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Department of the Treasury

Internal Revenue Service

#### DLN: 93491166006116

OMB No 1545-0052

2015

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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

	e of foun CI AND S	dation TAN SUNSHINE FAMILY FOUNDATION	32-0186844	A Employer identification number  32-0186844					
Numl	ner and s	street (or P O box number if mail is i	not delivered to street address)	Room/suite	<b>B</b> Telephone nun	nber (see instruction	s)		
		WATER TRAIL	iot delivered to street addressy	Noom, sake	(404) 349-1918				
		state or province, country, and ZIP o 303282747	r foreign postal code		<b>C</b> If exemption	application is pendin	g, check here 🕨 🦵		
<b>G</b> Ch	eck all	that apply Initial return	Initial return of a for	rmer public charity	<b>D 1.</b> Foreign or	janizations, check h	ere ▶ 厂		
		Final return Address chang	A mended return  Je Name change			ganizations meeting			
H C h	eck tvr	pe of organization 🔽 Section	<u>-</u>	foundation		c here and attach co ndation status was i	mputation ' terminated		
		947(a)(1) nonexempt charital	ole trust   Other taxable	private foundation		507(b)(1)(A), ched	ck here		
		t value of all assets at end	JAccounting method    ☐ Other (specify)	Cash Accrual	F II tile louliua	tion is in a 60-mont			
		om Part II, col. (c), 2,895,004	(Part I, column (d) must b	e on cash basıs.)	under section	1 507(b)(1)(B), chec	ck nere		
	τI	Analysis of Revenue a	and Evnenses	1	<u> </u>		Disbursements		
Fel		(The total of amounts in columns (necessarily equal the amounts in constructions)	b), (c), and (d) may not	Revenue and expenses per (a) books	Net investment <b>(b)</b> income	Adjusted net (c) income	for charitable purposes (d) (cash basis only)		
	1	Contributions, gifts, grants, e	tc , received (attach						
		schedule)		98,621					
	2	Check $\blacktriangleright$ $\sqsubset$ if the foundation	is <b>not</b> required to attach						
		Sch B							
	3	Interest on savings and temp	oorary cash investments	38	38				
	4	Dividends and interest from s	ecurities	72,314	72,314		_		
	5a								
	b	Net rental income or (loss)							
Revenue	6a b	Net gain or (loss) from sale o Gross sales price for all asse		201,252					
ě	_	1,428,280	its off fille oa						
ě	7	Capital gain net income (from	*		201,252				
	8	Net short-term capital gain .					_		
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold.							
	C	Gross profit or (loss) (attach	•				_		
	11	Other income (attach schedu	· ·				_		
	12	Total.Add lines 1 through 11		372,225	273,604				
	13	Compensation of officers, dire	<b>⊢</b>	0	U		0		
	14 15	Other employee salaries and Pension plans, employee ben	⊢						
Ř	16a	Legal fees (attach schedule).	<u> </u>						
Ē	b	Accounting fees (attach sche		<b>%</b> 6,000	0		0		
Expenses		Other professional fees (attach	·	_	18,316		0		
	C		-				0		
Administrative	17	Interest	H.	53 <b>47.</b> ] 30	53		0		
돌	18	Taxes (attach schedule) (see	· ······ · · · · · · · · · · · · · · ·	<b>%</b> 30	0		0		
	19	Depreciation (attach schedul							
A E	20	Occupancy	<b>⊢</b>						
and	21	Travel, conferences, and mee							
ਲ ਹ	22 23	Printing and publications Other expenses (attach sche	<b>⊢</b>				<del>                                     </del>		
perating		Total operating and administ							
មួ	24	Add lines 13 through 23		24,399	18,369		0		
ō	25	Contributions, gifts, grants pa	<u> -</u>	227,868	10,309		227,868		
	26	Total expenses and disbursen	F	, , , , , , , , , , , , , , , , , , ,					
	27	Subtract line 26 from line 12		252,267	18,369		227,868		
	27	Subtract line 26 from line 12  Excess of revenue over exper	sees and dishursements	119,958					
	a b	Net investment income (if ne		119,530	255,235				
	C	Adjusted net income(if negat	-						
		ark Doduction Act Notice coo	·		C-+ N- 11200V		200 55 (200)		

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End o  (b) Book Value	f year (c) Fair Market Value
	1	Cash—non-interest-bearing	(a) book value	( <b>b</b> ) book value	1
	2	Savings and temporary cash investments	319,701	325,394	325,394
	3	Accounts receivable -	013,7.01	323,33	020,031
	3	Less allowance for doubtful accounts			
	4	Pledges receivable			
	4	Less allowance for doubtful accounts			
	_	Grants receivable			
	5	Receivables due from officers, directors, trustees, and other			
	6				
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	_	Less allowance for doubtful accounts -			
۲	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	1,315,267		
	С	Investments—corporate bonds (attach schedule)	679,641	679,641	559,182
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) ▶			
1	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	336,206	336,612	168,570
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) 🟲			
	15	O ther assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	2,650,815	2,770,773	2,895,004
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě	19	Deferred revenue			
불	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
<b>-</b> □  *	22	O ther liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0	0	
Ralances Craft September 20 22 22 22 22 22 22 22 22 22 22 22 22		Foundations that follow SFAS 117, check here ▶			
		and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
8	25	Temporarily restricted			
	26	Permanently restricted			
<u>.</u> =		Foundations that do not follow SFAS 117, check here			
Ξ		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
ξ	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
Assets	29	Retained earnings, accumulated income, endowment, or other funds	2,650,815	2,770,773	
Net	30	Total net assets or fund balances(see instructions)	2,650,815	2,770,773	
~	31	Total liabilities and net assets/fund balances(see instructions)	2,650,815	2,770,773	
Pa	rt III				
1		Total net assets or fund balances at beginning of year—Part II, column (	(a) line 30 (must agre	, e	
_		with end-of-year figure reported on prior year's return)			2,650,815
2		Enter amount from Part I, line 27a			119,958
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		- 4	2,770,773
5		Decreases not included in line 2 (itemize)		5	2,770,773
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa		• —	2,770,773
_			,,,,, (5), 11110		_,,.

			f property sold (e g , remmon stock, 200 shs	•	How acquire P—Purchas (b) D—Donatio	ا دی ا	Date acquired (mo , day, yr )	Date sold (d) (mo , day, yr )
1a	See Additional Data	Table						
b								
С С								
d								
е								
(e	e) Gross sales price		Depreciation allowe  (f) (or allowable)		t or other basis expense of sale		n or (loss) (f) minus (g)	
a	See Additional Data		•	137.	•			., .,
ь								
d								
e						$\dashv$		
					12/21/60		- (0.1	71.5
	mplete only for assets s	snowing gain	Adjusted basis		cess of col (i)			(h) gain minus ot less than -0-) <b>or</b>
(i)	FMV as of 12/31/69		(j) as of 12/31/69		r col (j), if any	(1)		(from col (h))
a	See Additional Data	Table						
ь								
d								
<u></u>								
<u> </u>			ſ	If gain, also enter	in Dort I line 7			
2 3	Capital gain net inco Net short-term capita		pital loss) { s) as defined in sectio	If (loss), enter -0-	- ın Part I, lıne 7	2		201,252
	If gain, also enter in l in Part I, line 8 .	Part I , line 8 ,	column (c) (see instru	ctions) If(loss), e	nter -0-	}		
Part	V Qualification U	Jnder Sec	tion 4940(e) for R	educed Tax or	n Net Investm	ent I	ncome	
(For opt	cional use by domestic pon 4940(d)(2) applies,	rivate found	ations subject to the se					
	e foundation liable for th " the foundation does n					period?	>	┌ Yes ┌ No
<b>1</b> E n	ter the appropriate amo	unt ın each c	olumn for each year, s	ee instructions befo	ore makıng any er	tries		
	(a) period years Calendar or tax year beginning in)	Adjusted o	(b) ualifying distributions	(c) Net value of noncha	ritable-use assets		(d) Distribution (col (b) divided	n ratio
, (	2014		161,501		2,702,135		, (-, -, -, -, -, -, -, -, -, -, -, -, -, -	0 059768
	2013		151,268		2,649,912			0 057084
	2012		126,572		2,084,513			0 060720
	2011		117,415		2,038,786			0 057591
	2010		87,527		2,041,281			0 042878
2	Totalof line 1, columi	n (d)				2		0 278041
3			5-year base period—di n has been in existence			3		0 055608
4	Enter the net value o	f noncharitab	le-use assets for 2015	from Part X, line 5	5 [	4		2,838,592
5	Multiply line 4 by line	23			[	5		157,848
6	Enter 1% of net inve	stment incom	ne (1% of Part I, line 2	7b) <b></b> .		6		2,552
7						7		160,400

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

the Part VI instructions

227,868

8

	990-PF (2015)  t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	1040(a)	or 4948—s	20 D20	18 of	the inst	ructio		age <b>4</b>
	Exempt operating foundations described in section 4940(d)(2), check here		, 01 4540 3	t page	10 01	the mat	ructio	113)	
1a	and enter "N/A" on line 1								
	Date of ruling or determination letter			}					
	(attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V	chock			4				
b	here F and enter 1% of Part I, line 27b	, check		ļ	1				2,552
c	•			•					
	All other domestic foundations enter 2% of line 27b Exempt foreign organiz Part I, line 12, col (b)	ations 6	enter 4 % of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable fou	ndatıon	s only Othe	ers	,				
3	enter -0-) Add lines 1 and 2				3			<del></del>	0 2,552
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou	· · ındatıor	 ns only Oth	• ers					2,332
•	enter -0-)				4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, 6	enter-C	)	•	5			7	2,552
6	Credits/Payments	1 -	1						
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		2,023					
b	Exempt foreign organizations—tax withheld at source	6b							
C	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld	6c		0					
d 7	Total credits and payments Add lines 6a through 6d	6d			7				2,023
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form				8				2,023
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9				 529
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount			•	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	•	11				
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislatio	n or di	d			Yes	No
	it participate or intervene in any political campaign?						1a		No
b	$\mbox{Did}\ \mbox{it}\ \mbox{spend}\ \mbox{more}\ \mbox{than}\ \mbox{\$100}\ \mbox{during}\ \mbox{the}\ \mbox{year}\ \mbox{(either}\ \mbox{directly}\ \mbox{or}\ \mbox{indirectly})$ for	politica	l purposes	(see In	structı	ons			
	for definition)?					•	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	s and co	ppies of any i	materia	ls				
	published or distributed by the foundation in connection with the activities.						1c		No
d	Did the foundation file <b>Form 1120-POL</b> for this year?			· ·		•	10		NO
u	(1) On the foundation $\Rightarrow$ \$ 0 (2) On foundation managers								
e	Enter the reimbursement (if any) paid by the foundation during the year for pol				osed				
	on foundation managers > \$ 0								
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				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 $\boldsymbol{\theta}$	ıts gove	erning instru	ıment,	articles	5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a cont	formed	copy of the c	hanges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more	_					4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b	$\vdash$	
5	Was there a liquidation, termination, dissolution, or substantial contraction du	uring the	e year?				5		No
•	If "Yes," attach the statement required by General Instruction T.	245\	4. a 6. a d a . 4 b a	_					
6	Are the requirements of section 508(e) (relating to sections 4941 through 49  • By language in the governing instrument, or	945)Sa	tisned eitne	: r					
	By state legislation that effectively amends the governing instrument so the state of the s	hat no r	nandatory d	ırectıo	ns				
	that conflict with the state law remain in the governing instrument?						6		No
7	Did the foundation have at least \$5,000 in assets at any time during the year	·?If "Yes	s," 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 $\boldsymbol{\theta}$	(see ins	structions)						
	► GA								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9						6.	. ·	
^	General (or designate) of each state as required by General Instruction G? If				(-)/ <b>-</b> )		8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s		_						
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? If "Yes	," attacl	n a schedule	Iisting	their n	ames			
	and addresses.			_			10	Yes	

Pai	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12	<u> </u>	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ►LUCI SUNSHINE Telephone no ►	)847	-9248	
	Located at ▶6280 BLACKWATER TRAIL ATLANTA GA ZIP+4 ▶3032827			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		▶ □	-
13	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	ء ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			T
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1</b> a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes V No			
	(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? Yes ✓ No  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes ✓ 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"			
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days )			
ь	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years 🕨 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
_	▶ 20, 20, 20			
3 <b>a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
D	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	+-	No
ъ Б	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	-ru		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Pa	Statements Rega	iraing Activities foi	· wr	iich Form 4/20	мау	ве кеquirea ( <i>Con</i> i	inue	(a)	
5a	During the year did the foundation	n pay or incur any amour	t to						I
	(1) Carry on propaganda, or othe	rwise attempt to influenc	e leg	ıslatıon (section 49	45(e	))?	√ No		
	(2) Influence the outcome of any	specific public election	(see	section 4955), or to	carı				
	on, directly or indirectly, any	voter registration drive?			•				ı
	(3) Provide a grant to an individu	al for travel, study, or ot	hers	ımılar purposes?		☐ Yes 「	√ No		ı
	(4) Provide a grant to an organiza		-						
	in section 4945(d)(4)(A)? (se	ee instructions)			•	TYes	√ No		ı
	(5) Provide for any purpose other	r than religious, charitabl	e, sc	ientific, literary, or					ı
	educational purposes, or for t	•					No		ı
b	If any answer is "Yes" to 5a(1)-(								
	Regulations section 53 4945 or							5b	_
	Organizations relying on a curren						_		
С	If the answer is "Yes" to question								l
	tax because it maintained expend	diture responsibility for t	he gr	ant?	•	\ Yes \	No		
	If "Yes," attach the statement requ	ured by Regulations section	n 53.	4945–5(d).					
6a	Did the foundation, during the yea		-		-				
	a personal benefit contract?								
b	Did the foundation, during the yea	ar, pay premiums, directl	y or ı	ndirectly, on a perso	nall	benefit contract?	•	6b No	_
	If "Yes" to 6b, file Form 8870.						_		1
7a	At any time during the tax year, v	•		·					
ь	If yes, did the foundation receive		•					7b	_
Pa		t Officers, Director	s, Tı	rustees, Founda	tio	n Managers, Highly	Paid	l Employees,	
	and Contractors  List all officers, directors, trustee	s foundation managers	. m.d. +	hair componention (	i	not westions)			_
	List all officers, directors, trustee				see ii	(d)	l		-
	(a) Name and address	Title, and average hours per week		(c) Compensation(If not paid, enter		Contributions to	Expense account,		
	(a) Name and address	(b) devoted to position		l -n-i l		mployee benefit plans deferred compensation	(e) other allowances		
STAN	SUNSHINE	TRUSTEE		0		deterred compensation			
	0 BLACKWATER TRAIL	0 50		Ü		O			J
	ANTA,GA 30328								
LUCI	SUNSHINE	TRUSTEE		0		0			0
628	0 BLACKWATER TRAIL	0 50							
	ANTA,GA 30328								_
_2_	Compensation of five highest-paid	d employees (other than	thos	e included on line 1—	-see		nter"	NONE."	_
	(a)	Title, and avei				Contributions to employee benefit		Expense account	
Na	me and address of each employee   more than \$50,000	paid hours per we (b) devoted to pos		(c) Compensatio	n	plans and deferred		other allowances	
	· · ·	(b) devoted to pos	TCTOTT			(d) compensation			_
ИОИ	N E								
									_
									_
									_
	I number of other employees paid o								_ 0

and Contractors (continued)  3 Five highest-paid independent contractors for professional services (s	see instructions). If none, enter "NON	NF".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services.		• 0
Part IX-A Summary of Direct Charitable Activities		•
·	aught statutural information such as the number	or of
ist the foundation's four largest direct charitable activities during the tax year. Include rele rganizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (	see instructions)	
Describe the two largest program-related investments made by the foundation during the	the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
· -		
3		I
3		

## Form 990-PF (2015) Part X Minimum Investment Return

ГŒ	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	2,556,272
b	Average of monthly cash balances	1b	325,547
С	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	2,881,819
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,881,819
4	Cash deemed held for charitable activities Enter 1 $1/2\%$ of line 3 (for greater amount, see		
	ınstructions)	4	43,227
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,838,592
6	Minimum investment return. Enter 5% of line 5	6	141,930
Par	t XI Distributable Amount		
	(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► ☐ and do not complete this part.)	tain ic	reign organizations
1	Minimum investment return from Part X, line 6	1	141,930
2a	Tax on investment income for 2015 from Part VI, line 5   2a   2,552		·
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	2,552
3	Distributable amount before adjustments Subtract line 2c from line 1	3	139,378
4	Recoveries of amounts treated as qualifying distributions	4	. 0
5	Add lines 3 and 4	5	139,378
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	139,378
Par	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	227,868
b	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	227,868
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	2,552
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	225,316
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the f	oundation qualifies for

P	art XIII Undistributed Income (see instr	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d)</b> 2015
1	Distributable amount for 2015 from Part XI, line 7	00.640	r care prior to 2021		139,378
	Undistributed income, if any, as of the end of 2015				,
	Enter amount for 2014 only			0	
h	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2015		-		
ر م	From 2010				
h	From 2011				
	From 2012				
	From 2013				
	From 2014				
	Total of lines 3a through e	37,176			
	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$ 227,868				
а	Applied to 2014, but not more than line 2a			0	
	Applied to undistributed income of prior years		0		
	(Election required—see instructions).				
C	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2015 distributable amount				139,378
е	Remaining amount distributed out of corpus	88,490			
5	Excess distributions carryover applied to 2015	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	125,666			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
e	Undistributed income for 2016 Subtract			-	
•	lines 4d and 5 from line 1. This amount must				
	be distributed in 2015				0
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may	0			
۰	be required - see instructions)				
ō	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2016.				
-	Subtract lines 7 and 8 from line 6a	125,666			
10	Analysis of line 9				
а	Excess from 2011				
b	Excess from 2012				
C	Excess from 2013				
	Excess from 2014				
е	Excess from 2015 88,490				

	Private Operating Foundat	•			19)	
1a	If the foundation has received a ruling or determ					
	foundation, and the ruling is effective for 2015,					
	Check box to indicate whether the organization		ting foundation de		1 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	
	year listed					
<b>b</b> 8	35% of line 2a					
c	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used					
	directly for active conduct of exempt activities					
e	Qualifying distributions made directly					
•	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets		1			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3		1			
-	of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section $4942(j)(3)(B)(iii)$					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information (C			e organizatio	n had \$5,000 o	r more in
	assets at any time during the	<u>year—see ins</u>	tructions.)			
L a	<b>Information Regarding Foundation Managers:</b> List any managers of the foundation who have co	ontributed more th	nan 2% of the tota	ıl contributions rec	eived by the found	lation
	before the close of any tax year (but only if they					ideloli
b	List any managers of the foundation who own 10				large portion of th	е
	ownership of a partnership or other entity) of wh	ich the loundation	inas a 10% or gre	eaterinterest		
	Total Control Control Control City	Cabalanak	:t- B			
2	Information Regarding Contribution, Grant, Gift					
	Check here ► ✓ If the foundation only makes counsolicited requests for funds. If the foundation					
	other conditions, complete items 2a, b, c, and d		its, etc. (see ilisti)	actions) to marvia	dais of organizatio	iis uiidei
а	The name, address, and telephone number or e	mail address of th	e nerson to whom	annlications shou	ld he addressed	
u	The name, address, and telephone number of el	man address of th	e person to whom	applications shou	ia be addressed	
b	The form in which applications should be submi	tted and informat	ion and materials t	they should includ	e	
C	Any submission deadlines					
_	A					
d	Any restrictions or limitations on awards, such factors	as by geographic	aı areas, charitabl	e neias, kinds of ii	nstitutions, or othe	Γ

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 227,868 **b** Approved for future payment

Part XVI-A Analysis of Income-Produc	ing Activitie	S			Page <b>12</b>
Enter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	<b>(d)</b> A mount	function income (See instructions )
a b					
c					
d e					
<b>f g</b> Fees and contracts from government agencies					
<ul> <li>2 Membership dues and assessments.</li> <li>3 Interest on savings and temporary cash investments.</li> </ul>			14	38	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	72,314	
a Debt-financed property					
<ul><li>b Not debt-financed property</li><li>6 Net rental income or (loss) from personal property</li></ul>					
<ul><li>7 Other investment income</li><li>8 Gain or (loss) from sales of assets other than inventory</li></ul>			14	201,252	
9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory				,	
b					
c					
e		0		273,604 <b>13</b>	
(See worksheet in line 13 instructions to verify of Part XVI-B Relationship of Activities to		plishment of E	xempt Purpos	es	
Line No. Explain below how each activity for whithe accomplishment of the foundation's instructions )					
	<u> </u>				

Part	XVI	Information Re Noncharitable				saction	ns and I	Relationships	With			
		organization directly or i	ndırectly (	engage in any o	f the following wit						<b>V</b>	
		501(c) of the Code (othe	er than se	ction 501(c)(3)	) organizations ) o	r ın sect	ion 527,	relating to politic	:al		Yes	No
_		tions?				_ +						
		s from the reporting four								1-(1)		No
		h								1a(1)		No No
		erassets								1a(2)		NO
		ansactions es of assets to a noncha	ritable ov	omnt organizati	on					16/1)		No
		chases of assets from a										No
									· 	1b(2)		No
		tal of facilities, equipme								1b(3)		No
		nbursement arrangemer ns or loan guarantees.								1b(4)		No
		rmance of services or m								1b(5)		No
		of facilities, equipment,								1c		No
		swer to any of the above	_									140
of th in a	he go ny tra	ods, other assets, or se ansaction or sharing arr	rvices giv angement	en by the repor , show in colum	ting foundation In (d) the value o	If the fou f the goo	indation r ods, other	eceived less that assets, or servi	n fair marke ces receive	et value ed		
(a) Line	NO	(b) Amount involved	(c) Name	of noncharitable e	xempt organization	(a) i	Description	of transfers, transact	tions, and sna	iring arrar	<u>igemen</u>	ts
	<u> </u>											
des	cribe	undation directly or indi d in section 501(c) of th complete the following: (a) Name of organization	ne Code (d schedule	other than secti		ın sectio			ption of relation	. 「Ye	s 🔽	No
	<u> </u>											
Sign	the	der penalties of perjury, best of my knowledge a ormation of which prepar	ınd belief,	ıt ıs true, corre					an taxpaye		ed on	all
Here	k	*****			2016-06-07	- k	*****		return			
	7	Signature of officer or t	rustee		Date	<u> </u>	Title		below (see i	nstr )? 🔽		
	Print/Type preparer's name MALCOLM N MINSK			Preparer's Sıç	gnature	Date		Check if self- employed ▶	PTIN P(	003799	62	
Paid Prepa Use	arer		NSK & PE	ERLING LLC				Firm's EIN ► 5	8-064481	2		
Jse Only		Firm's address F  1801 PEACHTREE ST NE SUITE 300 ATLANTA, GA  303091815							1)355-387	70		

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

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
MORGAN STANLEY 031555	Р	2011-10-10	2015-05-21
MORGAN STANLEY 031555	Р	2014-12-16	2015-05-21
MORGAN STANLEY 0339278	Р	2015-06-17	2015-12-31
MORGAN STANLEY 029139	Р	2015-05-22	2015-07-01
MORGAN STANLEY 031548	Р	2013-05-17	2015-01-26
MORGAN STANLEY 031548	Р	2014-10-23	2015-02-02
MORGAN STANLEY 035397	Р	2015-10-22	2015-12-29
MORGAN STANLEY 035397	Р	2013-08-30	2015-12-09
MORGANSTANLEY 031553	Р	2014-03-13	2015-05-26
MORGAN STANLEY 031553	Р	2014-10-23	2015-01-05

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
447,287		347,988	99,299
3,580		3,301	279
13,882		14,503	-621
40,210		43,970	-3,760
63,274		55,904	7,370
19,306		19,236	70
357,283		341,668	15,615
296,833		277,773	19,060
126,583		55,343	71,240
59,730		67,342	-7,612

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

Complete only for assets show	ing gain in column (h) and owned	by the foundation on 12/31/69	Gains (Col (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (1) (k) over col (j), if any	col (k), but not less than -0-) or (I) Losses (from col (h))
			99,299
			279
			-621
			-3,760
			7,370
			70
			15,615
			19,060
			71,240
			-7,612

	ind(s) of property sold (e g , real e e, or common stock, 200 shs ML		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
CAPITAL GAINS DIVID	DENDS		Р		
ı 990PF Part IV - Capita	al Gains and Losses for Ta	x on Invest	tment Income ·	- Columns e - h	
(e) Gross sales price	Deprectation allowed <b>(f)</b> (or allowable)		or other basis expense of sale	Gain <b>(h)</b> (e) plus	or (loss) (f) mınus (g)
312					31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l						
Complete only for assets show	ing gain in column (h) and owned	by the foundation on 12/31/69	Gains (Col (h) gain minus			
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (1) (k) over col (j), if any	col (k), but not less than -0-) or (I) Losses (from col (h))			
			312			

Recipient	If recipient is	Foundation	ontributions Paid During the Year or Approved for Futur  Purpose of grant or	A mount
	an individual, show any	status of recipient	contribution	
Name and address (home or business)	relationship to any foundation manager or substantial contributor			
<b>a</b> Paid during the year				
ALLIANCE FOR LUPUS 28 WEST 44TH ST NEW YORK,NY 10036	NONE	PUBLIC CHARITY	UNRESTRICTEDUNRESTRICTED	50
ALZHEIMERS SOCIETY OF GEORGIA 41 PERIMETER CENTER EAST ATLANTA, GA 30346	NONE	PUBLIC CHARITY	UNRESTRICTED	200
AMERICAN CANCER SOCIETY 250 WILLIAMS ST ATLANTA, GA 30303	NONE	PUBLIC CHARITY	UNRESTRICTED	250
AMERICAN JEWISH COMMITTEE SIX PIEDMONT CENTER 510 ATLANTA, GA 303051530	NONE	PUBLIC CHARITY	UNRESTRICTED	6,000
AMERICAN RED MOGEN DAVID 352 7TH AVE NEW YORK,NY 10001	NONE	PUBLIC CHARITY	UNRESTRICTED	500
AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA 80 BROAD STREET NEW YORK,NY 10004	NONE	PUBLIC CHARITY	UNRESTRICTED	25,000
ANTI DEFAMATION LEAGUE 3490 PIEDMONT RD ATLANTA, GA 30305	NONE	PUBLIC CHARITY	UNRESTRICTEDUNRESTRICTED	250
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH LOWERY BLVD ATLANTA, GA 30318	NONE	PUBLIC CHARITY	UNRESTRICTED	250
ATLANTA JEWISH FILM FESTIVAL SIX PIEDMONT CENTER 510 ATLANTA, GA 305051530	NONE	PUBLIC CHARITY	UNRESTRICTED	10,000
AUSTIN PETS ALIVE 1156 WEST CESAR CHAVEZ AUSTIN,TX 78703	NONE	PUBLIC CHARITY	UNRESTRICTED	515
AUTISM SPEAKS 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	PUBLIC CHARITY	UNRESTRICTED	50
BERMAN COMMONS 3150 HOWELL MILL RD NW ATLANTA, GA 30327	NONE	PUBLIC CHARITY	UNRESTRICTED	30,000
BIRTHRIGHT ISRAEL FOUNDATION 33 E 33RD ST NEW YORK,NY 10016	NONE	PUBLIC CHARITY	UNRESSTRICTEDUNRESTRICTEDUNRESTRICTED	200
CAP AREA FOOD BANK 8210 CONGRESS AVE AUSTIN,TX 78745	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
CHILDRENS HEALTH CARE OF ATLANTA 1255 JOHNSON FERRY RD ATLANTA, GA 30068	NONE	PUBLIC CHARITY	UNREWTRICTEDUNRESTRICTED	250
Total				227,868

PLCH	UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY	Purpose of grant or contribution  UNRESTRICTED  UNRESTRICTED  UNRESTRICTED  UNRESTRICTED	A mount 875 2,081 14,200 1,150
PL CH CH	UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY	UNRESTRICTED  UNRESTRICTED  UNRESTRICTED	2,081 14,200 1,150
PL CH	UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY	UNRESTRICTED  UNRESTRICTED  UNRESTRICTED	2,081 14,200 1,150
PL CH	UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY	UNRESTRICTED  UNRESTRICTED  UNRESTRICTED	2,081 14,200 1,150
PL CH	UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY  UBLIC CHARITY	UNRESTRICTED  UNRESTRICTED  UNRESTRICTED	14,200 1,150 18,600
PL CH	UBLIC CHARITY UBLIC CHARITY UBLIC UBLIC	UNRESTRICTED	1,150
PL CH	UBLIC HARITY UBLIC	UNRESTRICTED	18,600
CH PL	UBLIC		
		HNDECTDICTED	
	CHARITY	UNRESTRICTED	500
	UBLIC HARITY	UNRESTRICTED	100
	UBLIC HARITY	UNRESTRICTED	500
	UBLIC HARITY	UNRESTRICTED	180
	UBLIC HARITY	UNRESTRICTED	2,750
	UBLIC HARITY	UNRESTRICTED	200
· -	UBLIC HARITY	UNRESTRICTED	510
		UNRESTRICTED	608
		UNRESTRICTED	16,100
		UNRESTRICTED	61,932
_	P C	PUBLIC CHARITY  PUBLIC CHARITY  PUBLIC CHARITY	PUBLIC UNRESTRICTED CHARITY  PUBLIC UNRESTRICTED

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				
JEWISH NATIONAL FUND 42 E 69TH ST NEW YORK,NY 10021	NONE	PUBLIC CHARITY	UNRESTRICTED	6,500
JEWISH WOMENS FUND OF ATLANTA GA 1440 SPRING STREET ATLANTA,GA 30309	NONE	PUBLIC CHARITY	UNRESTRICTED	3,000
JUVENILE DIABETES FOUNDATION 26 BROADWAY 14TH FLOOR NEW YORK,NY 10004	NONE	PUBLIC CHARITY	UNRESTRICTED	500
LEUKEMIA AND LYMPHOMA SOCIETY 3715 NORTHSIDE PARKWAY 300 ATLANTA,GA 30327	NONE	PUBLIC CHARITY	UNRESTRICTED	100
MACOM 1800 PEACHTREE ST NE ATLANTA,GA 30309	NONE	PUBLIC CHARITY	UNRESTRICTED	3,000
MARCUS JEWISH COMMUNITY CENTER 5342 TILLY MILL RD DUNWOODY,GA 30338	NONE	PUBLIC CHARITY	UNRESTRICTED	1,250
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVE NEW YORK,NY 10075	NONE	PUBLIC CHARITY	UNRESTRICTED	50
MERCY CORPS 45 SWANKEMY PORTLAND,OR 97204	NONE	PUBLIC CHARITY	UNRESTRICTED	250
MOBILE LOAVES AND FISHES 5524 BEE CAVES ROAD AUSTIN,TX 78746	NONE	PUBLIC CHARITY	UURESTRICTED	100
MOVEMEMER FOUNDATION P O BOX 1595 CULVER CITY, CA 90232	NONE	PUBLIC CHARITY	UNRESTRICTED	153
NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 N FAIRFAX DR ARLINGTON,VA 22203	NONE	PUBLIC CHARITY	UNRESTRICTED	50
NATIONAL COUNCIL OF JEWISH WOMEN 6303 ROSWELL RD ATLANTA, GA 30328	NONE	PUBLIC CHARITY	UNRESTRICTED	1,600
NATIONAL MS SOCIETY P O BOX 4527 NEW YORK,NY 10163	NONE	PUBLIC CHARITY	UNRESTRICTED	65
NEVE MICHAEL P O BOS 260067 PEMBROOK PINES,FL 33026	NONE	PUBLIC CHARITY	UNRESTRICTED	100
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE 200 MANHATTAN BEACH, CA 90266	NONE	PUBLIC CHARITY	UNRESTRICTED	250

			and real of Approved for	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
	or substantial contributor			
a Paid during the year				
PLANNED PARENTHOOD 26 BLEAKER ST NEW YORK,NY 10012	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
PUBLIC BROANCASTING OF ATLANTA 740 BISMARK ROAD NE ATLANTA,GA 30324	NONE	PUBLIC CHARITY	UNRESTRICTED	100
REFUGEE SERVICES OF TEXAS 500 E ST JOHNS AVE AUSTIN,TX 78752	NONE	PUBLIC CHARITY	UNRESTRICTED	250
SANDY SPRINGS EDUCATION FORCE PO BOX 567683 SANDY SPRINGS, GA 31156	NONE	PUBLIC CHARITY	UNRESTRICTED	250
SARASOTA MANATEE JEWISH 580 MCINTOSH ST SARASOTA,FL 34232	NONE	PUBLIC CHARITY	UNRESTRICTED	360
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY,AL 36177	NONE	PUBLIC CHARITY	UNRESTRICTED	200
ST BALDRICS FOUNDATION 1330 MAYFLOWER AVE MONROVIA,CA 91016	NONE	PUBLIC CHARITY	UNRESTRICTED	500
TEMPLE SINAI 5645 DUPREE DR SANDY SPRINGS, GA 30327	NONE	PUBLIC CHARITY	UNRESTRICTED	100
THE JEWISH THEOLOGICAL SEMIMARY 3080 BROADWAY NEW YORK,NY 10027	NONE	PUBLIC CHARITY	UNRESTRICTED	180
TORAH DAY SCHOOL 1985 LA VISTA RD ATLANTA,GA 30329	NONE	PUBLIC CHARITY	UNRESTRICTED	1,100
UNIVERSITY HI SCHOOL AUSTIN 2007 UNIVERSITY AVE AUSTIN,TX 78705	NONE	PUBLIC CHARITY	UNRESTRICTED	100
UNIVERSITY OF MARYLAND FOUNDATION 3300 METZEROTT RD ADELPHI,MD 02783	NONE	PUBLIC CHARITY	UNRESTRICTED	100
UNIVERSITY OF TEX 100 INNER CAMPUS DRIVE AUSTIN,TX 78712	NONE	PUBLIC CHARITY	UNRESTRICTED	1,600
WEINSTEIN HOSPICE 3150 HOWELL MILL RD NW ATLANTA,GA 30327	NONE	PUBLIC CHARITY	UNRESTRICTED	1,200
WELL PET HUMANE SOCIETY 6225 PEACHTREE INDUSTRIAL BLVD DORVILLE,GA 30360	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
Total			▶ 3a	227,868

Recipient	If recipient is an individual,	Foundation	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Contribution	
a Paid during the year				
WILLIAM BREMAN JEWISH HOME 3150 HOWELL MILL RD NW ATLANTA,GA 30327	NONE	PUBLIC CHARITY	UNRESTRICTED	5,500
WONDERS AND WORRIES 9101 BURNETT ROAD AUSTIN,TX 78758	NONE	PUBLIC CHARITY	UNRESTRICTED	200
YMCA FOUNDATION SARASOTA 1 S SCHOOL AVE STE 302 SARASOTA,FL 34237	NONE	PUBLIC CHARITY	UNRESTRICTED	2,250
ZOO ATLANTA 800 CHEROKEE AVE ATLANTA,GA 30315	NONE	PUBLIC CHARITY	UNRESTRICTED	109
Total				227,868

#### **TY 2015 Accounting Fees Schedule**

Name: LUCI AND STAN SUNSHINE FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	6,000	0		0

#### **TY 2015 Investments Corporate Bonds Schedule**

Name: LUCI AND STAN SUNSHINE FAMILY FOUNDATION

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	679,641	559,182

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491166006116

#### **TY 2015 Investments Corporate Stock Schedule**

Name: LUCI AND STAN SUNSHINE FAMILY FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK AND OPTIONS	1,429,125	1,841,857

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491166006116

#### **TY 2015 Investments - Other Schedule**

Name: LUCI AND STAN SUNSHINE FAMILY FOUNDATION

	Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
I	MUTUAL FUNDS	AT COST	336,612	168,570

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#### **TY 2015 Other Professional Fees Schedule**

Name: LUCI AND STAN SUNSHINE FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT COUNSEL	18,316	18,316		0

# **TY 2015 Substantial Contributors Schedule**

Name: LUCI AND STAN SUNSHINE FAMILY FOUNDATION

Name	Address
	6280 BLACKWATER TRAIL ATLANTA,GA 30328

#### **TY 2015 Taxes Schedule**

Name: LUCI AND STAN SUNSHINE FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CORPORATE REGISTRATION	30	0		0

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LUCI AND STAN SUNSHINE FAMILY FOUNDATION

As Filed Data

DLN: 93491166006116

OMB No 1545-0047

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, 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.

2015

**Employer identification number** 

			32-0186844
Organ	ization type (check or	ne)	
Filers	of:	Section:	
Form 9	90 or 990-EZ	501(c)( ) (enter number) organization	
		☐ 527 political organization	
Form 9	90-PF	√ 501(c)(3) exempt private foundation	
		☐ 501(c)(3) taxable private foundation	
	al Rule  For an organization i	(), (8), or (10) organization can check boxes for both the General Rule and a Sp filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a	totaling \$5,000 or more (in money or
Specia	al Rules		
Γ	under sections 509(a) received from any one	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% support of (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part is contributor, during the year, total contributions of the greater of (1) \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that
Γ	during the year, total of	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions of more than \$1,000 exclusively for religious, charitable, scientific, cruelty to children or animals. Complete Parts I, II, and III	
Γ	during the year, contri this box is checked, e purpose Do not comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received butions exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an excludete any of the parts unless the <b>General Rule</b> applies to this organization becate, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 If usively religious, charitable, etc, ause it received nonexclusively

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
LUCI AND STAN SUNSHINE FAMILY FOUNDATION

Employer identification number 32-0186844

Part I	Contributors (see instructions) Use duplicate copies of Part I if	f additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
1	STANLEY SUNSHINE		Person Payroll	Г Г
	ATLANTA, GA 30328	\$ 98,621	Noncash (Complete Part II for contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Г
		\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II for contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Г
		\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II fo	or noncash
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		\$	Payroll	Γ
		<u> </u>	Noncash	Г
			(Complete Part II fo	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		\$	Payroll	Г
			Noncash	Γ
			(Complete Part II for contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		\$	Payroll	Γ
		· ·	Noncash	Г
			(Complete Part II for contributions )	

Name of organiza		Employer identification n	umber
OCI AND STAN	SUNSHINE FAMILY FOUNDATION	32-0186844	
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	1100 SHARES FACEBOOK STOCK	\$ 98,621	2015-10-01
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)
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	0, 990-EZ, or 990-PF) (2015)		Page <b>4</b>
me of organization	<b>n</b> Inshine family foundation	Emp	oloyer identification number
CI AND SIAN 30	NSHINE FAMILY FOUNDATION	32-	0186844
total mor line entr of \$1,000	ely religious, charitable, etc., contribution re than \$1,000 for the year from any one y. For organizations completing Part III, or less for the year. (Enter this inform the cate copies of Part III if additional space is ne	e contributor. Complete column enter the total of exclusively re ation once. See instructions.) ►	s (a) through (e) and the following ligious, charitable, etc., contributions
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-	Transferration and the second of	(e) Transfer of gift	
-	Transferee's name, address, and 2	<u> </u>	ationship of transferor to transferee
	<del>-</del> 		
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and 2	(e) Transfer of gift ZIP4 Rel	ationship of transferor to transferee

		(e) Transfer of gift		
	Transferee's name, address, and ZIP4	Rela	Relationship of transferor to transferee	
-				
-				
-	-			
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_				
-   -				
_		(e) Transfer of gift		
	Transferee's name, address, and ZIP4	Rela	tionship of transferor to transferee	