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Department of the Treasury

Internal Revenue Service

DLN: 93491121005135

OMB No 1545-0052

Open to Public Inspection

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 instructions is at <u>www.irs.gov/form990pf</u>.

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

						 		
IR۱	∕IN & C	undation CONNIE PUND FOUNDATION INC				' '	entification numbe	er
		THERN TRUST DGLESBY				58-2363843		
		street (or P O box number if mail is no THSIDE PARKWAY NW	ot delivered to street address	s) Room/suite		B Telephone nu	mber (see instructioi	is)
	te 100	THISTEL FARRWAL NW				(404) 279-5221		
		n, state or province, country, and ZIP or A 30327	foreign postal code			C If exemption	application is pendin	g, check here 🕨 🦵
G Ch	neck a	Il that apply	Initial return of a	former public charity	y	D 1. Foreign of	ganizations, check h	ere 🕨 🗀
		Final return	A mended return	·			rganizations meeting	•
		_	ge Name change			test, chec	k here and attach co	mputation
		ype of organization 🔽 Section					undation status was t n 507(b)(1)(A), ched	
		1 4947(a)(1) nonexempt charitat				-		
		ket value of all assets at end from Part II, col. (c),	Accounting method Other (specify)	I Cash I Acci	ruai		ation is in a 60-mont n 507(b)(1)(B), chec	
		*\$ 642,283	(Part I, column (d) must	t be on cash basis.)			. , , , , ,	
Pa	rt I	Analysis of Revenue a total of amounts in columns (b), (c, necessarily equal the amounts in co), and (d) may not	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
		<i>instructions)</i>) Contributions, gifts, grants, etc	rocowod (attach					(cash basis only)
	1	schedule)	, received (attacil	45.000				
	,	,		45,666				
	2	Check ► ☐ If the foundation is Sch B	not required to attach					
	_		nnu anah inuaatmanta					
	3	Interest on savings and tempor Dividends and interest from sec		14,761		14,761		
	4			14,701		14,701		
	5a 	Gross rents						
Ф	6a	Net gain or (loss) from sale of a		24,443				
Revenue	b	Gross sales price for all assets 189,351						
	7	Capital gain net income (from P	art IV, line 2)			24,443		
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and						
		allowances						
	Ь	Less Cost of goods sold						
	C	Gross profit or (loss) (attach so	•					
	11	Other income (attach schedule						
	12	Total. Add lines 1 through 11		84,870		39,204		
	13	Compensation of officers, direc	,					
J.	14	Other employee salaries and wa						
Ϋ́	15	Pension plans, employee benefi						
Expenses	16a	Legal fees (attach schedule).		4.055		4 000	-	-
Ë	Ь	Accounting fees (attach schedu		1,300		1,300	0	0
	_ c	Other professional fees (attach	scriedule)					
ů T	17	Interest		95. 1,010		676		
Admını strative	18	Taxes (attach schedule) (see in Depreciation (attach schedule)	·	1,010		070		
ᆵ	19		•					
충	20	Occupancy						
ě	21 22	Travel, conferences, and meeting and publications						
9	23	Other expenses (attach schedu		95. 4,958		3,817		
₹.	24	Total operating and administration		,,,,,,		_,		
Operating and		Add lines 13 through 23	_	7,268		5,793	0	0
8	25	Contributions, gifts, grants paid				2,. 23		29,100
J	26	Total expenses and disburseme		23,100				23,100
		25	THE AUGUSTES 24 BIID	36,368		5,793	0	29,100
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expense		48,502				
	b	Net investment income (If nega				33,411		
	c	Adjusted net income (if negative	· ·			+ N - 11200V		000 PE (2014)

1 Cosh-mon interest-bearing. 2 Sawings and temporary capath incestiments. 3 Accounts receivable 4 Pledges receivable 5 Grants receivable 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other discussified persons (etaths chedule) 7 Other notes and ionans receivable (attach schedule) 8 Inventioners for sale or use 9 Proposed expenses and deharded charges 9 Inventioners—U Same state government obligations (attach schedule) 9 Inventioners—U Same state government obligations (attach schedule) 9 Inventioners—U Same state government obligations (attach schedule) 9 Inventioners—Corporate books (etatach schedule	Da	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year		f year
2 Savings and temporary cash investments			Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
a Accounts receivable ► Less allowance for doubtful accounts ► A Pladage receivable ★ Less allowance for doubtful accounts ► B Grants receivable C Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) C Other notes and ioans receivable (attach schedule) ★ B Inventiones for sale or use			-			
Less allowance for doubtful accounts >		_		24,076	33,390	33,390
Pledges receivable		3				
S Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (statch schedule) (see instructions) 7 Other notes and ionar receivable (attach schedule) ► Less allowance for doubtful accounts ► 8 Inventores for asile or use 1 Inventores for asile or use 9 Preparid expenses and deferred changes 1 Investments—Us and state government obligations (attach schedule) 1 Investments—Corporate stock (attach schedule) 1 Investments—corporate stock (attach schedule) 1 Investments—corporate stock (attach schedule) 1 Investments—and, buildings, and equipment basis ► Less accumulated depreciation (attach schedule) 1 Investments—andrage loans 1 Investments—andrage lo				846		
S Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (datach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) ► Less allowance for doubtful accounts ► 8 Inventiones for sele or use 10 Inventiones for sele or use 11 Investments—Or sand state government obligations (attach schedule) 12 Investments—Orgonate stock (attach schedule) 13 Investments—Orgonate stock (attach schedule) 14 Less accumulated depreciation (attach schedule) 15 Investments—orthory (attach schedule) 16 Investments—orthory (attach schedule) 17 Accounts—orthory (attach schedule) 18 Investments—orthory (attach schedule) 19 Investments—orthory (attach schedule) 19 Investments—orthory (attach schedule) 10 Investments—orthory (attach schedule) 10 Investments—orthory (attach schedule) 11 Investments—orthory (attach schedule) 12 Investments—orthory (attach schedule) 13 Investments—orthory (attach schedule) 14 Land, buildings, and equipment basis ► Less accumulated depreciation (attach schedule) 15 Other assats (abecine ► 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item (1) 19 Other labilities (doscnbe ► 10 Deferred revenue 10 Deferred revenue 11 Canas from officers, directors, trustees, and other disqualified persons 12 Mortgages and other notes payable (attach schedule) 13 Total labilities (doscnbe ► 14 Canas from officers, directors, trustees, and other disqualified persons 15 Temporanity restricted 16 Foundations that follow SFAS 117, check here ► [r 17 and complete lines 24 through 22] 18 Craptal stock, trust principal, or current funds 19 Total labilities and the assets of fund balances (see instructions) 19 State and complete lines 27 through 31 19 Total labilities and not sostofy fund balances (see instructions) 19 State assets or fund balances (see instructions) 19 State assets or fund balances (see instructions) 10 Total labilities and not assets of fund balances (see instructions) 19 State assets or fund balances (see		4				
6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			Less allowance for doubtful accounts -			
disqualified persons (attach schedule) (see instructions)		5	Grants receivable			
7 Other notes and loans receivable (attach schedule) ▶		6	Receivables due from officers, directors, trustees, and other			
Less allowance for doubtful accounts			disqualified persons (attach schedule) (see instructions)			
8 Inventories for sale or use		7	Other notes and loans receivable (attach schedule) 🕨			
1			Less allowance for doubtful accounts 🕨			
Investments—U.S and state government obligations (attach schedule) 519.298	2	8	Inventories for sale or use			
b Investments—corporate stock (attach schedule). c Investments—and buildings, and equipment basis ► Less accumulated depreciation (attach schedule). 11 Investments—and, fattach schedule). 12 Investments—mortgage loans 13 Investments—bert (attach schedule). 14 Land, buildings, and equipment basis ► Less accumulated depreciation (attach schedule). 15 Other assets (describe ► 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 10 Mortgages and other notes payable (attach schedule). 21 Total labilities (describe ► 22 Other liabilities (alines 17 through 22). 23 Total liabilities (alines 17 through 22). 24 Unrestricted 25 Temporanily restricted 26 Foundations that follow SFAS 117, check here ► 27 Foundations that do not follow SFAS 117, check here ► 28 Paralm or capital supplus, or land, bdg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and het assets/fund balances (see instructions) 32 Total inet assets or fund balances (see instructions) 33 Total inet assets or fund balances (see instructions) 34 Japan 54 Japan 577,945 35 Total net assets or fund balances (see instructions) 36 Japan 577,945 37,945 38 Paralm or capital supplus, or land, bdg, and equipment fund 39 Retained earnings, accumulated income, endowment, or other funds 39 Japan 577,945 30 Total net assets or fund balances (see instructions) 30 Japan 577,945 31 Total liabilities and het assets/fund balances (see instructions) 31 Total liabilities and het assets/fund balances (see instructions) 30 Japan 577,945 31 Total inet assets or fund balances (see instructions) 31 Total liabilities and het asset/fund balances (see instructions) 31 Total liabilities and he	ŞΦ	9	Prepaid expenses and deferred charges		466	466
c Investments—corporate bonds (attach schedule). 11 Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ 12 Investments—other (attach schedule) ▶ Lend, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ 15 Other assets (describe ▶ 16 Total assets (describe ▶ 17 Total assets (describe ▶ 18 Grants payable and accrued expenses 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (secribe ▶ 23 Total liabilities (secribe ▶ 24 Unrestricted 25 Temporarly restricted 26 Permanently restricted 27 Foundations that follow SFAS 117, check here ▶ 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Permanently restricted 20 Permanently restricted 30 Total liabilities (and balances (see instructions) 31 Total liabilities (and balances (see instructions) 32 Total liabilities and exasets/fund balances (see instructions) 33 Total liabilities and het assets of fund balances (see instructions) 343,209 577,945 25 Total net assets or fund balances (see instructions) 35 Total liabilities and het assets/fund balances (see instructions) 36 Total net assets or fund balances (see instructions) 37 Total liabilities and het assets/fund balances (see instructions) 38 Total net assets or fund balances (see instructions) 39 Total liabilities and het assets/fund balances (see instructions) 30 Total liabilities and het assets/fund balances (see instructions) 31 Total liabilities and het assets/fund balances (see instructions) 31 Total liabilities and het assets/fund balances (see instructions) 31 Total liabilities and het assets/fund balances (see instructions) 32 Septimination (a) line 30 (must agree with end-of-year figure reported on prior year's return) 39 Enter amount from Part I, line 27a 40 Cher increases not included in line 2 (ttemize) ▶ 50 Decreases not included in line 2 (ttemize) ▶ 51 13,716	4	10a	$Investments-U\ S\ \ and\ state\ government\ obligations\ (attach\ schedule)$			
11 Investments—land, buildings, and equipment basis		b	Investments—corporate stock (attach schedule)	519,298	544,089	608,427
Less accumulated deprecration (attach schedule) ▶ 12 Investments—other (attach schedule) ↑ 13 Investments—other (attach schedule) ↑ 14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item 1) 544,220 577,945 642,283 17 Accounts payable and accrued expenses		С	Investments—corporate bonds (attach schedule)			
12 Investments—orthor (attach schedule)		11	Investments—land, buildings, and equipment basis ▶			
Investments—other (attach schedule) Less accumulated depreciation (attach schedule) ▶ Less accumulated depreciation (attach schedule) ▶ Total assets (to be completed by all filers—see the instructions Also, see page 1, item!) Accounts payable and accrued expenses Grants payable Deferred revenue Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule) Total liabilities (add lines 17 through 22) Total liabilities (add lines 17 through 22) Total liabilities (add lines 17 through 23) Total liabilities (add lines 17 through 24) Temporarily restricted Temporarily restricted Poundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 31. Total capital stock, trust principal, or current funds Total liabilities and not follow SFAS 117, check here ▶ □ Total liabilities and not seeks (see instructions) Total liabilities and net assets/fund balances (see instructions) Total liabilities and net assets/fund balances (see instructions) Total liabilities and net assets fund balances (see instructions) Total liabilities and net assets fund balances (see instructions) Total liabilities and net assets fund balances (see instructions) Total liabilities and net assets of fund balances (see instructions) Total liabilities and net assets fund balances (see instructions) Total liabilities and net assets of fund balances (see instructions) Total liabilities and net assets of fund balances (see instructions) Total liabilities and net assets of fund balances (see instructions) Total liabilities and net assets of fund balances (see instructions) Add lines 1, 2, and 3 Other increases not included in line 2 (itemize) ▶ Solventified the function of the funds and f			Less accumulated depreciation (attach schedule)			
Less accumulated depreciation (attach schedule) Less accumulated depreciation (attach schedule) 15 Other assets (describe 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 20 Loans from officers, directors, trustees, and other disqualified persons 19 Deferred revenue 21 Loans from officers, directors, trustees, and other disqualified persons 10 Loans from officers, directors, trustees, and other disqualified persons 11 Mortgages and other notes payable (attach schedule) 12 Other liabilities (add lines 17 through 22) 1,011 0 Foundations that follow SFAS 117, check here 12		12	Investments—mortgage loans			
Less accumulated depreciation (attach schedule) 15		13	Investments—other (attach schedule)			
15 Other assets (describe ► 1) 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses		14	Land, buildings, and equipment basis 🟲			
Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) Accounts payable and accrued expenses			Less accumulated depreciation (attach schedule)			
Instructions Also, see page 1, item I) 544,220 577,945 642,283 7		15	Other assets (describe 🟲)			
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 (add lines 17 through 22) 1,011 0 20 Total liabilities (add lines 17 through 22) 1,011 0 21 Total liabilities (add lines 17 through 22) 1,011 0 22 Temporarily restricted 1,011 0 23 Total liabilities (add lines 18 17, check here 1 1,011 0 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Enumations that do not follow SFAS 117, check here 1 27 and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 29 Retained earnings, accumulated income, endowment, or other funds 29 Retained earnings, accumulated income, endowment, or other funds 543,209 577,945 28 Total liabilities and net assets frund balances (see instructions) 544,220 577,945 29 Total liabilities and net assets/fund balances (see instructions) 544,220 577,945 20 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) 1 543,209 20 Enter amount from Part I, line 27a 2 48,502 21 Add lines 1, 2, and 3 4 591,711 22 Add lines 1, 2, and 3 4 591,711 23 Decreases not included in line 2 (itemize) 5 13,766			instructions Also, see page 1, item I)	544,220	577,945	642,283
19 Deferred revenue		17	Accounts payable and accrued expenses			
Total liabilities (adescribe 1,011 0 0 0 0 0 0 0 0 0		18	Grants payable			
Total liabilities (adescribe 1,011 0 0 0 0 0 0 0 0 0	φ	19	Deferred revenue			
Total liabilities (adescribe 1,011 0 0 0 0 0 0 0 0 0	≣	20	Loans from officers, directors, trustees, and other disqualified persons			
22 Other liabilities (describe 1,011 0 1,011	ap	21	Mortgages and other notes payable (attach schedule)			
Total liabilities (add lines 17 through 22) . 1,011 0 Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Unrestricted	_	22	Other liabilities (describe	1,011		
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted			· · · · · · · · · · · · · · · · · · ·		0	
Capital stock, trust principal, or current funds						
Capital stock, trust principal, or current funds	es		and complete lines 24 through 26 and lines 30 and 31.			
Capital stock, trust principal, or current funds	nc	24	-			
Capital stock, trust principal, or current funds	39 E		Temporarily restricted			
Capital stock, trust principal, or current funds	O E					
Capital stock, trust principal, or current funds	nn		•			
Capital stock, trust principal, or current funds	Ť		,			
Total net assets or fund balances (see instructions)		27	-			
Total net assets or fund balances (see instructions)	set					
Total net assets or fund balances (see instructions)	ΑS			543,209	577,945	
Total liabilities and net assets/fund balances (see instructions)	¥			543,209		1
Part IIII 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) 1 543,209 2 Enter amount from Part I, line 27a 2 48,502 3 Other increases not included in line 2 (itemize) 3 4 Add lines 1, 2, and 3 4 591,711 5 Decreases not included in line 2 (itemize) 5 13,766	Z		,	·		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)	Dа					_
with end-of-year figure reported on prior year's return)				ı (a) line 30 (müst a	aree	
2 Enter amount from Part I, line 27a	_					543 209
3 Other increases not included in line 2 (itemize) ►	2				 	
4 Add lines 1, 2, and 3			·		 	+0,502
5 Decreases not included in line 2 (itemize) 5 13,766			· · · · · · · · · · · · · · · · · · ·			
			·			
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . 6 577,945						

Part 1	90-PF (2014)				_		Page 3
	V Capital Gains ar	<u>id Loss</u>	es for Tax on Inve	stment Income	(b) How acquired		
			of property sold (e g , re mmon stock, 200 shs M		P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	NORTHERN TRUST - S	SEE ATTA	ACHED STATEMENT		Р		
ь	NORTHERN TRUST - S	SEE ATTA	ACHED STATEMENT		Р		
С	CAPITAL GAIN DIVID	ENDS			Р		
d					· ·		
е			(6) D	4	<u> </u>	(1-) C	/1>
(e	Gross sales price		(f) Depreciation allowed (or allowable)		t or other basıs xpense of sale		or (loss)) mınus (g)
а	49	,524			47,77	1	1,753
b	126	,297			117,13	7	9,160
С							13,530
d							
e							
	mplete only for assets sho	owing dai	n in column (h) and owne	d by the foundation	n on 12/31/69	(I) Gains (Col	(h) gain minus
	·	J Williams	(j) Adjusted basis	· 1	cess of col (ı)		less than -0-) or
(i)	FM V as of 12/31/69		as of 12/31/69	1 ,	col (j), if any		om col (h))
а							1,753
b							9,160
С							
d							
				T6	D 1 7 .)	 	
2	Capital gain net income	or (net c		If gain, also enter If (loss), enter -0		2	24,443
3	Net short-term capital	gaın or (le	oss) as defined in section	ns 1222(5) and (6)		
	If gain, also enter in Pa in Part I, line 8	rt I, line	8, column (c) (see ınstru	ctions) If (loss), e	enter - 0 -		
Dart	V Qualification Un	der Se	ction 4940(a) for P	educed Tay or	Net Investme	nt Income	
	nonal use by domestic private						
	, on 4940(d)(2) applies, lea		•	,		•	
	foundation liable for the s						
	" the foundation does not	aualify in	942 tax on the distributa	ble amount of any	year in the base pe	eriod?	┌ Yes ┌ No
f"Yes,			nder section 4940(e) Do	not complete this	part		┌ Yes ┌ No
f"Yes,	ter the appropriate amoun		nder section 4940(e) Do	not complete this	part		┌ Yes ┌ No
f "Yes," 1 Ent	(a) period years Calendar	t ın each	nder section 4940(e) Do	not complete this	s part ore making any ent	ries (d) Distributioi	n ratio
f "Yes, 1 Ent	(a) period years Calendar or tax year beginning in)	t ın each	nder section 4940(e) Do column for each year, se (b) qualifying distributions	o not complete this ee instructions bef	ore making any ent	ries (d)	n ratio by col (c))
f "Yes, 1 Ent	(a) period years Calendar or tax year beginning in) 2013	t ın each	column for each year, se (b) qualifying distributions 23,000	o not complete this ee instructions bef	ore making any ent initable-use assets 550,529	ries (d) Distributioi	n ratio by col (c)) 0 041778
f "Yes, 1 Ent	(a) period years Calendar or tax year beginning in) 2013 2012	t ın each	column for each year, se (b) qualifying distributions 23,000 21,000	o not complete this ee instructions bef	ore making any ent initable-use assets 550,529 472,368	ries (d) Distributioi	n ratio by col (c)) 0 041778 0 044457
f "Yes, 1 Ent	(a) period years Calendar or tax year beginning in) 2013 2012 2011	t ın each	column for each year, se (b) qualifying distributions 23,000 21,000	o not complete this ee instructions bef	5 part ore making any ent initable-use assets 550,529 472,368 446,464	ries (d) Distributioi	0 044796
f "Yes, 1 Ent Base	period years Calendar or tax year beginning in) 2013 2012 2011 2010	t ın each	column for each year, se (b) qualifying distributions 23,000 21,000 20,000 17,783	o not complete this ee instructions bef	5 part fore making any ent f	ries (d) Distributioi	0 044796 0 049027
f "Yes, 1 Ent Base year (d	(a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009	t in each	column for each year, se (b) qualifying distributions 23,000 21,000 20,000 17,783 12,500	o not complete this ee instructions bef (c) Net value of noncha	5 part ore making any ent oritable-use assets 550,529 472,368 446,464 362,722 299,731	ries (d) Distribution (col (b) divided	0 041778 0 044796 0 0449027 0 0441704
f "Yes, 1 Ent Base year (d	(a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (a)	Adjusted	column for each year, se (b) qualifying distributions 23,000 21,000 20,000 17,783 12,500	o not complete this ee instructions bef (c) Net value of noncha	5 part fore making any ent f	ries (d) Distributioi	0 041778 0 044796 0 0449027 0 0441704
f "Yes, 1 Ent Base year (d	(a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column of Average distribution rai	Adjusted (d) tio for the	column for each year, se (b) qualifying distributions 23,000 21,000 20,000 17,783 12,500	o not complete this ee instructions bef (c) Net value of noncha	5 part fore making any ent 5 50,529 472,368 446,464 362,722 299,731	ries (d) Distribution (col (b) divided	n ratio by col (c)) 0 041778 0 044457 0 044796 0 049027 0 041704 0 221762
f "Yes," 1 Ent Base year (c)	(a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column of the number of years the	Adjusted (d) tio for the	column for each year, se (b) qualifying distributions 23,000 21,000 20,000 17,783 12,500 25-year base period—div	o not complete this ee instructions bef (c) Net value of noncha	5 part fore making any ent fore 2 by 5, or by	(d) Distribution (col (b) divided	n ratio by col (c)) 0 041778 0 044457 0 044796 0 049027 0 041704 0 221762
f "Yes," 1 Ent Base year (c	(a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column of the number of years the Enter the net value of n	Adjusted (d) tio for the efoundationcharita	column for each year, se (b) qualifying distributions 23,000 21,000 20,000 17,783 12,500	not complete this ee instructions bef (c) Net value of noncha	5 part fore making any ent fore making any ent fore making any ent fore making any ent fore 2 by 5, or by	(d) Distribution (col (b) divided	n ratio by col (c)) 0 041778 0 044457 0 044796 0 049027 0 041704 0 221762 0 044352 632,792
f "Yes, 1 Ent Base year (d	(a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column of the number of years the Enter the net value of note that the second of the	Adjusted (d) tio for the foundationcharita	column for each year, se (b) qualifying distributions 23,000 21,000 20,000 17,783 12,500 25-year base period—divon has been in existence able-use assets for 2014	not complete this ee instructions bef (c) Net value of noncha	5 part fore making any ent 5 50,529 472,368 446,464 362,722 299,731	(d) Distribution (col (b) divided	n ratio by col (c)) 0 041778 0 044457 0 044796 0 049027 0 041704 0 221762 0 044352 632,792 28,066
f "Yes, 1 Ent Base year (c)	(a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column of the number of years the Enter the net value of no Multiply line 4 by line 3 Enter 1% of net investre	Adjusted (d)	column for each year, se (b) qualifying distributions 23,000 21,000 20,000 17,783 12,500	not complete this ee instructions bef (c) Net value of noncha	5 part fore making any ent 5 50,529 472,368 446,464 362,722 299,731	(d) Distribution (col (b) divided	0 044352 0 044352 0 044352 0 044352 0 044352 0 044352 3 3 3 4
1 Ent Base year (c	(a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column of the number of years the Enter the net value of no Multiply line 4 by line 3 Enter 1% of net investry Add lines 5 and 6.	Adjusted (d)	column for each year, set (b) qualifying distributions 23,000 21,000 20,000 17,783 12,500 25-year base period—divon has been in existence able-use assets for 2014	not complete this ee instructions bef (c) Net value of noncha	5 part fore making any ent fore part fore par	(d) Distribution (col (b) divided	0 044352 0 044352 0 044352 0 044796 0 049027 0 041704 0 221762 28,066

Form	990-PF (2014)		Р	age 4
Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here 🟲 🦵 and enter "N/A" 🔰			
	on line 1			
	Date of ruling or determination letter(attach copy of letter if necessary-see			
b	instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check 1			334
D	J			334
	here Frand 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-) 2			
3	Add lines 1 and 2			334
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			
_	check o')			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			334
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 800			
b	Exempt foreign organizations—tax withheld at source 6b			
С	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			800
8	Enter any penalty for underpayment of estimated tax. Check here 🗀 if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			466
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 466 Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	ıt partıcıpate or ıntervene ın any political campaign? 🕏	. 1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	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.			
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 \$\ \\$ (2) On foundation managers \$\ \\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
-	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?] 2		No
2		 		No
_	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		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
Ь	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		No
	If "Yes," attach the statement required by General Instruction T. 🕏			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions	j] !	
	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)			
	►GA			
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 2014 or the taxable year beginning in 2014 (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

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?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶JOHN OGLESBY Telephone no ▶(770)	933-	2148	
	Located at 3282 NORTHSIDE PARKWAY NW NO 100 ATLANTA GA ZIP+4 30327			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			► F
	and enter the amount of tax-exempt interest received or accrued during the year			,
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
10	a bank, securities, or other financial account in a foreign country?	16	165	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	10	1	140
	Accounts (FBAR) If "Yes", enter the name of the foreign country	1		
Dai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Fa	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)		100	-110
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundatıon agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes 🔽 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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
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 2014?	1 c		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))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years 🕨 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		No
С	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			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 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 2014.).	3h		
4-		3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
Ь	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 2014?	4b		No
	chartable parpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014 '	TU	, !	140

Su Duning the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 49.5(e))? Yes F No (2) Influence the outcome of any spectic public election (see section 49.55), or to carry on, directly or indirectly, any voter registration drive? Yes F No (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes F No (4) Provide a grant to an organization other than a charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		990-PF (2014)									Р	age 6
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	Pai	rt VIII-B Statements Rega	ardir	ng Activities for	Wŀ	nich Form 4720	May	Be Required <i>(cont</i>	inue	d)		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	5a	During the year did the foundation	n pay	orincurany amoun	t to							
on, directly or indirectly, any voter registration drive?		(1) Carry on propaganda, or othe	rwise	attempt to influence	e leg	ııslatıon (section 494	45(e)) [?]	No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a chantable, etc., organization described in section 4945(d)(4)(A) (2) See instructions). (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (5) If any answer is "Yes" to Sa(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)? (6) If the answer is "Yes" to guestion 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (7) If "Yes," attach the statement required by Regulations section 53.4945-5(d). (8) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (9) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (1) If "Yes," to 6b, frie Form 8870. (2) At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? (1) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (2) List all officers, directors, trustees, foundation managers and their compensation (see instructions). (3) Name and address (4) Northside Parkway NW ATLANTA, GA 30327 TRUM PUND PRESIDENT (1) PRESIDENT (2) Compensation (3) Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOR." (6) Expense account, other allowances of each employee benefit plans and deferred compensation of the right was an deferred devoted to position of the right was an deferred compensation of the right was an deferred counter.			-			**						
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A) (See instructions). (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?				=								
in section 4945(d)(4)(A)? (see instructions).									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?									_			
educational purposes, or for the prevention of cruelty to children or animals?							•	⊤ Yes ▽	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)?									_			
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			-	•								
Organizations relying on a current notice regarding disaster assistance check here	b											
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?		_		_	_					. 5b		
tax because it maintained expenditure responsibility for the grant?												
If "Yes," attach the statement required by Regulations section 53.4945–5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	C	-				· ·			_			
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							•	T Yes 「	No			
a personal benefit contract?		If "Yes," attach the statement requ	ııred L	by Regulations section	n 53.	.4945–5(d).						
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b No If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Voo b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position PRESIDENT OR OFFICE OF TRUSTEE O	6a	Did the foundation, during the ye	ar, re	ceive any funds, dire	ectly	or indirectly, to pay	pren					
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Vo b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No 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 (b) Title, and average hours per week devoted to position (c) Compensation (finet paid, enter -0-) (g) Expense account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (g) Expense account, other allowances (g) Expense account, other allowances (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Expense account, other allowances (g) Compensation (g) Expense account, other allowances (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Expense account, other allowances (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Expense account, other allowances		·						·				
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Voo b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No No If yes, did the foundation receive any proceeds and their compensation (see instructions). Information About process, and their compensation (se	b	Did the foundation, during the ye	ar, pa	y premiums, directly	orı	indirectly, on a perso	nalb	benefit contract?	•	6b		No
Description 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 (b) Title, and average hours per week devoted to position PRESIDENT PRESIDENT PRESIDENT ORDINATION OF ARKWAY NW ATLANTA, GA 30327 JOHN OGLESBY TRUSTEE/DIRECTOR 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 hours per week devoted to position (b) Title, and average hours per week devoted to position Trustees, Foundation Managers, Highly Paid Employees, Occompensation (see instructions). (c) Compensation (d) Contributions to employee henefit plans and deferred compensation of the highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position (c) Compensation plans and deferred other allowances of the ransaction? (b) Title, and average hours per week devoted to position (c) Compensation plans and deferred other allowances other allowances other allowances of the ransaction of the plans and deferred other allowances other allowances of the ransaction of the paid to the ransaction of the plans and deferred other allowances other allowances other allowances other allowances of the ransaction of the plans and deferred other allowances other allowan		If "Yes" to 6b, file Form 8870.										
Tinformation 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 (b) Title, and average hours per week devoted to position PRESIDENT O 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 JOHN OGLESBY 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 JOHN OGLESBY TRUSTEE/DIRECTOR O 200 Compensation (d) Contributions to employee enefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (f) not paid, enter only one plant of the plant of t	7a	At any time during the tax year,	was tl	he foundation a party	/ to a	a prohibited tax shelt	ter tr	ransaction? TYes F	No			
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position PRESIDENT PRESIDENT PRESIDENT O 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 RVIN PUND SECRETARY O TRUSTEE/DIRECTOR O 2282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 DOHN OGLESBY TRUSTEE/DIRECTOR O TRUSTEE/DIRECTOR O (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (d) Contributions to employee benefit plans and deferred (d) Contributions to employee benefit plans and deferred (d) Contributions to employee benefit plans and deferred (e) Expense account, other allowances	b											
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (If not paid, enter -0-) (If not paid, enter -0-) 0 282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 IRVIN PUND SECRETARY 0 282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 IOHN OGLESBY TRUSTEE/DIRECTOR 10 10 11 12 13 14 15 16 16 17 17 17 18 18 18 18 18 18 18	Par		t Of	ficers, Directors	s, T	rustees, Founda	tior	n Managers, Highly	Paid	l Emp	loye	es,
(a) Name and address (b) Title, and average hours per week devoted to position CONNIE PUND PRESIDENT PRESIDENT O 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 RVIN PUND SECRETARY O TRUSTEE/DIRECTOR O 2282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 DOHN OGLESBY 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 TRUSTEE/DIRECTOR O Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (f) Title, and average hours per week devoted to position (g) Compensation (h) Title, and average hours per week devoted to position (g) Compensation (h) Title, and average hours per week devoted to position (g) Compensation (h) Title, and average hours per week devoted to position (g) Compensation (h) Contributions to employee benefit plans and deferred (h) Contributions to employee benefit plans and deferred (h) Contributions to employee benefit plans and deferred (h) Title, and average hours per week devoted to position		and Contractors				L - i						
(a) Name and address hours per week devoted to position PRESIDENT O 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 IRVIN PUND SECRETARY O 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 JOHN OGLESBY TRUSTEE/DIRECTOR TRUSTEE/DIRECTOR O 2282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 JOHN OGLESBY TRUSTEE/DIRECTOR O 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 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances		List all officers, directors, trustee	1		1							
CONNIE PUND 282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 IRVIN PUND 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 JOHN OGLESBY TRUSTEE/DIRECTOR 282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 TRUSTEE/DIRECTOR 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 hours per week paid more than \$50,000 (b) Title, and average hours per week devoted to position devoted to position of the paid more than \$50,000		(a) Name and address	(b)			• •		. ,				
3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 IRVIN PUND SECRETARY 0 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 JOHN OGLESBY TRUSTEE/DIRECTOR 0 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 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 (b) Title, and average hours per week devoted to position devoted to position of the paid more than \$50,000 (c) Compensation (d) Contributions to employee benefit plans and deferred other allowances			de	evoted to position		-0-)	and	deferred compensation	οt	ner all	owanc	es
ATLANTA, GA 30327 IRVIN PUND SECRETARY O 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 JOHN OGLESBY TRUSTEE/DIRECTOR O 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 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 hours per week hours per week devoted to position devoted to position devoted to position.	CONN	IE PUND	-	SIDENT		0						
3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 JOHN OGLESBY 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 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 hours per week paid more than \$50,000 (b) Title, and average hours per week devoted to position devoted to position other allowances			0									
ATLANTA, GA 30327 JOHN OGLESBY 3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 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 hours per week paid more than \$50,000 (b) Title, and average hours per week devoted to position devoted to position other allowances	IRVIN	PUND	SEC	RETARY		0						
3282 NORTHSIDE PARKWAY NW ATLANTA, GA 30327 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 hours per week paid more than \$50,000 (b) Title, and average hours per week devoted to position devoted to position.			0									
ATLANTA, GA 30327 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 hours per week paid more than \$50,000 (b) Title, and average hours per week devoted to position devoted to position.	JOHN	OGLESBY	TRU	STEE/DIRECTOR		0						
(a) Name and address of each employee hours per week paid more than \$50,000 (b) Title, and average hours per week devoted to position devoted to position			┥.	·								
(a) Name and address of each employee hours per week paid more than \$50,000 (c) Compensation plans and deferred other allowances	2	Compensation of five highest-pai	d emp	oloyees (other than	thos	e included on line 1—	see	instructions). If none, er	iter "I	NONE.	11	
	(a)		yee	hours per week		(c) Compensatio	n	employee benefit plans and deferred				
								22				
	_											
Total number of other employees paid over \$50,000.		I number of other ameliance	01/0==	<u>+ </u>								

Information About Officers, Directors, Truste	es, Foundation Managers, Hi	ghly Paid Employees,
and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	 VE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services.		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	ced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments (
Describe the two largest program-related investments made by the foundation during t	ne tax year on lines 1 and 2	A mount
<u>-</u>		
2		
All other program-related investments See instructions 3		
<u> </u>		
Total. Add lines 1 through 3		▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 617.392 1a 1h 24.570 1c 466 1d 642.428 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 642.428 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 9.636 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 632.792 5 31.640 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 1 31.640 Tax on investment income for 2014 from Part VI, line 5. 334 2a Income tax for 2014 (This does not include the tax from Part VI). . . Add lines 2a and 2b. 2c 334 3 3 31.306 4 4 5 5 31.306 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 31.306 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 29.100 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 Ω 3 Amounts set aside for specific charitable projects that satisfy the O За O 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 29,100 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 334 28,766 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

ئىك	dit XIII Olidisti ibuted Tilcollie (see ilisti				
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7	Corpus	rears prior to 2013	2013	31,306
	Undistributed income, if any, as of the end of 2014				31,300
	Enter amount for 2013 only			8,019	
	Total for prior years 2012, 2011, 2010			-,	
	Excess distributions carryover, if any, to 2014				
	From 2009				
	From 2010				
	From 2011				
	From 2012				
	From 2013				
f	Total of lines 3a through e				
	Qualifying distributions for 2014 from Part				
	XII, line 4 🕨 \$ 29,100				
а	Applied to 2013, but not more than line 2a			8,019	
	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
	required—see instructions)				24.004
	Applied to 2014 distributable amount				21,081
	Remaining amount distributed out of corpus		0		
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the				
c	same amount must be shown in column (a).) Enter the net total of each column as				
0	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		0		
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed.				
d	Subtract line 6c from line 6b Taxable amount				
•	—see instructions				
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see				
_	instructions				
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				10,225
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
_	be required - see instructions)				
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.				
_	Subtract lines 7 and 8 from line 6a		0		
10	Analysis of line 9				
а	Excess from 2010				
b	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
е	Excess from 2014				

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

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

c Any submission deadlines

Part XV Supplementary Inform	nation (continued)	=		
3 Grants and Contributions Paid		proved for F	uture Payment T	1
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See Additional Data Table				
	<u> </u>	<u> </u>	▶ 3a	29,10
b Approved for future payment				
			lin. 26	

Form 990-F						Page 12
	-A Analysis of Income-Produci			T		
_	s amounts unless otherwise indicated	Unrelated b (a) Business	(b)	Excluded by section (c)	(d)	(e) Related or exempt function income (See
_	n service revenue	code	A mount	Exclusion code	A mount	instructions)
g Fees	and contracts from government agencies					
3 Interes	rship dues and assessments st on savings and temporary cash ments					
	nds and interest from securities ital income or (loss) from real estate			14	14,761	
b Not do	financed property ebt-financed property					
proper	ntal income or (loss) from personal					
8 Gain or	nvestment income			18	24,443	
	ome or (loss) from special events profit or (loss) from sales of inventory					
	revenue a					
d						
12 Subtota	al Add columns (b), (d), and (e).				39,204	
(See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify called Relationship of Activities to	alculations)				39,204
Line No.	Explain below how each activity for which the accomplishment of the foundation's instructions)	h income is re	ported ın column ((e) of Part XVI-A c	ontributed importa	

Form 990-P	F (2014)										Pa	ge 1 3
Part XVI	Information R Noncharitable					actio	ns and I	Relationships	With			
	organization directly or i										Yes	No
organiza	tions?											
a Transfer	s from the reporting fou	ndation to	a nonch	harıtable (exempt organiza	tion of						
• •	h									1a(1)		No
(2) Oth	erassets									1a(2)		No
b Other tra												
	s of assets to a noncha									—		No
	chases of assets from a											No
	tal of facilities, equipme											No
	nbursement arrangemei									1b(4)		No
	ns or loan guarantees. Irmance of services or r									1b(5) 1b(6)		No No
	of facilities, equipment,		-	=						1c		No
_	swer to any of the above	_	•								luo	140
of the go	ods, other assets, or seansaction or sharing arr (b) Amount involved	ervices giv rangement	en by th , show i	he reportı n column	ng foundation I	the fou the god	undation r ods, other	eceived less tha	n fair marke ces receive	et value ed	1	nts
					, ,		•	·	,			
describe	undation directly or indidin section 501(c) of the complete the following (a) Name of organization	he Code (d schedule		an sectio		n sectı			•••• ption of relati	.FY€	es F	, No
				,				• •		•		
Un	dar nanaltica of namuru	T doctors	that I b	200 000	and this return	unalijid	ling accor	nnanying cabadii	lac and ata	tomont	a and	
the	der penalties of perjury, best of my knowledge a ormation of which prepa	and belief,	ıt ıs tru	ie, correct					an taxpaye		sed on	all
Here	*****				2015-03-17	- K	*****		return			
	Signature of officer or t	rustee			Date	_ ,	Title		below	preparei tr)? 🔽 <u>\</u>		
	Print/Type preparer's Christopher B Davis		Prepa	rer's Sıgn	ature	Date		Check if self- employed ▶	PTIN P(005464	138	
Paid Preparer	Firm's name ► HABIF AROGETI & W	VYNNE LLI	l P			1		Firm's EIN ►				
Use Only	Firm's address 🕨											
Only	FIVE CONCOURSE PATLANTA, GA 30328		SUITE	1000				Phone no (404	1)279-522	21		

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	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ATLANTA MISSION PO BOX 1807 ATLANTA,GA 30301	NONE	PC	UNRESTRICTED	5,000
CENTER FOR THE VISUALLY IMPAIRED 739 W PEACHTREE ST NW ATLANTA,GA 30308	NONE	PC	UNRESTRICTED	2,000
CHRIST COMMUNITY HEALTH SERVICES 2595 CENTRAL AVENUE MEMPHIS,TN 38104	NONE	PC	UNRESTRICTED	5,000
MACULA VISION RESEARCH FOUNDATION 100 FRONT STREET STE 300 WEST CONSHOHOCKEN,PA 19428	NONE	PC	UNRESTRICTED	2,000
NEWBERRY COLLEGE 2100 COLLEGE STREET NEWBERRY,SC 29108	NONE	PC	UNRESTRICTED	5,000
UNIVERSITY HEALTH CARE FOUNDATION 1350 WALTON WAY AUGUSTA,GA 30901	NONE	PC	UNRESTRICTED	5,000
BLUE RIBBON RIDERS PO BOX 828 C/O CLAUDIA T MORIN GROVETOWN,GA 30813	NONE	PC	UNRESTRICTED	2,000
TOWER SCHOOL 75 W SHORE DRIVE MARBLEHEAD,MA 01945	NONE	PC	UNRESTRICTED	1,000
NORTH HEIGHTS LUTHERAN CHURCH 1700 W HWY 96 ARDEN HILLS,MN 55112	NONE	PC	UNRESTRICTED	1,100
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK,NY 10065	NONE	PC	UNRESTRICTED	1,000
Total				29,100

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As Filed Data -

DLN: 93491121005135

OMB No 1545-0047

2014

Schedule of Contributors

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

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

Name of the organization IRVIN & CONNIE PUND FOUNDATION INC 58-2363843 C/O NORTHERN TRUST

Organization type (check one)

Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 political organization				
Form 990-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 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					
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or iny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					

Γ	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₈ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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
Γ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
Г	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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), 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 990PF, 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
IRVIN & CONNIE PUND FOUNDATION INC
C/O NORTHERN TRUST

Employer identification number

58-2363843

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONNIE AND IRVIN PUND 3350 RIVERWOOD PARKWAY SUITE 2140 ATLANTA, GA 30339	\$ <u>45,666</u>	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
IRVIN & CONNIE PUND FOUNDATION INC
C/O NORTHERN TRUST

Employer identification number

58-2363843

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	153 SHARES OF ADR NOVARTIS	\$ 12,495	2014-03-16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	22 SHARES OF BLACKROCK INC	\$ 6,839	2014-03-26
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 1	354 SHARES OF MICROSOFT CORP	<u>\$ 14,215</u>	2014-03-26
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	208 SHARES OF ONEOK INC	\$ 12,117	2014-03-26
(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
		\$	
		·	

Name of organization IRVIN & CONNIE PUND FOUNDATION INC **Employer identification number**

C/O NOR	THERN TRUST	58-2363843			
Part III	Exclusively religious, charitable, etc., contril that total more than \$1,000 for the year from entry. For organizations completing Part III, enter the year. (Enter this information once. See instruct Use duplicate copies of Part III if additional space.)	n any one he total of tions)►	contributor. Complete of	olumns (a) through (e) and the following line	
(a) No. from Part I	(b) Purpose of gift) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP		Transfer of gift Relations	hip of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
<u>Part I</u>					
	Transferee's name, address, and ZIP 4		Transfer of gift Relations	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP 4		Transfer of gift Relations	ship of transferor to transferee	
(a) No.		<u> </u>			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP		Transfer of gift Relations	ship of transferor to transferee	

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OMB No 1545-0123

Sequence No 12A

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, check whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

⁽C) Short-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions	If you enter a	If any, to gain or loss an amount in column (g), code in column (f) eparate instructions (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
NORTHERN TRU			49,524	(47,771)			1,753
			,				,
	each total her (If Box A abov checked), or lir	e and e ıs le 3 (ıf Box . ►	49,524	` ' '			1,753
Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and							

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the

⁽B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side IRVIN & CONNIE PUND FOUNDATION INC C/O NORTHERN TRUST

Social security number or taxpayer identification number 58-2363843

Before you check Box D, E, or F below, check whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions	If you enter a	an amount in column (g), code in column (f) eparate instructions (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
NORTHERN TRU			126,297	(117,137)			9,160
2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			126,297	(117,137)			9,160

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: IRVIN & CONNIE PUND FOUNDATION INC

C/O NORTHERN TRUST

TY 2014 Investments Corporate Stock Schedule

Name: IRVIN & CONNIE PUND FOUNDATION INC

C/O NORTHERN TRUST

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SECURITIES	544,089	608,427

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TY 2014 Other Decreases Schedule

Name: IRVIN & CONNIE PUND FOUNDATION INC

C/O NORTHERN TRUST

Description	Amount
BOOK/TAX ADJUSTMENT ON STOCK DONATION	13,766

TY 2014 Other Expenses Schedule

Name: IRVIN & CONNIE PUND FOUNDATION INC

C/O NORTHERN TRUST

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	3,817	3,817		
OTHER EXPENSES	1,141			

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TY 2014 Other Liabilities Schedule

Name: IRVIN & CONNIE PUND FOUNDATION INC

C/O NORTHERN TRUST

Description	Beginning of Year - Book Value	End of Year - Book Value
FEDERAL TAX LIABILITY	1,011	

TY 2014 Taxes Schedule

Name: IRVIN & CONNIE PUND FOUNDATION INC

C/O NORTHERN TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
IRS	334			
FOREIGN TAX	676	676		

THE NORTHERN TRUST COMPANY P.O. BOX 803878 CHICAGO, IL 60680

Account Number: 23-26231
Recipient's Tax ID Number: XX-XXX3843

Recipient's Name and Address:
PUND FOUNDATION
C/O MR & MRS T IRVIN PUND
4275 OWENS RD. APT. 521
EVANS, GA 30809-3077

2nd TIN notice

Corrected

Page 7 of 21 Ref: RMS

2014 Proceeds from Broker and Barter Exchange Transactions

Sales are listed at Gross Proceeds less commissions and option premiums. Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property

		,			vi	***			ŧ
Cusip Number	Date Sold or Disposed	Date Acquired	Proceeds	Cost or Other Basis	Code if any	Adjustments	Net Gain or Loss	rederal Income Tax Withheld	State Tax Withheld
Short Term Sales	es MFB NORTHN IN	s MFB NORTHN INTL EQTY INDEX FD							
665130209	02/20/2014 12/05/2013	12/05/2013	74.04	72.36		0.00	1,68	00'0	00.00
	MFB NORTHERN	MFB NORTHERN FDS STK INDEX FD							
665162772	02/20/2014 Various	Various	3,742.48	3,407.57		0.00	334.91	00.00	0.00
	MFB NORTHN IN	MFB NORTHN INTL EQTY INDEX FD							
665130209	03/24/2014	03/24/2014 12/05/2013	735.05	735.66	:	0.00	-0.61	00.00	0.00
	MFB NORTHERN	MFB NORTHERN MULTI MANAGER GLOBAL LISTEDINFRASTRUCTURE FUND	NFRASTRUCTU	RE FUND					
665162384	03/24/2014 02/20/2014	02/20/2014	454.32	448.20	:	00.00	6.12	00.0	0.00
	MFB NORTHERN	MFB NORTHERN FDS STK INDEX FD							
665162772	03/24/2014 05/29/2013	05/29/2013	6,687.18	5,971.32		0.00	715.86	00.00	0.00
	BLACKROCK INC CL A	CLA							
09247X101	03/31/2014 Various	Various	3,458.98	3,038.25		0.00	420.73	0.00	0.00
	MICROSOFT CORP COM	P COM							
594918104	03/31/2014 Various	Various	3,644.39	2,912,14	:	0.00	732.25	00.00	0.00
	ADR NOVARTIS	ADR NOVARTIS AG SPONSORED ADR ISIN #US66987V1098	7V1098						
66987V109	03/31/2014 Various	Various	3,312.59	2,912.40		0.00	400.19	0.00	0.00
	ONEOK INC NEW								
682680103	03/31/2014	03/31/2014 Various	4,135.90	2,976.55		000	1,159.35	0.00	0.00

This is important tax information and is being furnished to you.

THE NORTHERN TRUST COMPANY P.O. BOX 803878 CHICAGO, IL 60680

Account Number: 23-2 Recipient's Tax ID Number: XX-)

23-26231 XX-XXX3843

2nd TIN notice

Corrected

Recipient's Name and Address:
PUND FOUNDATION
C/O MR & MRS T IRVIN PUND
4275 OWENS RD. APT. 521
EVANS, GA 30809-3077

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> Sales are listed at Gross Proceeds less commissions and option premíums. Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property.

Cusip	Date Sold	Date		0 1800	Code		Net Gain	Federal	State Tax
Number	or Disposed	Acquired	Proceeds	Proceeds Other Basis	if any	Adjustments	or Loss	Tax Withheld	Withheld
	MFB NORTHN IN	MFB NORTHN INTL EQTY INDEX FD							
665130209	10/16/2014	10/16/2014 Various		23,007.39 24,996.90	:	00.00	-1,989,51	0.00	00.00
	MFB NORTHERN	MFB NORTHERN MULTI MANAGER GLOBAL LISTEDINFRASTRUCTURE FUND	NFRASTRUCTU	RE FUND					
665162384	12/22/2014	12/22/2014 07/17/2014	271.48	299.42	:	0.00	-27.94	00.00	00.00
Total Short Term Sales	rm Sales		49,523.80	47,770.77		0.00	1,753.03	0.00	0.00
Long Term Sales	Se								

	MFC FLEXSHAKES IK MOKNINGSTAK GLOBAL UPSTREAM NAT KES INDEX	HEAM NA! HES	INDEX				
33939L407	FD 02/20/2014 01/24/2013	730.26	770.17	00.00	-39.91	0.00	0.00
	MFB NORTHERN FUNDS MULTI MANAGER HIGH YIELD OPPORTUNITY FUND	LD OPPORTUNIT	Y FUND				
665162442	02/20/2014 04/01/2011	856.00	879.21	0.00	-23.21	0.00	0.00
	MFB NORTHN FDS MULTHMANAGER GLOBAL REALESTATE FD	STATE FD					
665162475	02/20/2014 Various	368.06	396.91	00.00	-28.85	0.00	0.00
	MFB NORTHN FDS MULTI-MANAGER EMERGING MKTS EQTY FD	TS EQTY FD					
665162483	02/20/2014 Various	7,898.81	10,171.12	0.00	-2,272,31	0.00	0.00
	MFB NORTHN MULTIMGR SMALL CAP FD						
665162566	02/20/2014 01/08/2013	103.32	90.28	00:0	13.04	0.00	00.0

THE NORTHERN TRUST COMPANY P.O. BOX 803878 CHICAGO, IL 60680

Account Number: 23-26231
Recipient's Tax ID Number: XX-XXX3843

Corrected

23-26231 Recipient's Name XX-XXX3843 PUND FOUND/COUND/

Recipient's Name and Address: PUND FOUNDATION C/O MR & MRS T IRVIN PUND 4275 OWENS RD. APT. 521 EVANS, GA 30809-3077

Page 9 of 21 Ref: RMS

Sales are listed at Gross Proceeds less commissions and option premiums. Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property

Cusip Date Sold Date Number or Disposed Acquired MFB NORTHN MULTIMGR MID C 665162574 02/20/2014 12/19/2012 MFB NORTHN FDS SMALL CAP C 665162665 02/20/2014 01/08/2013				٠			10 A	Federal	State
4	l Date ed Acquired	ired	Proceeds	Cost or Other Basis	Code if any	Adjustments	Net Gain or Loss	Income Tax Withheld	Tax Withheld
	MULTIM	MFB NORTHN MULTIMGR MID CAP FD							
	114_ 12/1	9/2012	616.50	536,41		00.00	80.09	00.00	0.00
	V FDS SMA	MFB NORTHN FDS SMALL CAP CORE FD							
MFC FLEXSH/	014 01/0	8/2013	83.56	67.33		0.00	16.23	00.00	0.00
	ARES TR N	MEC FLEXSHARES TR MORNINGSTAR GLOBAL UPSTR	PSTREAM NAT RES INDEX	S INDEX					
33939L407 03/24/20	014 01/2	03/24/2014 01/24/2013	1,702.71	1,833.73		00.00	-131,02	00.00	00.00
MFB NORTHE	ERN FUND	MFB NORTHERN FUNDS MULTI MANAGER HIGH YIELD	YIELD OPPORTUNITY FUND	ITY FUND					
665162442 03/24/20	014 Vario	03/24/2014 Various	419.80	421.80		00.00	-2.00	00.00	0.00
MFB NORTHE	ERN FUND	MFB NORTHERN FUNDS MULTI MANAGER HIGH YIELD	YIELD OPPORTUNITY FUND	ITY FUND					
665162442 03/24/2014 Various	014 Vario	Sn	1,835,79	1,872.69	:	0.00	-36.90	00.00	0.00
MFB NORTHN	I FDS MUL	MFB NORTHN FDS MULTI-MANAGER GLOBAL REALES	ALESTATE FD						
665162475 03/24/20	014 Vario	03/24/2014 Various	1,494.23	1,608.77		0.00	-114.54	00.00	00'0
MFB NORTHN	V FDS MUL	MFB NORTHN FDS MULTHMANAGER EMERGING MKTS	MKTS EQTY FD						
665162483 03/24/20	014 Vario	03/24/2014 Various	3,223.18	3,880.96		00.00	-657.78	00.00	0.00
MFB NORTHN	MULTI-M	MFB NORTHN MULTI-MANAGER INTL EQTY FD FD	0						
665162558 03/24/2014 Various	014 Vario	sn	6,137.40	5,940.54	:	0.00	196.86	00.0	00.00
MFB NORTHN	MULTIM(MFB NORTHN MULTIMGR SMALL CAP FD							
665162566 03/24/20	114 Vario	03/24/2014 Various	346.20	297.39		0.00	48.81	0.00	00.0

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THE NORTHERN TRUST COMPANY P.O. BOX 803878 CHICAGO, IL 60680

Account Number: 23-2
Recipient's Tax ID Number: XX-X

23-26231 XX-XXX3843 2nd TIN notice

Corrected

Recipient's Name and Address: PUND FOUNDATION C/O MR & MRS T IRVIN PUND 4275 OWENS RD, APT, 521 EVANS, GA 30809-3077

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> Sales are listed at Gross Proceeds less commissions and option premiums. Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property	† property		*			•			* * * * * * * * * * * * * * * * * * * *
Cusip Number	Date Sold Date or Disposed Acqu	Date Acquired	Proceeds	Cost or Other Basis	Code if any	Adjustments	Net Gain or Loss	Federal Income Tax Withheld	State Tax Withheld
1	MFB NORTHN MULTIMGR MID CAP FD	IGR MID CAP FD							
665162574	03/24/2014 Various	sno	1,207.56	1,006.66	:	0,00	200.90	0.00	00.00
	MFB NORTHN FDS SMALL CAP CORE FD	ALL CAP CORE FD							
665162665	03/24/2014 01/08/2013	08/2013	339.68	269.32		0.00	70.36	0.00	00.00
	BLACKROCK INC CL A								
09247X101	03/31/2014 07/09/2012	09/2012	3,458.98	1,879.06	:	00'0	1,579.92	0.00	00'0
	MICROSOFT CORP COM	5							
594918104	03/31/2014 Various	sno	11,015.99	7,235.23	:	0.00	3,780.76	0.00	0.00
	ADR NOVARTIS AG SP	ADR NOVARTIS AG SPONSORED ADR ISIN #US66987	6987V1098						
66987V109	03/31/2014 06/	03/31/2014 06/07/2012	9,682.94	5,965.62		0.00	3,717.32	0.00	0.00
	ONEOK INC NEW								
682680103	03/31/2014 06/0	03/31/2014 06/07/2012	8,153.62	4,981.11	:	0.00	3,172.51	0.00	0.00
	MFC FLEXSHARES TR	MFC FLEXSHARES TR MORNINGSTAR GLOBAL UPSTREAM NAT RES INDEX	JPSTREAM NAT RES	INDEX					
33939L407	07/17/2014 01/24/2013	24/2013	37.75	36.67	:	0.00	1.08	0.00	0.00
	MFB NORTHERN FUND	MFB NORTHERN FUNDS MULTI MANAGER HIGH YIEL	YIELD OPPORTUNITY FUND	ry FUND					
665162442	07/17/2014 Various	sno	440.99	430.01		0.00	10.98	0.00	0.00
	MFB NORTHERN FUND	MFB NORTHERN FUNDS MULTI MANAGER HIGH YIEL	Ω	TY FUND					
665162442		07/17/2014 Various	10,025.31	9,696.16		0.00	329.15	0.00	0.00

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THE NORTHERN TRUST COMPANY P.O. BOX 803878 CHICAGO, IL 60680

Account Number: Recipient's Tax ID Number:

Corrected

23-26231 XX-XXX3843

Recipient's Name and Address: PUND FOUNDATION C/O MR & MRS T IRVIN PUND 4275 OWENS RD. APT. 521 EVANS, GA 30809-3077

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2nd TIN notice

Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated. Sales are listed at Gross Proceeds less commissions and option premiums.

Description of property

Cusip	Date Sold	Datê		Cost or	Code		Net Gain	Federal	State Tax
Number	or Disposed	Acquired	Proceeds	Other Basis	if any	Adjustments	or Loss	Tax Withheld	Withheld
	MFB NORTHN FC	MFB NORTHN FDS MULTLMANAGER EMERGING MKTS EQTY FD	IKTS EQTY FD						
665162483	07/17/2014	07/17/2014 Various	12,521.66	12,557.80		00.00	-36.14	00.0	00.00
	MFB NORTHN FE	MFB NORTHN FDS MULTI-MANAGER EMERGING MKTS EQTY FD	KTS EQTY FD						
665162483	07/17/2014 Various	Various	4,002.55	3,775.62	:	00.0	226.93	0.00	0.00
	MFB NORTHERN	MFB NORTHERN FUNDS MULTI MANAGER HIGH YIELI	ELD OPPORTUNITY FUND	TY FUND					
665162442	10/16/2014 07/25/2013	07/25/2013	1,045.35	1,086.76		0.00	-41.41	0.00	0.00
	MFB NORTHN FC	MFB NORTHN FDS MULTI-MANAGER EMERGING MKTS	KTS EQTY FD						
665162483	10/16/2014	10/16/2014 Various	6,220.44	6,061.57		00.0	158.87	0.00	0.00
	MFB NORTHN M	MFB NORTHN MULTI-MANAGER INTL EQTY FD FD							
665162558	11/20/2014	11/20/2014 02/17/2011	1,042.16	1,009.65	:	0.00	32.51	00.00	0.00
	MFB NORTHN MI	MFB NORTHN MULTI-MANAGER INTL EQTY FD FD							
665162558	11/20/2014	11/20/2014 Various	15,361.75	15,210.81		0.00	150.94	00.0	00.00
	MFB NORTHN FD	MFB NORTHN FDS MULTI-MANAGER GLOBAL REALES	ESTATE FD						
665162475	12/22/2014	12/22/2014 07/25/2013	3,948.75	4,573.27		00'0	-624.52	0.00	0.00
	MFB NORTHN FD	MFB NORTHN FDS MULTI-MANAGER EMERGING MKTS EQTY FD	KTS EQTY FD						
665162483	12/22/2014 Various	Various	6,910.38	7,096.85		0.00	-186.47	0.00	0.00
	MFB NORTHN MI	MFB NORTHN MULTIMGR SMALL CAP FD							
665162566		12/22/2014 Various	1,677.00	1,792.92	;	00.00	-115,92	00.0	00.00

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THE NORTHERN TRUST COMPANY P.O. BOX 803878 CHICAGO, IL 60680

Account Number: Recipient's Tax ID Number:

23-26231 XX-XXX3843

2nd TIN notice

Corrected

Recipient's Name and Address: PUND FOUNDATION C/O MR & MRS T IRVIN PUND 4275 OWENS RD. APT. 521 EVANS, GA 30809-3077

Page 12 of 21 Ref: RMS

Sales are listed at Gross Proceeds less commissions and option premiums. Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

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Description of property

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Cusip. Number	Date Sold Date or Disposed Acquired	Proceeds	Cost or Other Basis	Code if any Adjustments	Net Gain or Loss	Income Income Tax Withheld	Tax Withheld
	MFB NORTHN MULTIMGR MID CAP FD						
665162574	12/22/2014 Various	3,325.01	3,643.32	00'0	-318.32	00.00	0.00
	MFB NORTHN FDS SMALL CAP CORE FD						
665162665	12/22/2014 Various	63.51	61.00	0.00	2.51	00:0	0.00
Total Long Term Sales	n Sales	126,297.20	117,136.72	0.00	9,160.47	0.00	0.00

This is important tax information and is being furnished to you.

IRVIN & CONNIE PUND FOUNDATION SCHEDULE OF AVERAGE FMV 2014

	Cash Total FMV	_	. Monthly tal FMV	Securities Total FMV	g. Monthly otal FMV
DECEMBER 2013	24,076			591,402	
JANUARY	24,772	\$	24,424	567,516	\$ 579,459
FEBRUARY	26,786		25,779	590,362	578,939
MARCH	24,999		25,893	615,223	602,792
APRIL	25,552		25,276	618,764	616,993
MAY	22,569		24,060	630,678	624,721
JUNE	23,464		23,016	642,046	636,362
JULY	23,463		23,463	631,979	637,012
AUGUST	23,323		23,393	646,161	639,070
SEPTEMBER	24,211		23,767	618,481	632,321
OCTOBER	21,359		22,785	627,661	623,071
NOVEMBER	25,610		23,484	628,436	628,048
DECEMBER 2014	33,390		29,500	608,427	 609,919
TOTAL AVG MON	THLY FMV	\$	294,841		\$ 7,408,707
AVG MONTHLY F	MV	\$	24,570		\$ 617,392