

For calendar year 2015, or tax year beginning 11-01-2015 , and ending 10-31-2016

Name of foundation George Von Hoffmann Foundation Inc		A Employer identification number 43-6029902	
Number and street (or P O box number if mail is not delivered to street address) 16751 Eagle Bluff Court		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code Chesterfield, MO 63005		B Telephone number (see instructions) (636) 537-4530	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 5,931,488		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	17,097	17,097		
	4 Dividends and interest from securities	141,271	141,271		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	252,567			
	b Gross sales price for all assets on line 6a _____ 701,522				
	7 Capital gain net income (from Part IV , line 2)		252,567		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	410,935	410,935		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	1,590	1,590		0
	c Other professional fees (attach schedule)	36,386	36,386		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	3,919	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).				
	24 Total operating and administrative expenses. Add lines 13 through 23	41,895	37,976		0
	25 Contributions, gifts, grants paid	220,000			220,000
	26 Total expenses and disbursements. Add lines 24 and 25	261,895	37,976		220,000
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	149,040			
	b Net investment income (if negative, enter -0-)		372,959		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	45,276	85,004	85,004
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
Liabilities	15	Other assets (describe ▶ _____)	4,121,695	4,231,007	5,846,484
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	4,166,971	4,316,011	5,931,488
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	4,166,971	4,316,011	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	4,166,971	4,316,011	
	31	Total liabilities and net assets/fund balances (see instructions) . .	4,166,971	4,316,011	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 4,166,971
2	Enter amount from Part I, line 27a	2 149,040
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 4,316,011
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 4,316,011

Part IV

Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a	See Additional Data Table		
b			
c			
d			
e			

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

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	252,567
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	236,000	5,967,299	0 039549
2013	222,000	5,816,532	0 038167
2012	212,000	5,269,836	0 040229
2011	180,500	4,829,109	0 037377
2010	327,917	4,839,913	0 067753

2	Total of line 1, column (d).	2	0 223075
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 044615
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	6,497,237
5	Multiply line 4 by line 3.	5	289,874
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	3,730
7	Add lines 5 and 6.	7	293,604
8	Enter qualifying distributions from Part XII, line 4.	8	220,000

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

Part VII

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	7,459
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0
3 Add lines 1 and 2.		3	7,459
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-		5	7,459
6 Credits/Payments			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	4,116	
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868).	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d.		7	4,116
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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	3,343
10 Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11 Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-A

Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b		No
c Did the foundation file Form 1120-POL for this year?	1c		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		No
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		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		No
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	Yes	
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	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) MO, MD			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
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		No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ DALE VON HOFFMANN Telephone no ▶ (636) 530-3507 Located at ▶ 16751 EAGLE BLUFF COURT chesterfield MO ZIP+4 ▶ 63005			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 0			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes No	No No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

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

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	
Organizations relying on a current notice regarding disaster assistance check here.			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No
<i>If "Yes" to 6b, file Form 8870</i>			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 SEE PART XV	0
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	6,505,647
b	Average of monthly cash balances.	1b	90,533
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	6,596,180
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	6,596,180
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	98,943
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,497,237
6	Minimum investment return. Enter 5% of line 5.	6	324,862

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

1	Minimum investment return from Part X, line 6.	1	324,862
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	7,459
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	7,459
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	317,403
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	317,403
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	317,403

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	220,000
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		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	220,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	220,000

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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				317,403
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			193,582	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 220,000				
a Applied to 2014, but not more than line 2a			193,582	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				26,418
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				290,985
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	0			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				
d Excess from 2014.				
e Excess from 2015.				

Part XIV

b Check box to indicate whether the organization is a:

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV

Supplementary Information(continued)

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

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
a <i>Paid during the year</i> See Additional Data Table					
Total				▶ 3a	220,000
b <i>Approved for future payment</i>					
Total				▶ 3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.		1a(1)	No
(2) Other assets.		1a(2)	No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.		1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)	No
(3) Rental of facilities, equipment, or other assets.		1b(3)	No
(4) Reimbursement arrangements.		1b(4)	No
(5) Loans or loan guarantees.		1b(5)	No
(6) Performance of services or membership or fundraising solicitations.		1b(6)	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c	No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> ***** 2017-02-09 ***** </div>	<div style="border: 1px solid black; padding: 2px; margin: 0 auto; width: 100px;"> May the IRS discuss this return with the preparer shown below (see instr.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
	Signature of officer or trustee	Date	Title

Paid Preparer Use Only	Print/Type preparer's name Roger G Toennies CPA	Preparer's Signature	Date 2017-02-09	Check if self-employed <input type="checkbox"/>	PTIN P00019708
	Firm's name <input type="checkbox"/> Schmersahl Treloar & Company PC			Firm's EIN <input type="checkbox"/>	43-1540459
	Firm's address <input type="checkbox"/> 10805 Sunset Office Drive Suite 400 Saint Louis, MO 63127			Phone no <input type="checkbox"/>	(314) 966-2727

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr)	(d) Date sold (mo , day, yr)
100 SHS ISHARES RUSSELL 1000		2008-09-04	2015-12-29
3760 81 SHS FID ADV NEW INSIGHTS		2010-02-02	2016-04-14
6422 SHS DEUTSCHE UNCONSTRD		2013-05-03	2016-09-14
1844 SHS IVY GLBL NATRL RES CL I		2009-12-24	2016-09-14
9428 SHS FED INTL LEADERS		2015-12-29	2016-04-14
4258 SHS FED INTL LEADRS RD INSTL		2011-08-09	2016-04-14
215 71 SHS DEUTSCHE UNCONSTRD INC		2015-12-29	2016-09-14
1200 SHS ENTERPRISE PRODUCTS 4 05%		2012-02-01	2015-11-20
16000 SHS APPLE 1 0%		2013-05-08	2016-02-03
28000 SHS US TSY 4 875%		2010-12-25	2016-08-08

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
10,115		5,208	4,907
100,000		63,671	36,329
29,461		32,925	-3,464
25,903		35,187	-9,284
28		32	-4
124,972		97,920	27,052
986		968	18
12,159		12,342	-183
15,927		15,934	-7
26,429		28,183	-1,754

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
			4,907
			36,329
			-3,464
			-9,284
			-4
			27,052
			18
			-183
			-7
			-1,754

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr)	(d) Date sold (mo , day, yr)
16000 SHS RIO TINTO FIN USA 1 62%		2013-06-11	2016-04-29
13000 SHS US TSY 3 125%		2014-05-06	2016-04-21
70000 SHS CVS CAREMARK CORP 5 75%		2013-10-16	2016-05-31
33000 SHS FEDERAL HOME LN MTG CORP		2014-05-01	2016-10-25
14000 SHS MERRILL LYNCH 6 4%		2011-05-31	2016-09-29
1000 SHS ENTERPRISE PRODUCTS 4 05%		2014-12-17	2015-11-20
3000 SHS US TSY 3 125%		2016-03-07	2016-04-21
3000 SHS US TSY 4 875%		2015-10-07	2016-08-08
200000 SHS PAC LIFE PACIFIC VOYAGES	P	2015-12-01	2016-04-21

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
16,094		15,861	233
13,333		13,294	39
71,261		73,066	-1,805
33,154		33,078	76
14,606		14,170	436
1,013		1,041	-28
3,077		3,073	4
3,004		3,002	2
200,000			200,000

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
			233
			39
			-1,805
			76
			436
			-28
			4
			2
			200,000

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
BRYAN LUNDSTROM	Vice President 0 00	0	0	0
10033 HARWICH DRIVE ST LOUIS,MO 63126				
DALE VON HOFFMANN	Vice Pres/Sec'y 0 00	0	0	0
16751 EAGLE BLUFF COURT CHESTERFIELD,MO 63005				
ERIC VON HOFFMANN	President 0 00	0	0	0
2656 WEST MEYER RD Foristell,MO 63348				
CINDY WEIS	Vice President 0 00	0	0	0
13462 MAPLE RIDGE COURT ST LOUIS,MO 63141				
GEORGE VON HOFFMANN III	Vice President 0 00	0	0	0
11041 WESTPORT STATION APT E MARYLAND HEIGHTS,MO 63043				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALZHEIMERS ASSOCIATION 9374 OLVE BLVD STE 101 ST LOUIS, MO 63132	N/A	501(C)(3)	NO RESTRICTIONS	3,000
AMERICAN CANCER SOCIETY 4207 LINDELL BLVD ST LOUIS, MO 63108	N/A	501(C)(3)	NO RESTRICTION	3,000
AMERICAN HEART ASSOCIATION PO BOX 78851 PHOENIX, AZ 85062	N/A	501(C)(3)	NO RESTRICTION	3,000
AMERICAN RED CROSS 10195 CORPORATE SQUARE DR ST LOUIS, MO 63132	N/A	501(C)(3)	NO RESTRICTIONS	3,000
BACKSTOPPERS PO BOX 795168 ST LOUIS, MO 63179	N/A	501(C)(3)	NO RESTRICTIONS	5,000
BARNES JEWISH HOSPITAL 600 S TAYLOR AVE STE 120 ST LOUIS, MO 63110	N/A	501(C)(3)	NO RESTRICTIONS	3,000
Big Hearts under the Big Sky 2033 11th Ave 8 Helena, MT 59601	NONE	501(C)(3)	NO RESTRICTIONS	5,000
BOYS HOPE GIRLS HOPE 755 S NEW BALLAS ROAD SUITE 120 ST LOUIS, MO 63144	N/A	501(C)(3)	NO RESTRICTIONS	15,000
CAMP RAINBOW 14309 MILLBRIAR CIRCLE CHESTERFIELD, MO 63017	N/A	501(C)(3)	NO RESTRICTIONS	5,000
CARDINAL GLENNON HOSPITAL - HONOR M 1465 SOUTH GRAND BLVD ST LOUIS, MO 63104	N/A	501(C)(3)	NO RESTRICTION	3,000
CENTRAL INSTITUTE FOR THE DEAF 4560 CLAYTON AVE ST LOUIS, MO 63110	N/A	501(C)(3)	NO RESTRICTIONS	3,000
CHILDREN'S HOME SOCIETY 9445 LITZSINGER RD ST LOUIS, MO 63144	N/A	501(C)(3)	NO RESTRICTION	3,000
DELTA GAMMA CENTER 1750 S BIG BEND BLVD RICHMOND HEIGHTS, MO 63117	N/A	501(C)(3)	NO RESTRICTIONS	3,000
DELTA WATERFOWL PO BOX 3128 BISMARCK, ND 58502	N/A	501(C)(3)	NO RESTRICTION	3,000
EAGLE RIVER MEMORIAL HOSPITAL 201 HOSPITAL RD EAGLE RIVER, WI 54521	N/A	501(C)(3)	NO RESTRICTION	5,000
Total ▶ 3a				220,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EAGLE RIVER RECREATION ASSOCIATION PO BOX 1495 EAGLE RIVER, WI 54521	N/A	501(C)(3)	NO RESTRICTIONS	8,000
EPWORTH - WHERE KIDS FIND STRENGTH 110 NORTH ELM AVE ST LOUIS, MO 63119	N/A	501(C)(3)	NO RESTRICTION	3,000
EVANGELICAL CHILDRENS HOME 8240 ST CHARLES ROCK ROAD ST LOUIS, MO 63114	N/A	501(C)(3)	NO RESTRICTION	3,000
FEED MY PEOPLE 171 KINGSTON DR ST LOUIS, MO 63125	N/A	501(C)(3)	NO RESTRICTION	3,000
HARRIS HOUSE 8327 S BROADWAY ST LOUIS, MO 63111	N/A	501(C)(3)	NO RESTRICTION	3,000
Joshua Chamberlain Society PO Box 8475 olivette, MO 63132	N/A	501(C)(3)	NO RESTRICTIONS	5,000
JUNIOR ACHIEVEMENT OF MISSISSIPPI V 17339 N OUTER FORTY ROAD CHESTERFIELD, MO 63005	N/A	501(C)(3)	NO RESTRICTIONS	3,000
KETC9 3655 OLIVE ST ST LOUIS, MO 63108	N/A	501(C)(3)	NO RESTRICTIONS	1,500
LOGOS SCHOOL 9137 OLD BONHOMME RD ST LOUIS, MO 63132	N/A	501(C)(3)	NO RESTRICTION	3,000
MARCH OF DIMES PO BOX 8972 TOPEKA, KS 66608	N/A	501(C)(3)	NO RESTRICTION	3,000
MATTHEWS-DICKEY 4245 N KINGSHIGHWAY BLVD ST LOUIS, MO 63115	N/A	501(C)(3)	NO RESTRICTIONS	3,000
MISSOURI BAPTIST CHILDRENS HOME 11300 ST CHARLES ROCK ROAD BRIDGETON, MO 63044	N/A	501(C)(3)	NO RESTRICTION	3,000
MISSOURI COLLEGE FUND INC 3401 WEST TRUMAN BLVD STE 202 JEFFERSON CITY, MO 65109	N/A	501(C)(3)	NO RESTRICTIONS	3,000
NAMI ST LOUIS 1750 S BRENTWOOD BLVD SUITE 511 ST LOUIS, MO 63144	N/A	501(C)(3)	NO RESTRICTIONS	3,000
RONALD MCDONALD HOUSE 4381 W PINE BLVD ST LOUIS, MO 63108	N/A	501(C)(3)	NO RESTRICTION	3,000
Total ▶ 3a				220,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SALVATION ARMY 10033 HARWICK DR ST LOUIS, MO 63126	N/A	501(C)(3)	NO RESTRICTIONS	15,000
SHRINERS BURN HOSPITAL 3229 BURNET AVE CINCINNATI, OH 45229	N/A	501(C)(3)	NO RESTRICTIONS	3,000
SHRINERS HOSPITAL FOR CHILDREN 2001 S LINDBERGH BLVD ST LOUIS, MO 63131	N/A	501(C)(3)	NO RESTRICTIONS	10,000
SPECIAL OLYMPICS MISSOURI PO BOX 947 JEFFERSON CITY, MO 65102	N/A	501(C)(3)	NO RESTRICTIONS	3,000
ST LOUIS CHILDREN'S HOSPITAL PO BOX 955423 ST LOUIS, MO 63195	N/A	501(C)(3)	NO RESTRICTION	3,000
UNITED SERVICES 4140 OLD MILL PARKWAY ST PETERS, MO 63376	N/A	501(C)(3)	NO RESTRICTIONS	3,000
WALKER SCOTTISH RITE CLINIC 3633 LINDELL BLVD ST LOUIS, MO 63108	N/A	501(C)(3)	NO RESTRICTION	3,000
DISABLED AMERICAN VETERANS 400 S 18TH ST 119 ST LOUIS, MO 63103	N/A	501(C)(3)	NO RESTRICTIONS	10,000
PUJOLS FOUNDATION 111 W PORT PLAZZA 255 ST LOUIS, MO 63146	N/A	501(C)(3)	NO RESTRICTIONS	5,000
AMERICAN PARKINSON DISEASE ASSOCIAT 1415 ELBRIDGE PAYNE RD 150 ST LOUIS, MO 63017	N/A	501(C)(3)	NO RESTRICTIONS	5,000
ERIN EICKMEIER FOUNDATION PO BOX 711 MANCHESTER, MO 63011	N/A	501(C)(3)	NO RESTRICTIONS	10,000
WOUNDED WARRIORS PROJECT 4899 BELFORT RD SUITE 300 JACKSONVILLE, FL 32256	N/A	501(C)(3)	NO RESTRICTIONS	10,000
UNIVERSITY OF MISSOURI - COLUMBIA 407 REYNOLDS ALUMI CENTER COLUMBIA, MO 65211	N/A	501(C)(3)	NO RESTRICTIONS	1,500
UCP HEARTLAND 13975 MANCHESTER RD BALLWIN, MO 63011	N/A	501(C)(3)	NO RESTRICTIONS	3,000
Young Life St Louis PO Box 575 Grover, MO 63040	N/A	501(C)(3)	NO RESTRICTIONS	5,000
Total ▶ 3a				220,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Aflac Cancer Center 1577 NE Expressway Suite A Atlanta, GA 30329	N/A	501(C)(3)	NO RESTRICTIONS	5,000
Headwaters Inc 1441 East Timber Dr PO Box 618 Rhinelander, WI 54501	N/A	501(C)(3)	NO RESTRICTIONS	5,000
St Marys Hospital Fund 6420 Clayton Rd RichMOND HEIGHTS, MO 63117	N/A	501(C)(3)	NO RESTRICTIONS	5,000
Total ▶ 3a				220,000

TY 2015 Accounting Fees Schedule**Name:** George Von Hoffmann Foundation Inc**EIN:** 43-6029902

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting Fees	1,590	1,590		0

TY 2015 Other Assets Schedule**Name:** George Von Hoffmann Foundation Inc**EIN:** 43-6029902

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Securities, Annuities, and Bonds	4,121,695	4,231,007	5,846,484

TY 2015 Other Professional Fees Schedule**Name:** George Von Hoffmann Foundation Inc**EIN:** 43-6029902

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Mgmt Fees	36,386	36,386		0

TY 2015 Taxes Schedule**Name:** George Von Hoffmann Foundation Inc**EIN:** 43-6029902

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Taxes and Liscense	3,919	0		0