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Return of Private Foundation

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

OMB No 1545-0052

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For	alend	ar year 2016 or tax year beginning	, 2016	, and endin	g		, 20
		oundation THE FLORENCE S. MAHONEY FOUNDATION			A Employer id	dentification number	
		C/O ANTLEY & LOPEZ LLP			52-18540	092	
Nii	mber ar	nd street (or P O box number if mail is not delivered to street address)		Room/suite	 	number (see instructions)	
		TH STREET NW SUITE 900 SOUTH	l l	900 SO	(202) 249	•	
		n, state or province, country, and ZIP or foreign postal code			 	-	shook boss
					C If exemption	on application is pending, o	cneck nere
		gton, DC 20005	f a famou mullin all	neitre		organizations should be	,
C ن	neck a		of a former public cha	anty	1. Foreign	organizations, check here	· · · · •
		Final return Amended retu			2. Foreign	organizations meeting the	e 85% test,
		Address change Name change			check h	ere and attach computation	on · · · · ▶ 🛄
မှင္		ype of organization: X Section 501(c)(3) exempt priva				oundation status was term	
\perp			exable private found	T	section 50	7(b)(1)(A), check here .	▶□
1 F	air mar	rket value of all assets at J Accounting method:	X Cash	Accrual	F If the found	dation is in a 60-month ter	mination
е	nd of y	rear (from Part II, col. (c), Other (specify)			under sect	ion 507(b)(1)(B), check h	ere ▶
lii	ne 16)	▶ \$ 3,045,650 (Part I, column (d) must be	on cash basis.)			·	
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment	(c) Adjusted net	for charitable purposes
		the amounts in column (a) (see instructions).)	books	"	ncome	income	(cash basis only)
\Box	1	Contributions, gifts, grants, etc., received (attach schedule)	1,642,2	20			
	2	Check ▶ If the foundation is not required to attach Sch B .					
_		Interest on savings and temporary cash investments	7)	0	O	***************************************
	4	Dividends and interest from securities	26,0	5 d	23,988	2,062	
Ď	• 5а	Gross rents	2070			٥	***************************************
Z		Net rental income or (loss)					
2		Net gain or (loss) from sale of assets not on line 10	65,1	n d			
e'	6a		05,1	<u> </u>			
Revenue	_b	Gross sales price for all assets on line 6a 65, 109	***************************************	····•	65,109	<u></u>	***************************************
₩	7	Capital gain net income (from Part IV, line 2)				VED JO	
	8	Net short-term capital gain		···•••••••••••••••••••••••••••••••••••	~~~	3 O	
(3)	9	Income modifications			1	2017 '31 0	······································
-	10a	Gross sales less returns and allowances					***************************************
2017	b	Less: Cost of goods sold					:
- 3	С	Gross profit or (loss) (attach schedule)			***************************************	, 01 2	
	11	Other income (attach schedule)	0		0		
	12	Total. Add lines 1 through 11	1,733,3	79	89,097	2,062	
	13	Compensation of officers, directors, trustees, etc	0			0	
es	14	Other employee salaries and wages			0	0	
sesuec	15	Pension plans, employee benefits	0		0		0
	16a	Legal fees (attach schedule) STM107	15,2		6,320		8,910
Ä	b	Accounting fees (attach schedule) STM108	1,9	75	1,975		0
Operating and Administrative	С	Other professional fees (attach schedule)				0	
rat	17	Interest	\mathcal{O}			O	0
iist	18	Taxes (attach schedule) (see instructions) STM110	1,3	90	465	0	0
듄	19	Depreciation (attach schedule) and depletion	C	2	B	0	
þ	20	Occupancy)	Q	0	0
Q D	21	Travel, conferences, and meetings		כ כ	0	0	0
ā	22	Printing and publications		2	O	0	0
Ð	23	Other expenses (attach schedule) STM103		.oq	100	©	Ø
atis	24	Total operating and administrative expenses.					
ě		Add lines 13 through 23	18,6	95	8,860	0	8,910
Q	25	Contributions, gifts, grants paid	100,0				100,000
	26	Total expenses and disbursements. Add lines 24 and 25	118,6		8,860	0	108,910
	+	Subtract line 26 from line 12:	12370				
	27	Excess of revenue over expenses and disbursements .	1,614,6	: A 4			•
	a		1,014,0	,,,,	80,237		
	b	Net investment income (if negative, enter -0-)		······	00,23/	2,06	‡ X
	С	Adjusted net income (if negative, enter -0-)	<u> </u>	<u></u>		2,06	<u>t</u>

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2016)

Da	rt II	Ralance Sheets Attached schedules and amounts in the description column	beginning or year	End of ye	<u> </u>
га	14 11	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	695,738	694,555	694,555
	3	Accounts receivable	‡		
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable	1		
ŀ		Less: allowance for doubtful accounts			
1	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		ı	
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts			<u></u>
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges Statement to			
₹	10a	Investments - U.S. and state government obligations (attach state in s)		99,721	107,779
İ		Investments - corporate stock (attach schedule) STM137	411,751	1,677,892	1,901,276
		Investments - corporate bonds (attach schedule) STM138	75,005	325,010	342,040
	11	Investments - land, buildings, and equipment: basis ▶			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	• • •	Less: accumulated depreciation (attach schedule)	·		
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1-7	Land, buildings, and equipment: basis Less. accumulated depreciation (attach schedule)	Ī	İ	
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
	'0	Instructions. Also, see page 1, item I)	1,182,494	2,797,178	3,045,650
	17	Accounts payable and accrued expenses	1,102,131	27/3//2/0	
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	ı	Loans from officers, directors, trustees, and other disqualified persons			
į	20	Mortgages and other notes payable (attach schedule)			
Ë	21	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0	0	
	23				
"		Foundations that follow SFAS 117, check here			
alances	24	Unrestricted			
ā	24 25	Temporarily restricted			
Bal	1	Permanently restricted			
ᅙ	26	Foundations that do not follow SFAS 117, check here			
בָּ					
Assets or Fund B	2=	and complete lines 27 through 31. Capital stock, trust principal, or current funds			
ţ	27				
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	1,182,494	2,797,178	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,182,494	2,797,178	
Net	30	Total net assets or fund balances (see instructions)	1,102,494	2,131,110	
Z	31	Total liabilities and net assets/fund balances (see	1 100 404	2 707 179	
res.	<u> </u>	instructions)	1,182,494	2,797,178	······································
•	art I	· · · · · · · · · · · · · · · · · · ·			
1		I net assets or fund balances at beginning of year - Part II, column (a), line			1,182,494
_		of-year figure reported on prior year's return)			1,614,684
		er amount from Part I, line 27a		I I	1,014,004
		er increases not included in line 2 (itemize)			2 707 170
_		lines 1, 2, and 3		· · · · · · · · · · · · · · · · · · ·	2,797,178
5		reases not included in line 2 (itemize)	olumn (h) line 20	5 6	2 707 170
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,797,178 Form 990-PF (2016)

	e the kind(s) of property sold (e.g., real estate, nouse, or common stock, 200 shs MLC Co.)	P-Purchase D-Donation		e acquired , day, yr)	(d) Date sold (mo , day, yr)
	GAIN DISTRIBUTION	P	VARI	OUS	VARIOUS
					<u> </u>
:					
			- -		
<u>) </u>			-		<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			ain or (loss) (f) minus (g)
65,109					65,10
<u> </u>			_		···
			 		
					
Complete only for exacts about	in a size in a size of the siz	formulation on 40/04/00			
Complete only for assets snow	ing gain in column (h) and owned by the	toundation on 12/31/69	┥.	(I) Gains (C	Col (h) gain 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	,	coi (k), but n Losses	ot less than -0-) or (from col. (h))
	200.120.00	010, 00, 11 0119	+		6E 1(
1					65,10
<u>' </u>					·
<u> </u>					
			 		·
	# If gain also er	nter in Part I, line 7	- 		
Capital gain net income or (net	canital loss)	-0- in Part I, line 7	2		65,1
Net short-term capital gain or (loss) as defined in sections 1222(5) and		-		03/1
• = •	8, column (c) (see instructions). If (loss),				
5 6		3	3		
	nder Section 4940(e) for Redu			come	
	te foundations subject to the section 494 this part blank.	0(a) tax on net investment inc	ome.)		
ection 4940(d)(2) applies, leave	•	nt of any year in the base perio	·		Yes X
ection 4940(d)(2) applies, leave as the foundation liable for the se Yes," the foundation does not qu	this part blank.	nt of any year in the base perio	od?		Yes X
ection 4940(d)(2) applies, leave is the foundation liable for the se Yes," the foundation does not qu Enter the appropriate amount i	this part blank. ection 4942 tax on the distributable amou lalify under section 4940(e). Do not compon each column for each year; see the ins	nt of any year in the base perio	od?		(d) stribution ratio
ection 4940(d)(2) applies, leave s the foundation liable for the se Yes," the foundation does not qu Enter the appropriate amount i (a) Base period years	this part blank. ection 4942 tax on the distributable amou lalify under section 4940(e). Do not compon each column for each year; see the ins	nt of any year in the base periodete this part. tructions before making any er (c) Net value of noncharitable-use	od? ntries.	(col (t	(d)
ection 4940(d)(2) applies, leave is the foundation liable for the se Yes," the foundation does not que Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginnin	this part blank. ection 4942 tax on the distributable amou lalify under section 4940(e). Do not complete action acts to each column for each year; see the insequence (b) Adjusted qualifying distributions	nt of any year in the base periodlete this part. tructions before making any er (c) Net value of noncharitable-use	od? ntries.	(col (t	(d) stribution ratio o) divided by col. (c))
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	990-FF (2010) THE FLORENCE S. MARIONET FOUNDATION 52-16540			aye 4
Par	t ¥t │ Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst	ructio	ns)	
1a	· · · · · · · · · · · · · · · · · · ·			
	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			802
	here ► X and enter 1% of Part I, line 27b			
С	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-)			
3	Add lines 1 and 2			802
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			80:
6	Credits/Payments:			
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 465			
b	Exempt foreign organizations - tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,500			
_d	Backup withholding erroneously withheld			0.51
7	Total credits and payments. Add lines 6a through 6d			,96
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			10
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			,16
11	Enter the amount of line 10 to be. Credited to 2017 estimated tax ▶ 1,163 Refunded ▶ 11		-	
	TVII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
1a		1a	162	X
_	participate or intervene in any political campaign?	la		<u> </u>
b		16	,	х
	Instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	10		
	published or distributed by the foundation in connection with the activities.			
_	Did the foundation file Form 1120-POL for this year?	1c	:	х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	"		
u	(1) On the foundation. > \$ (2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
•	on foundation managers. \$\Bigs\\$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
-	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		:	
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
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?	5		Х
•	If "Yes," attach the statement required by General Instruction T.			1
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	х	
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	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	DC			
b				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b_	х	_
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (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			

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Pai	t 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		Ţ	Yes	No
	rheaning 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		T		
	person had advisory privileges? If "Yes," attach statement (see instructions)	4	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	· . 🗔	13	Х	
	Website address ▶ N/A				
14	The books are in care of ► CORINNE ANTLEY Telephone no.	▶ 202-249	-73	90	
	Located at ► 601 13TH STREET NW SUITE 900 SOUTH, DC ZIP+4				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here				▶ □
	and enter the amount of tax-exempt interest received or accrued during the year	15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		- 1	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 the name of				
	the foreign country	1			į
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			1	
(.222	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):	<u> </u>			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No	1		i
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		I		İ
	disqualified person?	X No	I		ĺ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes		I		ĺ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	X No	ŧ		ĺ
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	A NO	Í		ĺ
		X No	ŧ		ĺ
	the benefit or use of a disqualified person)?	X No	1		ĺ
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1		į
	foundation agreed to make a grant to or to employ the official for a period after	₩	1		
	termination of government service, if terminating within 90 days.)		Ī		ĺ
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1	🖡		ĺ
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	<u> </u>	1b		ļ
	Organizations relying on a current notice regarding disaster assistance check here		- {		ĺ
С	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 2016?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		1		
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and		Ī		
	6e, Part XIII) for tax year(s) beginning before 2016?	X No	I		
	If "Yes," list the years Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		I		
b			1		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		ŧ		
	all years listed, answer "No" and attach statement - see instructions)		2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	l	1		
	·		I		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	_			
	at any time during the year?	X No	1		
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or		I		
	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		1		
	foundation had excess business holdings in 2016.)	L	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	[4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Γ			
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016	?	4b		X

Par	t VII-B	Statements Regarding Activities	es for V	Vhich Forn	n 4720	May Be	Requir	ed (co	ntinued)	1		
5a	During th	e year did the foundation pay or incur any an	nount to:									
	(1) Carry	y on propaganda, or otherwise attempt to infli	ience leg	ıslatıon (sectio	n 4945(e	∍))?	[Yes	X No			
	(2) Influe	ence the outcome of any specific public elect	on (see s	section 4955), o	or to carr	ry on,						
	direc	tly or indirectly, any voter registration drive?					[Yes	X No			
	(3) Prov	ide a grant to an individual for travel, study, o	r other sı	milar purposes	?		[Yes	X No			
	(4) Prov	ide a grant to an organization other than a ch	aritable,	etc., organizati	on descr	ibed in	_					
	secti	on 4945(d)(4)(A)? (see instructions)					[Yes	X No			
	(5) Prov	ide for any purpose other than religious, char	itable, sc	ientific, literary	, or educ	ational	_	_				
	purp	oses, or for the prevention of cruelty to childr	en or anir	mals?			[Yes	X No			
b	If any an	swer is "Yes" to 5a(1)-(5), did any of the tran	sactions	fail to qualify u	nder the	exceptions of	describe	d in				
	Regulation	ons section 53.4945 or in a current notice reg	arding dis	saster assistan	ce (see	instructions)	?			5b		
	-	tions relying on a current notice regarding di							▶ ∐			
C	If the ans	swer is "Yes" to question 5a(4), does the four	dation cl	aim exemption	from the	e tax	-	_				
	because	it maintained expenditure responsibility for the	e grant?				[Yes	∐ No			
	If "Yes,"	attach the statement required by Regulations	section :	53.4945-5(d).								
6a		oundation, during the year, receive any funds	-	-	pay pre	miums	F	_				
	•	sonal benefit contract?					L	Yes	X No			
b		oundation, during the year, pay premiums, du	ectly or i	ndirectly, on a	personal	benefit cont	ract?			6b		<u>X</u>
_		o 6b, file Form 8870.					г	-				
	•	me during the tax year, was the foundation a		•			[X No			
_	1111111111111	did the foundation receive any proceeds or h						 		7b		
1 41	t VIII	Information About Officers, Dir								⊏mbi	oyee	s,
4 1	int all aff		•	PFOV		-		eme	<u> </u>			
) L	ist an on	icers, directors, trustees, foundation man	T-	e, and average		mpensation	T	Contribution	ons to	(a) Eva		
200	990 O	(a) Name and address	hour	s per week	` (If n	ot paid, ter -0-)	emple	oyee bene erred com	fit plans	(e) Exp other	ense ad allowan	
	INDA M		 	DENT/DIRE		161 -0-)	and dei	erred com	perisation			
		STREET NW SUITE 900 S, 20005		1.00		0			0			0
		MAHONEY III	VICE	PRESIDENT	,				_			
		STREET NW SUITE 900 S, 20005	1			0			0			0
	F SAD			TARY/DIRE								
		STREET NW SUITE 900 S, 20005		1.00		0	İ		0			0
	EN M P		TREAS	URER/DIRE	-							
601	13TH :	STREET NW SUITE 900 S, 20005		1.00		0			0			0
2 (ompens	ation of five highest-paid employees (othe	r than th	ose included	on line	1 - see instr	uctions	. If none	, enter			
•	NONE."											
	(a) Nome	and address of each employee paid more than \$50	000	(b) Title, and		(1) (2)		(d) Contr	butions to benefit	(e) Exp	ense ac	count,
	(a) Name	and address of each employee paid more than \$50	,,000	hours per v devoted to po		(c) Compe	nsation		d deferred ensation	other	allowan	ices
NON	E										-	
								ļ				
					 -			ļ		<u> </u>		
				1								
	1	of other ampleuses and area 650,000		<u> </u>		I		L				
ı ota	ı number ı	of other employees paid over \$50,000							🟲	1		0

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3 Five highest-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NE		
		
tal number of others receiving over \$50,000 for professional services		
art IX-A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include relevant s	statistical information such as the number of	
rganizations and other beneficiaries served, conferences convened, research papers produced		Expenses
NONE		
art IX-B Summary of Program-Related Investments (see ins	etructions)	
Describe the two largest program-related investments made by the foundation during the tax year		Amount
NONE		
Il other program-related investments. See Instructions		-
stal. Add lines 1 through 3	- I	

Par		founda	tions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	1,269,722
b	Average of monthly cash balances	1b	781,510
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,051,232
ө	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,051,232
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	30,768
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,020,464
6	Minimum investment return. Enter 5% of line 5	6	101,023
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	oundation	ons
	and certain foreign organizations check here > and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	101,023
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	802
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	100,221
4	Recoveries of amounts treated as qualifying distributions	4	<u>_</u>
5	Add lines 3 and 4	5	100,221
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	100,221
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	108,910
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	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	Ø
ь	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	108,910
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	802
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	108,108
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the		
	qualifies for the section 4940(e) reduction of tax in those years		
	qualities for the section 4340(s) reduction of tax in those years		

	990-PF (2016) THE FLORENCE S. MAHO! **EXAMPLE TO STATE OF THE STATE O		N	52-1854092	Page 9
	XIMMINI CHARLES THE COST HIGH	(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
_	line 7	·····	ļ		100,22
2	Undistributed income, if any, as of the end of 2016:				
a	Enter amount for 2015 only	······	0	31,238	<u> </u>
b	Total for prior years:,,, Excess distributions carryover, if any, to 2016			······	
3 a	From 2011				:
a h	From 2012				:
C	From 2013		1		•
ď	From 2014		1	.	•
a	From 2015			1	-
f	Total of lines 3a through e	0	1	1	<u> </u>
4	Qualifying distributions for 2016 from Part XII,	···········			
	line 4: ▶\$ 108,910		1		-
а	Applied to 2015, but not more than line 2a			31,238	5
Ь	Applied to undistributed income of prior years	***************************************		······································	:
	(Election required - see instructions)		0	-	
С	Treated as distributions out of corpus (Election			-	<u>.</u>
	required - see instructions)	6	1		•
d	Applied to 2016 distributable amount				77,67
8	Remaining amount distributed out of corpus [0		-	
5	Excess distributions carryover applied to 2016 .	0	-		0
	(If an amount appears in column (d), the same		1	1	•
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:	_	1		
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5 .	<u> </u>		-	
b	Prior years' undistributed income. Subtract		0	‡	••
	line 4b from line 2b	***************************************			· · · · · · · · · · · · · · · · · · ·
С	Enter the amount of prior years' undistributed			1	-
	income for which a notice of deficiency has			1	
	been issued, or on which the section 4942(a)		0	1	• •
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable		6	.	
	amount - see instructions				•••••••••
8	4a from line 2a. Taxable amount - see			o	
	Instructions				
f	Undistributed income for 2016. Subtract lines		- 		
•	4d and 5 from line 1. This amount must be				
	distributed in 2017	:			22,54
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	1		:
8	Excess distributions carryover from 2011 not				:
	applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2017.				-
	Subtract lines 7 and 8 from line 6a	0			•
10	Analysis of line 9:			i i	:
а	Excess from 2012		1	Į.	:
b	Excess from 2013		1	‡	:
С	Excess from 2014		1		
d	Excess from 2015				
е	Excess from 2016			<u></u>	
EEA				For	m 990-PF (2016

Part	XIV Private Operating Foun	dations (see ins	structions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling or o	letermination letter th	at it is a private operatii	ng	11/1	
	foundation, and the ruling is effective for 2	016, enter the date o	f the ruling		· N/H	
b	Check box to indicate whether the founda	tion is a private opera	ating foundation describ	ed in section	4942(j)(3) or 4	1942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		, . =
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	each year listed					
b	85% of line 2a					
С	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 .					
θ	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test - enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on				Ì	
	securities loans (section					
	512(a)(5)), or royalties)				 	
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income		<u> </u>	<u> </u>	<u> </u>	<u></u>
Part	XV Supplementary Informat			he foundation ha	ad \$5,000 or more	in assets at
	any time during the year		ons.)			
1	Information Regarding Foundation Ma	•				
а	List any managers of the foundation who before the close of any tax year (but only	have contributed mo	ore than 2% of the total	contributions received (See section 507(d)(2)	by the foundation	
	belove the close of any tax year (but only	in aley have contain	ated more than \$5,000)	. (000 300001 307(0)(2	-)-/	
	NONE					
b	List any managers of the foundation who ownership of a partnership or other entity				e portion of the	
	NONE					
2	Information Regarding Contribution,	Grant, Gift, Loan, S	cholarship, etc., Prog	rams:		
	Check here ▶ ☐ If the foundation only	makes contributions	s to preselected charital	ole organizations and d	loes not accept	
	unsolicited requests for funds. If the four			-	· · · · · · · · · · · · · · · · · · ·	
	other conditions, complete items 2a, b, c					
а	The name, address, and telephone num	ber or e-mail address	s of the person to whom	applications should be	e addressed:	
	990APP See Supp	acation	-+- 1	+		
	The form in which applications should be	submitted and infor	DICTEMENT	y should include:		
D	Applica	_		oy anodia include.		
С	Any submission deadlines:	, , , , , , , , , , , , , , , , , , , ,				
	Any restrictions or limitations on awards	cuch as by socs	phical areas, shedishled	Solda kinda of institute	ana as athas	
d	Any restrictions or limitations on awards factors:	, such as by geograp	micai areas, chantable	neids, kinds of institutio	ons, or ower	
	none					

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
CONTRA COSTA CLUBHOUSES, INC			TREATING ADULTS	
3024 Willow Pass Rd 230		İ	RECOVERING FROM	
Concord, CA 94519	NONE	PC	MENTAL ILLNESS	5,000
DO IT FOR LOVE			GRANT TERMINALLY	
360 GRAND AVE 350			ILL CHILDEN TO	
Oakland, CA 94610	NONE	PC	SEE LIVE CONCERTS	50,000
NEW YORK TIMES FRESH AIR FUND			ALLOW NEEDY INTER	
633 3RD AVE 14TH FLOOR			CITY CHILDREN TO	
New York, NY 10017	NONE	PC	ATTEND CAMPS	5,000
OCEAN INSTITUTE			UPGRADE TO SALT	
24200 DANA HARBOR DRIVE			WATER AQUARIUM	
Dana Point, CA 92629	NONE	PC	SYSTEM	5,000
PANCREATIC CANCER ACTION NETWORK			RESEARCH	
1500 ROSECRANS AVE SUITE 200			PANCREATIC	
Manhattan Beach, CA 90266	NONE	PC	CANCER	10,000
PET PROJECT FOUNDATION INC			CLEMENTE-DANA	
P O BOX 5678			POINT	
San Clemente, CA 92674-5678	NONE	PC	ANIMAL SHELTER	10,000
PLANNED PARENTHOOD			SUPPORT HEALTH	
123 WILLIAM STREET 10TH FLOOR			CARE SERVICES AND	
New York, NY 10038	NONE	PC	EDUCATION	5,000
STANLEY ELEMENTARY SCHOOL				
AIRPORT ROAD			UNFUNDED	
Stanley, ID 83278	NONE	GOV	EDUCATIONAL NEEDS	5,000
Total			▶ 3a	
b Approved for future payment				
NONE				
	ii.			
Total			3b	0

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	If recipient is an individual			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year CHALLIS JR/SR HIGH SCHOOL P O BOX 304 Challis, ID 83226	NONE	GOV	EDUCATIONAL NEEDS	5,000
Total			▶ 3a	100,000
b Approved for future payment				100,000
Total			> 3b	0

nter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by sec	tion 512, 513, or 514	(e)
Program service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a NONE	Code		 		·
b			1		
c			 		
d			 		
a			 		
· -			 		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			 +		
3 Interest on savings and temporary cash investments			 		
4 Dividends and interest from securities		 -	14	23,988	
5 Net rental income or (loss) from real estate:		·····		23,300	······································
a Debt-financed property	 			·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b Not debt-financed property		<u></u>	 		
, , ,			+		
6 Net rental income or (loss) from personal property			1		
7 Other investment income	 		10	EF 100	·
Gain or (loss) from sales of assets other than inventory			18	65,109	
9 Net income or (loss) from special events			 -		
O Gross profit or (loss) from sales of inventory					
1 Other revenue: a					
b	ļ		 		
<u> </u>			 		
d			ļ.———		
θ					
2 Subtotal. Add columns (b), (d), and (e)			<u> </u>	89,097	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)				13	89,09
Explain below how each activity for which ind accomplishment of the foundation's exempt and the foundation of the founda		• •			
			<u> </u>		

Forn	990-PF (2016) THE FLORENCE S. MAHONEY FOUNDATION 52	2-1854092	Pa	age 13
Pa	Information Regarding Transfers To and Transactions and Relationships W Exempt Organizations	ith Noncharit	able	
1	Did the organization directly or indirectly engage in any of the following with any other organization described		Yes	No
	in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
а	Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash	1a(1)		x

(2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 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? b If "Yes," complete the following schedule. (a) Name of organization (c) Description of relationship (b) Type of organization Under penalties of penury, 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 Sign May the IRS discuss this return Here (see inst)? Signature of officer or trustee Pnnt/Type preparer's name Check X if **Paid** PATRICIA W ROWE self-employed

Preparer PATRICIA W ROWE Firm's EIN \blacktriangleright Firm's name P O BOX 2924 **Use Only** Phone no Firm's address Cashiers NC 28717

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

Employer identification number

THE F	LORENCE S. MAHON	Y FOUNDATION	52-1854092
Organi	zation type (check one):		
Filers o	of:	Section:	
Form 9	90 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 9	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check	if your organization is cove	red by the General Rule or a Special Rule.	
	Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See
Genera	al Rule		
X	•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalinerty) from any one contributor. Complete Parts I and II. See instructions for detections.	•
Specia	il Rules		
	regulations under section 13, 16a, or 16b, and that	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports 509(a)(1) and 170(b)(1)(A)(v1), that checked Schedule A (Form 990 or 990-EZ eceived from any one contributor, during the year, total contributions of the great nount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Pa), Part II, line ater of (1)
	contributor, during the ye	abed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from total contributions of more than \$1,000 exclusively for religious, charitable, so reposes, or for the prevention of cruelty to children or animals. Complete Parts I,	cientific,
	contributor, during the ye contributions totaled mor during the year for an exc General Rule applies to	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ar, contributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were flusively religious, charitable, etc., purpose. Don't complete any of the parts unless organization because it received nonexclusively religious, charitable, etc., couring the year	received ss the ontributions
990-E2	Z, or 990-PF), but it must a	t covered by the General Rule and/or the Special Rules doesn't file Schedule B nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its F tify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ	orm 990-EZ or on its

Name of organization

THE FLORENCE S. MAHONEY FOUNDATION

Employer identification number 52-1854092

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1_ FLORENCE MAHONEY CHARITABLE TRUST Person X **Payroll** C/O JOHN WARD, 2201 N STREET NW Noncash 104,768 (Complete Part II for Washington, DC 20037 noncash contributions.) (d) (a) (b) (c) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroli** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization
THE FLORENCE S. MAHONEY FOUNDATION

Employer identification number 52-1854092

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_1	STOCKS AND BONDS		
		\$\$	08-09-2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

Federal Supporting Statements **2016** PG01 Name(s) as shown on return THE FLORENCE S. MAHONEY FOUNDATION 52-1854092 Form 990PF - Part II - Line 10(a) Statement #136 Investments: U.S. Government Obligation Schedule Book Value (BOY) Book Value (EOY) FMV (EOY) Category FEDERAL HOME LOAN BOND 99,721 107,779 99,721 Totals 107,779 PG01 Form 990PF - Part II - Line 10(b) Statement #137 Investments: Corporate Stock Schedule Category BOY Book Value EOY FMV 489,339 436,293 139,919 DAVIS NY FUND EUROPACIFIC GROWTH FUND 35,208 283,090 305,152 GATEWAY FUND 29,948 340,159 411,295 GROWTH FUND OF AMERICA 119,159 380,889 471,327 T ROWE PRICE SMALL CAP VALUE 277,209 87,517 184,415 411,751 1,677,892 1,901,276 Totals PG01 Form 990PF - Part II - Line 10(c) Statement #138 Investments: Corporate Bond Schedule BOY Book Value EOY FMV Category 75,005 325,010 342,040 GENERAL ELECTRC 75,005 325,010 342,040 Totals

HONEY FOUNDATION					2046	
1					Your Social Security Number	1
					52-1854092	
	Form 990PF - Part 1		- Line 23 - Other Expenses Schedule	edul e	Statement #103~	
	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
INVESTMENT FEES	100	100	0	0		
Totals	100	100	0	0		
	Form 990PF - Part I		- Line 16(a) - Legal Fees Schedule	dule	PG01 Statement #107~	
Description and ANTLEY & LOPEZ	Revenue and expenses 15,230	Net investment 6,320	Adjusted net income	Charitable purpose 8,910		
Totals	15,230	6,320	0	8,910		
STM- LO						٦

Name(s) as shown on return THE FLORENCE S. MAHONEY FOUNDATION					
	110N				Your Social Security Number 52-1854092
	Form 990PF - Part I	- 1	Line 16(b) - Accounting Fees Schedule	schedul e	Statement #108~
	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose	
	1,975	1,975	0	0	
	Form	990PF - Part I - Lin	Form 990PF - Part I - Line 18 - Taxes Schedule	0.	PG01 Statement #110~
	Revenue and expenses 925	Net investment 0	Adjusted net income	Charitable purpose 0	
	1,390	797	0	0	
П					

Federal Supporting Statements

2016 PG01

Name(s) as shown on return

THE FLORENCE S. MAHONEY FOUNDATION

Your Social Security Number 52-1854092

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

Grant Program

Applicant Name

CORINNE ANTLEY, ANTLEY & LOPEZ LLP

Address

601 13TH STREET NW SUITE 900 SOUTH Washington, DC 20005

<u>Telephone</u>

202-249-7390

Email Address

CANTLEY@ANTLEYLOPEZ.COM

Form & Content

APPLICATION LETTER

Submission Deadline

NONE

Restrictions on Award

NONE