 SF

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ATTACHMENT 11 (CONT'D)

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ATTACHMENT 11 (CONT.D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
	AND		!
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MS SOCIETY	NONE	SERVICES FOR PERSONS LIVING WITH MULTIPLE	200
1867 LACKLAND HILL PARKWAY	PC	SCLEROSIS	
ST LOUIS, MO 63146			
ST LOUIS VETS HOME COMM	NONE	SUPPORT OF VETERANS	50
PO BOX 21635	PC		
ST LOUIS, MO 63109			
THE HAVEN OF GRACE	NONE	SUPPORT OF YOUNG, HOMELESS, PREGNANT WOMEN AND	20
1225 WARREN STREET	PC	THEIR CHILDREN	
ST LOUIS, MO 63106			
ST LOUIS COUNTY LIBRARY FOUNDATION	NONE	CHARITABLE PURPOSES	85
1640 S LINDBERGH BLVD	PC		
ST LOUIS, MO 63131			
ST LOUIS AREA FOODBANK	NONE	FOOD ASSISTANCE TO THE POOR	20
70 CORPORATE WOODS DRIVE	PC		
BRIDGETON, MO 63044			
FOREST PARK FOREVER	NONE	MAINTAIN PUBLIC PARK	100
5595 GRAND DRIVE	PC		
ST LOUIS, MO 63112			

V 15-4 5F

56-2309234

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 11 (CONT.D)

AMOUNT

2025 E STREET, NW AMERICAN RED CROSS

RECIPIENT NAME AND ADDRESS

WASHINGTON, DC 20006

NONE S

MEDICAL TREATMENTS

20

TOTAL CONTRIBUTIONS PAID

PAGE 33 ATTACHMENT 11

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PART XVI-A - ANALYSIS OF OTHER REVENUE

FORM 990-PF,

81410

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RELATED OR EXEMPT FUNCTION INCOME ATTACHMENT 12 AMOUNT EXCLUSION AMOUNT BUSINESS

151.

151.

41

TOTALS

MISCELLANEOUS INCOME

DESCRIPTION

ATTACHMENT 12 PAGE 34

56-2309234

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				or	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over adj basis		Gain or	
expenses of sale	allowable	total capital gain distributions					(loss) 517.	
						:		
		MUTUAL FUNDS PROPERTY TYP				P	VAR	VA
46,340.							-1,823.	
		MUTUAL FUNDS - LT COVERED PROPERTY TYPE: SECURITIES				P	VAR	VA
9,028.		9,537.					-509.	
OTAL GAIN(L	oss)	,					-1,815.	
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