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# Form **990-PF** Department of the Treasury Internal Revenue Service

### **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 <a href="https://www.irs.gov/form990of">www.irs.gov/form990of</a>.

OMB No 1545-0052

	ne of foundation		, and ending	A Employer identification	number
Di	RR FAMILY FOUNDATION			46-3159937	
	Ther and street (or PO box number if mail is not delivered to street as	ddraes)	Room/suite		<del></del>
	3 SEABROOK LANDING DRIVE	uuless)	Roonvalle	B Telephone number (843) 682-	3451
	or town, state or province, country, and ZIP or foreign pos	stal code	<u> </u>	C If exemption application is p	
	ILTON HEAD ISLAND, SC 299			a samplion application to p	oriolity, critical risks
	Check all that apply:		rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return	,		
	Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test, emputation
H C	Check type of organization: X Section 501(c)(3) exe	mpt private foundation		E If private foundation sta	tus was terminated
L		ther taxable private founda	7	under section 507(b)(1)	(A), check here
	ur market value of all assets at end of year   J   Accounting	-	Accrual	F If the foundation is in a	
		er (specify)	haara l	under section 507(b)(1)	(B), check here
De					(d) Disbursements
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
$\neg$	Contributions, gifts, grants, etc., received	250,000.		N/A	(cash basis only)
	2 Check If the foundation is not required to attach Sch. B	230,000		N/A	
	Interest on savings and temporary cash investments				
,	4 Dividends and interest from securities				
* * * * *	5a Gross rents				
ا د	<b>b</b> Net rental income or (loss)			·	
US 6 1 Revenue	68 Net gain or (loss) from sale of assets not on line 10				
სსა გ Revenue	b Gross sales price for all assets on line 6a				
š Š	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications Gross sales less returns				
	10a and allowances	<del>-</del>	,		
, , K. 2	C Gross profit or (loss)				
<b>4</b>	11 Other income				<del></del>
	12 Total Add lines 1 through 11	250,000.	0.	,	
432	13 Compensation of officers, directors trustees etc	0.	0.	,	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
penses	16a Legal fees				
per	b Accounting fees c Other professional fees	IVED =			
Ä	c Other professional fees	76			
ıţive	17 Interest 18 Taxes 0CT	4 2014			
stra	18 Taxes	100	_		}
Ë	19 Depreciation and depletion 20 Occupancy	EN, UT	•		
Ag	21 Travel, conferences, and meetings			<u> </u>	
P	22 Printing and publications		·		
ga	23 Other expenses				
atir	24 Total operating and administrative				
Operating and Administrative Ex	expenses Add lines 13 through 23	0.	0 .		50,000.
0	25 Contributions, gifts, grants paid	50,000.			50,000.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	50,000.	0.	·	50,000.
	27 Subtract line 26 from line 12:	200 000			
	8 Excess of revenue over expenses and disbursements	200,000.	0	<del> </del>	
	b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)		U .	N/A	
	100-13 LHA For Paperwork Reduction Act Notice, see in	netructions	l	1 A/A	Form <b>990-PF</b> (2013

Page 2

ΓĎ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u>,                                      </u>
<u>-</u>	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		200,000.	200,000.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
	l	Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
	ľ	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ÿ	10a	Investments - U.S. and state government obligations			<del>-</del> <del>-</del>
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land buildings and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			· ·
		Less accumulated depreciation			
	15	Other assets (describe ► )			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item 1)	0.	200,000.	200,000.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Š	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	1	Foundations that follow SFAS 117, check here			
m		and complete lines 24 through 26 and lines 30 and 31			
ĕ	24	Unrestricted			
ā		Temporarily restricted			
Fund Balances	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here	:		
<u>۲</u>		and complete lines 27 through 31			
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds	0.	200,000.	
ž	30	Total net assets or fund balances	0.	200,000.	
	١	<b>.</b>	0	200 000	
_	31	Total liabilities and net assets/fund balances	0.	200,000.	
E	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
٠		st agree with end-of-year figure reported on prior year's return)		1	0.
2	•	r amount from Part I, line 27a		2	200,000.
		er increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	200,000.
		reases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	200,000.
_			, <i>u</i>		Form <b>990-PF</b> (2013)

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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.

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

Total number of other employees paid over \$50,000

Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NON		
(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		<b>▶</b> 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 info		Evenence
number of organizations and other beneficiaries served, conferences convened, research papers produced, et	tc.	Expenses
1 N/A		
2		<del>-</del> .
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	and 2.	Amount
1 N/A		
2		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
All other program-related investments. See instructions.		<del></del>
3		
<u> </u>		
Total Add lines 1 through 2	<b>—</b>	0.
Total. Add lines 1 through 3		Form <b>990-PF</b> (2013

Page 8

Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e 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	0.
b	Average of monthly cash balances	1b	237,500.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	237,500.
е	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	237,500.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,563.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	233,937.
6	Minimum investment return Enter 5% of line 5	6	11,697.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	•
1	Minimum investment return from Part X, line 6	1	11,697.
2a	Tax on investment income for 2013 from Part VI, line 5		<u> </u>
b	Income tax for 2013. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	11,697.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	11,697.
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	11,697.
P	art XII Qualifying Distributions (see instructions)	-	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	T	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	50,000.
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:		
а	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	50,000.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	50,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years	qualifies for th	ne section

Form **990-PF** (2013)

### Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2012	2012	2013
1 Distributable amount for 2013 from Part XI,				
line 7				11,697.
2 Undistributed income, if any, as of the end of 2013			_	
a Enter amount for 2012 only			0.	
<b>b</b> Total for prior years:		_		
,,		0.		
3 Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008				
<b>b</b> From 2009				
c From 2010				
d From 2011				
e From 2012	_			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 50,000.				
a Applied to 2012, but not more than line 2a		<del> </del>	0.	
<b>b</b> Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	ا م			
(Election required - see instructions)	0.			44 605
d Applied to 2013 distributable amount	20 202			11,697.
e Remaining amount distributed out of corpus	38,303.			
5 Excess distributions carryover applied to 2013 (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.				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	38,303.	!		
<b>b</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 2012. Subtract line				" -
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of		•		
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	_			1
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.	20 202			
Subtract lines 7 and 8 from line 6a	38,303.			ļ
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012 e Excess from 2013 38,303.	!			
e Excess from 2013 38,303.		L		Form <b>900. DE</b> (2012)

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual,			
Name and address (home or business)	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
a Paid during the year	or substantial contributor	roopion		
and coming the year				:
PROVIDENCE COLLEGE		SEC 501(C)(3)	CHARITABLE	:
1 CUNNINGHAM SQUARE			CONTRIBUTION/GRANT	50 000
PROVIDENCE, RI 02908	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<u> </u>	50,000.
	· · · · · · · · · · · · · · · · · ·			
		+		
		1		
		1	<u> </u>	F0.000
b Approved for future payment	<u> </u>		<b>▶</b> 3a	50,000
• Approved for future payment				
			i	
NONE				
				1
			1	
Total	•		<b>▶</b> 3b	0

Part XVI-A	Analysis of Income-Producing	<b>Activities</b>
I dit Avi-A	Analysis of income-rioducing	WORIAICIE

Amount  Business Code  Amount  Business Code  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Business Code  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Business Code  Amount  Am	Related or exempt function income
b c d d d d d d d d d d d d d d d d d d	
c d e	
d e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly	
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e e e e e e e e e e e e e e e e e e	
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5 Net rental income or (loss) from real estate:  a Debt-financed property  b Not debt-financed property  6 Net rental income or (loss) from personal property  7 Other investment income  8 Gain or (loss) from sales of assets other than inventory  9 Net income or (loss) from special events  10 Gross profit or (loss) from sales of inventory  11 Other revenue:  a b	
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Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly	
	o the accomplishment of
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DRR FAMILY FOUNDATION 46-3159937 Form 990-PF, (2013) Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No 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: X (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization X  $\overline{\mathbf{x}}$ (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) X 1b(6) (6) Performance of services or membership or fundraising solicitations c 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. (c) Name of noncharitable exempt organization (a)Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (c) Description of relationship (a) Name of organization (b) Type of organization N/A Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge Sign Here 400 Signature of office or trustee osendati Title Print/Type preparer's name Date Check X if reparer's signature self- employed 10/6/14 Paid DAVID HOUSTON P00734393 Firm's EIN ► 46-4086292 Preparer Firm's name ► HOUSTON & ASSOCIATES,

Form **990-PF** (2013)

Phone no. (301) 230-1311

**Use Only** 

Firm's address ► 6266 MONTROSE ROAD

ROCKVILLE, MD 20852

### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **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 qov/form990.

OMB No 1545-0047

2013

**Employer identification number** Name of the organization DRR FAMILY FOUNDATION 46-3159937 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

### DRR FAMILY FOUNDATION

46-3159937

Part I	Contributors (see instructions) Use duplicate copies of Part I if addi	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HELEN RYAN  23 SEABROOK LANDING DRIVE  HILTON HEAD ISLAND, SC 29926	\$250,000.	Person X Payroll Oncash (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 Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10.2		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

### DRR FAMILY FOUNDATION

46-3159937

Part II	Noncash Property (see instructions) Use duplicate copies of Par	t 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
_		     \$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
			-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		\ \$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			-
	· · · · · · · · · · · · · · · · · · ·	<del></del>	

Name of orga	inization	·	Employer identification number
DRR FA	MILY FOUNDATION		46-3159937
Part III	Exclusively religious, charitable, etc., indiv year Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if addition.	ridual contributions to section 501(c)( ne following line entry. For organizations c., contributions of \$1,000 or less for the al space is needed	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Transfer of sift	
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 1 PART VII-A, LINE 10 NAME OF CONTRIBUTOR **ADDRESS** HELEN RYAN 23 SEABROOK LANDING DRIVE HILTON HEAD ISLAND, SC 29926

Form 8868 (Rev 1-2014)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this	box		X
Note. Only complete Part II if you have already been granted an a				3868	
• If you are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I (on page 1)			
Part II Additional (Not Automatic) 3-Month Ex	xtensio	n of Time. Only file the origina	al (no co	pies nee	ded)
		Enter filer's	identifyin	g number,	see instructions
Type or Name of exempt organization or other filer, see instruc	ctions		Employer	identificati	on number (EIN) or
print					
File by the DRR FAMILY FOUNDATION				46-31	.59937
due date for Number, street, and room or suite no. If a P.O. box, see instructions  Social security number (SSN)					
return See 23 SEABROOK LANDING DRIVE					
City, town or post office, state, and ZIP code. For a for HILTON HEAD ISLAND, SC 2992		ress, see instructions			
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a previ	iously file	d Form 88	68.
HELEN RYAN					
• The books are in the care of ▶ 23 SEABROOK LAN	NDING	DRIVE - HILTON HEA	AD IS	LAND,	SC 29926
Telephone No ▶ (843) 682-3451		Fax No 🕨		<del></del>	
If the organization does not have an office or place of business					<b>▶</b> ∐
If this is for a Group Return, enter the organization's four digit of the second	1				
box ▶ . If it is for part of the group, check this box ▶		ich a list with the names and EINs of	all memb	ers the exte	ension is for.
	NOVEM.	BER 15, 2014			
5 For calendar year $2013$ , or other tax year beginning		, and ending			
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on 🗀 Initial retum 🗀	⊥ Fınal r	etum	
Change in accounting period					
7 State in detail why you need the extension	70 DD	EDADE A COMPLEME AL	TD 3 C	OTTO A MIT	DEMITON
ADDITIONAL TIME IS REQUESTED T	ro PR	EPARE A COMPLETE A	ND AC	CURATI	RETURN.
- W			1	1	
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any			0.
nonrefundable credits See instructions			8a	\$	<del></del>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069		=			
tax payments made Include any prior year overpayment all	lowed as	a credit and any amount paid			0.
previously with Form 8868  Salance due, Subtract line 8b from line 8a, Include your pa		the three forms of warranged by a common	8b	\$	
	•	th this form, if required, by using			0.
EFTPS (Electronic Federal Tax Payment System) See instru		st be completed for Part II o	l 8c	\$	
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this form	ing accomp	•	-	f my knowle	ige and belief,
			D-4-		
Signature ▶ Title ▶ (	CFA		Date		10 // 4 8868 (Bey 1.2014)

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