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41-6030639

Schedule E

(Form 930, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

the transfer

Schedule of Contributors

► Attach to Form 990, Form 990-FZ, 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

Schedule B (Form 990, 990-EZ, or 390-PF) (2013)

	zation type (check or	ne):	41-6030639
Filers o		Section:	
Form 990 or 990-EZ		_	
Form 9	an or aan-62	☐ 501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private	e foundation
		☐ 527 political organization	
Form 990-PF		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private for	undation
		501(c)(3) taxable private foundation	
Chook	it vous occapitation le	covered 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 R	ule and a Special Rule. See
		,	•
Genera	ii Rule		
Z	For an organization property) from any o	filing Form 990, 990-EZ, or 990-PF that received, during the year, one contributor. Complete Parts I and II.	\$5,000 or more (in money or
Special	Rules _{,.,}		
	under sections 509(a	(3) organization filing Form 990 or 990-EZ that met the 331/3 % sugal(1) and 170(b)(1)(A)(vi) and received from any one contributor, du 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (d ii).	iring the year, a contribution of
	during the year, total	7), (6), or (10) organization filing Form 990 or 990-EZ that received contributions of more than \$1,000 for use exclusively for religious uses, or the prevention of drueity to children or animals. Complete it	, charitable, scientific, literary.
	during the year, cont not total to more that year for an exclusive	(7), (8), or (10) organization filling Form 990 or 990-EZ that received tributions for use exclusively for religious, charitable, etc., purpose in \$1,000. If this box is checked, enter here the total contributions by religious, charitable, etc., purpose. Do not complete any of the ization because it received nonexclusively religious, charitable, etc.	es, but these contributions aid that were received during the narts unless the General Rule
Caution 990-EZ,	i. An organization that or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does at answer "No" on Part IV, line 2, of its Form 990; or check the bo	s not file Schedule B (Form 990

Form 990-PF, Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Call, No. 30613X

10/26/2015 10 51 FAX

41-6030639 Scheaule B (Form 990, 990-EZ, pr 990-PF) (2013) Name of organization Employer identification number **RBC Foundation - USA** 41-6030639 Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution RBC Capital Markets, LLC Person Ø Payroli 3,655,337 Noncash 200 Vesey Street (Complete Part II for noncean contributions.) New York, NY 10281 (c) (a) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (8) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Pavroll Noncash (Complete Part II for noncash contributions.) (C) (d) (8) (b) Name, address, and ZIP + 4 Total contributions Type of contribution No.

Person

Payroll Noncash (Complete Part II for noncash contributions.)

41-6030639

Schedule 8 (Form 980, 980-EZ, or 880-PF) (2013) Name of organization Employer identification number

R B C WEALTH MGMT

		41-6030639
Noncash Property (see instructions). Use duplicate copie	es of Part II if additional spac	e is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
NONE	\$ 0.00	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
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