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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2015

Open to Public Inspection

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

Name of foundation
REPUBLIC NATIONAL DISTRIBUTING COMPANY FOUNDATION INC

A Employer identification number
45-3842838

Number and street (or P O box number if mail is not delivered to street address)
ONE NATIONAL DRIVE

Room/suite

B Telephone number (see instructions)
(404) 472-2245

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30336

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 23,735

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	600,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2)				
	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 schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	600,000	0		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	340			
	24	**Total operating and administrative expenses.** Add lines 13 through 23	340	0		0
	25	Contributions, gifts, grants paid	601,472			601,472
	26	**Total expenses and disbursements.** Add lines 24 and 25	601,812	0		601,472
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-1,812			
	b	**Net investment income** (if negative, enter -0-)		0		
	c	**Adjusted net income** (if negative, enter -0-)				

Part 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 of year (b) Book Value	End of year (c) Fair Market Value
Assets	1	Cash—non-interest-bearing	25,547	23,735	23,735
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	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 I)	25,547	23,735	23,735
Liabilities	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 (describe ▶)			
	23	**Total liabilities** (add lines 17 through 22)		0	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	25,547	23,735	
	30	**Total net assets or fund balances** (see instructions)	25,547	23,735	
	31	**Total liabilities and net assets/fund balances** (see instructions)	25,547	23,735	

Part III 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	25,547
2	Enter amount from Part I, line 27a	2	-1,812
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	23,735
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	23,735

Part IV Capital Gains and Losses for Tax on Investment Income

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)	How acquired P—Purchase **(b)** D—Donation	Date acquired **(c)** (mo , day, yr)	Date sold **(d)** (mo , day, yr)
1a			
b			
c			
d			
e			

	(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
a				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
	(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	**2**	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	**3**	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	**(b)** Adjusted qualifying distributions	**(c)** Net value of noncharitable-use assets	**(d)** Distribution ratio (col (b) divided by col (c))
2014			
2013			
2012			
2011			
2010			

2	**Total** of line 1, column (d).	**2**	
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	**3**	
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	**4**	
5	Multiply line 4 by line 3.	**5**	
6	Enter 1% of net investment income (1% of Part I, line 27b).	**6**	
7	Add lines 5 and 6.	**7**	
8	Enter qualifying distributions from Part XII, line 4.	**8**	

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

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 instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	0
c	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	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a		
b	Exempt foreign organizations—tax withheld at source — 6b		
c	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	7	
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2015 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 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? *If "Yes," attach a detailed description of the activities.*	2		No
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
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		No
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 2015 or the taxable year beginning in 2015 (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	Yes	

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the 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 ▶ FRANCIE PURNELL Telephone no ▶ (404) 472-2294

Located at ▶ ONE NATIONAL DRIVE ATLANTA GA ZIP+4 ▶ 30336

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over 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 ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	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)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(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)? ☐ Yes ☑ No			
	(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) ☐ 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		No
	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))			
a	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? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 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
c	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____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	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 **(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 2015.)*	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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 2015?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(Continued)*

5a	During the year did the foundation pay or incur any amount to			
	(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?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes ☑ 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?	☐ 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)?		**5b**	**No**
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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?	☐ Yes ☑ No		
	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?	☐ Yes ☑ No		
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 ☑ No		
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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
EMILE SARTALAMACCHIA 809 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121	CORP DIRCTR TAX 1 00	0		
GREGORY JOHNSON ONE NATIONAL DRIVE ATLANTA, GA 30336	VP/TREASURER 1 00	0		
DENNIS BASHUK ONE NATIONAL DRIVE ATLANTA, GA 30336	Foundation Mgr 3 00	0		

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 paid more than $50,000	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
NONE				

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

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of others receiving over $50,000 for professional services. ▶

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	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 tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	79,270
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	79,270
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	79,270
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,189
5	**Net value of noncharitable-use assets.**Subtract line 4 from line 3 Enter here and on Part V, line 4	5	78,081
6	**Minimum investment return.**Enter 5% of line 5	6	3,904

Part XI Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	3,904
2a	Tax on investment income for 2015 from Part VI, line 5	2a			
b	Income tax for 2015 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	
3	Distributable amount before adjustments Subtract line 2c from line 1			3	3,904
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	3,904
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	3,904

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	601,472
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	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	601,472
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	**Adjusted qualifying distributions.**Subtract line 5 from line 4	6	601,472

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				3,904
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011				
c From 2012	477,453			
d From 2013	426,512			
e From 2014	593,611			
f **Total** of lines 3a through e	1,497,576			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $ 601,472				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2015 distributable amount				3,904
e Remaining amount distributed out of corpus	597,568			
5 Excess distributions carryover applied to 2015 *(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:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,095,144			
b 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				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
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 2010 not applied on line 5 or line 7 (see instructions)				
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	2,095,144			
10 Analysis of line 9				
a Excess from 2011				
b Excess from 2012	477,453			
c Excess from 2013	426,512			
d Excess from 2014	593,611			
e Excess from 2015	597,568			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% 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 **a** "Assets" alternative test—enter **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter **(1)** Total support other than gross investment income (interest, dividends, rents, payments on 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					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data TableSee Additional Data Table				
Total . . . . . ▶ **3a**				601,472
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)					
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)				13	

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

******	2016-07-25	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
J RICHARD BERNSTEIN				P00548954

Firm's name ▶ RRB Accounting Consulting & Tax Services

Firm's EIN ▶

Firm's address ▶ 4651 Roswell Rd I-804 Atlanta, GA 30342

Phone no (404) 255-0200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY 8900 JOHN W CARPENTER FREEWAY DALLAS,TX 75247	NONE	PC	MEDICAL RESEARCH	1,000
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	NONE	PC	COMMUNITY SERVICE	7,500
ANY BABY CAN 217 HOWARD STREET SAN ANTONIO,TX 78212	NONE	PC	COMMUNITY SERVICE	691
ARAPAHOE HOUSE 8801 LIPAN STREET - THORNTON COLORADO,CO 80260	NONE	PC	COMMUNITY SERVICE	2,500
AUCTION OF WASHINGTON WINES 1201 WESTERN AVENUE SUITE 450 SEATTLE,WA 98101	NONE	PC	EDUCATIONAL	10,000
BEAM INC DISTRIBUTORS FOUNDATION 510 LAKE COOK ROAD DEERFIELD,IL 60015	NONE	PC	COMMUNITY SERVICE	23,000
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE NW WASHINGTON,DC 20010	NONE	PC	MEDICAL	8,200
COLLEGE SUCCESS FOUNDATION PO BOX 1976 WOODINVILLE,WA 98072	NONE	PC	COMMUNITY SERVICE	15,000
COLORADO RESTURANT ASSOC EDUCATION 439 E 7TH AVE DENVER,CO 80203	NONE	PC	EDUCATIONAL	2,500
ESCAPE FAMILY RESOURCE CENTER 1721 PECH ROAD 300 HOUSTON,TX 77055	NONE	PC	COMMUNITY SERVICE	2,500
FAMILY CHILDREN'S SERVICES 1112 S MEMORIAL DRIVE TULSA,OK 74112	NONE	PC	COMMUNITY SERVICE	2,500
LEUKEMIA LYMPHOMA SOCIETY 5353 W DARTMOUTH AVE DENVER,CO 80227	NONE	PC	MEDICAL RESEARCH	6,000
MAKE A WISH FOUNDATION 6655 DESEO IRVING,TX 75039	NONE	PC	COMMUNITY SERVICE	10,000
MARCH OF DIMES- TX 104 SW 6TH AVE 301 AMARILLO,TX 79101	NONE	PC	MEDICAL	2,300
MARILLAC CLINIC 2420 W 26TH AVE SUITE 100D DENVER,CO 80211	NONE	PC	MEDICAL	1,500
Total . . . . . ▶ **3a**				601,472

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT VERNON LADIES ASSOCIATION 1250 EYE STREET NW STE 400 WASHINGTON,DC 20005	NONE	PC	COMMUNITY SERVICE	10,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4237 SALISBURY ROAD JACKSONVILLE,FL 32216	NONE	PUBLIC	MEDICAL	1,000
OKLAHOMA CITY POLICE ATHLETIC LEAGU 1925 DOWNING STREET OKLAHOMA CITY,OK 73120	NONE	PC	COMMUNITY SERVICE	4,500
OSU ALUMNI ASSOCIATION-TULSA CHAPTE 700 N GREENWOOD AVE TULSA,OK 74106	NONE	PC	EDUCATIONAL	500
PALM BEACH INDIA ASSOCIATION PO BOX 31225 PALM BEACH GARDENS,FL 33420	NONE	PC	COMMUNITY SERVICE	3,000
PRAY FOR GRAY PO BOX 446 FARGO,ND 58107	NONE	PC	RELIGIOUS	1,250
RONALD MCDONALD HOUSE OF RICHMOND 2330 MONUMENT AVE RICHMOND,VA 23220	NONE	PUBLIC	COMMUNITY SERVICE	1,500
SEMINOLE REGION CHARITY GOLF TOURNA PO BOX 3070 BOCA RATON,FL 33431	NONE	PC	COMMUNITY SERVICE	19,800
SHRINERS HOSPITAL FOR CHILDREN 3100 SAMFORD AVE SHREVEPORT,LA 71103	NONE	PC	MEDICAL	2,500
THE HOME FRONT CARES 1120 N CIRCLE DRIVE 7 COLORADO SPRINGS,CO 80909	NONE	PC	COMMUNITY SERVICE	1,500
TONY'S PROSTATE CANCER RESEARCH PO BOX 7456 HOUSTON,TX 77246	NONE	PUBLIC	MEDICAL	3,500
TUREK AUBERT MEMORIAL SCHOLARSHIP F PO BOX 372278 DENVER,CO 80237	NONE	PC	EDUCATIONAL	1,500
UCP OF CENTRAL FLORIDA 3305 S ORANGE AVE ORLANDO,FL 32806	NONE	PC	MEDICAL	38,000
UJA-FEDERATION OF NEW YORK 130 E 59TH STREET NEW YORK,NY 10022	NONE	PC	RELIGIOUS	20,000
UNITED CEREBRAL PALSY 2700 W 81 STREET HIALEAH,FL 33016	NONE	PC	MEDICAL	5,000
Total . . . . . ▶ **3a**				601,472

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF THE INCARNATE WORD 4301 BROADWAY SAN ANTONIO,TX 78209	NONE	PC	EDUCATIONAL	4,500
ARMED SERVICES - YMCA 7505 Alban Station Court Ste B215 Springfield,VA 22150	NONE	PC	COMMUNITY SERVICE	10,000
CHILDREN OF RESTAURANT EMPLOYEES LT 1196-C Buckhead Crossing Woodstock,GA 30189	NONE	PC	COMMUNITY SERVICE	5,000
Hispanic Community and Education Fu 104 Lou Jon Circle San Antonio,TX 78213	NONE	PC	EDUCATIONAL	25,000
Oklahoma Zoological Society 2101 NE 50th St Oklahoma City,OK 73111	NONE	PC	EDUCATIONAL	1,500
Pikes Peak United Way 518 N Nevada Ave Colorado Springs,CO 80903	NONE	PUBLIC	COMMUNITY SERVICE	1,000
Snake River Community Association 140 Ida Bella Drive Suite F4 Keystone,CO 80435	NONE	PC	CULTURAL	2,000
St Jude Children's Research Hospita 262 Danny Thomas Place Memphis,TN 38105	NONE	PUBLIC	MEDICAL RESEARCH	4,500
AMERICAN HEART ASSOCIATION 1586 S 21ST STREET 10 COLORADO SPRINGS,CO 80904	NONE	PC	MEDICAL RESEARCH	7,150
AMERICAN DIABETES ASSOCIATION 7670 WOODWAY DRIVE SUITE 230 HOUSTON,TX 77063	NONE	PC	MEDICAL RESEARCH	13,500
BIG BROTHER BIG SISTER KENTUCKIANA 1519 GARDINER LANE LOUISVILLE,KY 40218	NONE	PC	COMMUNITY SERVICE	3,000
BERNIE GRACE FOUNDATION 14926 MOSS ARCH SAN ANTONIO,TX 78232	NONE	PC	COMMUNITY SERVICE	500
MEALS ON WHEELS 8446 VIRGINIA ST MERRILLVILLE,IN 46410	NONE	PC	COMMUNITY SERVICE	800
AMERICAN CANCER SOCIETY 132 W 32ND STREET NEW YORK,NY 10001	NONE	PC	MEDICAL RESEARCH	35,000
MUHAMMAD ALI CENTER 144 N 6TH STREET LOUISVILLE,KY 40202	NONE	PC	COMMUNITY SERVICE	10,000
Total . . . . . ▶ **3a**				601,472

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERIL LAGASSE FOUNDATION 829 ST CHARLES AVENUE NEW ORLEANS, LA 70130	NONE	PC	COMMUNITY SERVICE	20,000
ACADIANA SYMPHONY ORCHESTRA 412 Travis St Lafayette, LA 70503	NONE	PC	COMMUNITY SERVICE	1,500
ACTIVE HEROES RETREAT 8609 Old Bardstown Louisville, KY 40291	NONE	PC	COMMUNITY SERVICE	2,500
AMERICAN RED CROSS OF GREATER ORLAN 5 N Bumby Ave Orlando, FL 32803	NONE	PC	COMMUNITY SERVICE	2,000
ALIVE HOSPICE 1718 Patterson St Nashville, TN 37203	NONE	PC	COMMUNITY SERVICE	500
AMARILLO AREA FOUNDATION INC 801 S Fillmore St 700 Amarillo, TX 79101	NONE	PC	COMMUNITY SERVICE	500
AUSTIN DISASTER RELIEF NETWORK 1122 E 51st St Austin, TX 78723	NONE	PC	COMMUNITY SERVICE	7,500
AUTISM SOCIETY 8343 Roswell Rd 339 Atlanta, GA 30350	NONE	PC	COMMUNITY SERVICE	1,500
BACK ON MY FEET 50 Hurt Plaza SE 850 Atlanta, GA 30303	NONE	PC	COMMUNITY SERVICE	3,400
BOOMER JACK'S CHARITIES 2600 W 7th St Fort Worth, TX 76107	NONE	PC	COMMUNITY SERVICE	500
BRAS ON BROADWAY 3233 South University Drive Fargo, ND 58108	NONE	PC	COMMUNITY SERVICE	1,000
CAMINO REAL ROTARY CLUB 100 S Alto Mesa Dr El Paso, TX 79912	NONE	PC	COMMUNITY SERVICE	1,000
CAPITOL HILL UNITED NEIGHBORHOODS I 1290 Williams St 101 Denver, CO 80218	NONE	PC	COMMUNITY SERVICE	1,500
CHILDREN HEALTHCARE OF ATLANTA 1001 Johnson Ferry Rd NE Atlanta, GA 30342	NONE	PC	COMMUNITY SERVICE	5,000
CHILDREN HOSPITAL FOUNDATION - OK 6501 Broadway Extension Hwy 190 Oklahoma City, OK 73116	NONE	PC	COMMUNITY SERVICE	1,000
Total . . . . . ▶ **3a**				601,472

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR SAN ANTONIO 109 N San Saba San Antonio,TX 78207	NONE	PC	COMMUNITY SERVICE	2,500
COLORADO SYMPHONY 1000 14th St DENVER,CO 80202	NONE	PC	COMMUNITY SERVICE	5,000
CONCERT FOR KIDS 9410 Kilimanjaro Road COLUMBIA,MD 21045	NONE	PC	COMMUNITY SERVICE	2,000
CURE CHILDHOOD CANCER 1117 Perimeter Center W 402 ATLANTA,GA 30338	NONE	PC	COMMUNITY SERVICE	500
DALLAS AREA HABITAT FOR HUMANITY 2800 N Hampton Rd DALLAS,TX 75212	NONE	PC	COMMUNITY SERVICE	6,500
DAMAR 6067 Decatur Blvd Indianapolis,IN 46241	NONE	PC	COMMUNITY SERVICE	500
DARE TO CARE PO Box 512090 LOS ANGELES,CA 90051	NONE	PC	COMMUNITY SERVICE	2,500
DENVER GAY LESBIAN FLAG FOOTBALL LE PO Box 18405 DENVER,CO 80218	NONE	PC	COMMUNITY SERVICE	1,000
DMV HOUSE OF SUCCESS 1025 Cypresstree Dr Capitol Heights,MD 20743	NONE	PC	COMMUNITY SERVICE	1,000
EAST BATON ROUGE PARISH HEADSTART P 4523 Plank Rd Baton Rouge,LA 70805	NONE	PC	COMMUNITY SERVICE	500
FEEDING AMERICA 35 East Wacker Drive Suite 2000 Chicago,IL 60601	NONE	PC	COMMUNITY SERVICE	5,000
FIRST TO SERVE 1017 W 50th St LOS ANGELES,CA 90037	NONE	PC	COMMUNITY SERVICE	2,500
GERMAN SHEPHERD RESCUE INDY Private Indianapolis,IN 46240	NONE	PC	COMMUNITY SERVICE	550
GILDA'S CLUB 195 West Houston Street NEW YORK,NY 10014	NONE	PC	COMMUNITY SERVICE	2,500
GLEANERS FOOD BANK 3737 Waldemere Ave Indianapolis,IN 46241	NONE	PC	COMMUNITY SERVICE	500
Total . . . . . ▶ **3a**				601,472

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT PLAINS FOOD BANK 1720 3rd Ave N FARGO,ND 58102	NONE	PC	COMMUNITY SERVICE	950
GUARDIANS OF THE CHILDREN 12210 Leslie Rd Helotes,TX 78023	NONE	PC	COMMUNITY SERVICE	1,200
GUMMAKONDA REDDY FOUNDATION 1060 Nw 3rd St Hallandale,FL 33009	NONE	PC	COMMUNITY SERVICE	5,000
HEALTHCARE FOR THE HOMELESS 5673 Peachtree Dunwoody Rd 650 ATLANTA,GA 30342	NONE	PC	COMMUNITY SERVICE	5,000
HIDDEN HAVEN SERVICE DOG TRAINING 7501 Jefferson Paige Rd Shreveport,LA 71119	NONE	PC	COMMUNITY SERVICE	500
HOLY ANGELS 6600 Wilkinson Blvd BELMONT,NC 28012	NONE	PC	COMMUNITY SERVICE	1,000
HOPEWEST HOSPICE PALLIATIVE CARE 3090 North 12th StreetB Grand Junction,CO 81506	NONE	PC	COMMUNITY SERVICE	1,500
HOUSE OF RUTH 2201 Argonne Dr BALTIMORE,MD 21218	NONE	PC	COMMUNITY SERVICE	2,500
HOUSTON FOOD BANK 535 Portwall St HOUSTON,TX 77029	NONE	PC	COMMUNITY SERVICE	2,500
HOWARD COUNTY POLICE FOUNDATION 3410 Courthouse Drive Ellicott City,MD 21043	NONE	PC	COMMUNITY SERVICE	1,000
INDIANA YOUTH SERVICES ASSOC 445 N Pennsylvania St 945 Indianapolis,IN 46204	NONE	PC	COMMUNITY SERVICE	5,000
INTERNATIONAL HOUSE OF BLUES FOUNDA 7060 Hollywood Blvd 2nd Floor HOLLYWOOD,CA 90028	NONE	PC	COMMUNITY SERVICE	417
IUPUI STUDENT FOUNDATION 301 University Blvd 1048 Indianapolis,IN 46202		EOF	EDUCATIONAL	250
KCOS WINE AND FOOD CLASSIC 120 Porfirio Diaz St EL PASO,TX 79902	NONE	EOF	CULTURAL	1,800
LINK STRYJEWSKI FOUNDATION 930 Tchoupitoulas ST New Orleans,LA 70130	NONE	PC	COMMUNITY SERVICE	6,250
Total . . . . . ▶ **3a**				601,472

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOURDES FOUNDATION INC 621 W Center St Rochester, MN 55902	NONE	PC	COMMUNITY SERVICE	1,500
MAKE A WISH FOUNDATION OF NORTH TEX 6655 Deseo IRVING, TX 75039	NONE	PC	COMMUNITY SERVICE	10,000
MARINE TOYS FOR TOTS FOUNDATION 18251 Quantico Gateway Drive Triangle, VA 22172	NONE	PC	COMMUNITY SERVICE	500
NOBLE FOUNDATION 2715 Sam Noble Pkwy Ardmore, OK 73401	NONE	PC	COMMUNITY SERVICE	2,000
OFFERDAHLS HAND-OFF FOUNDATION INC 2749 Ne 37th Dr Ft Lauderdale, FL 33308	NONE	PC	COMMUNITY SERVICE	5,000
OLE HEALTH FOUNDATION 1141 Pear Tree Lane NAPA, CA 94558	NONE	PC	COMMUNITY SERVICE	10,000
OPTIMIST CLUB OF SHREVEPORT 1000 STEWART DR SHREVEPORT, LA 71106	NONE	PC	COMMUNITY SERVICE	500
OUTDOOR LAB FOUNDATION 3000 Youngfield St Wheat Ridge, CO 80215	NONE	PC	MEDICAL	1,250
RIDE 2 RECOVERY 23679 Calabasas Rd Suite 420 Calabasas, CA 91302	NONE	PC	COMMUNITY SERVICE	1,000
RDNC RELIEF FUND ONE NATIONAL DRIVE ATLANTA, GA 30336	AFFILIATE	PC	COMMUNITY SERVICE	15,539
SALVATION ARMY TULSA 3901 E 28th St TULSA, OK 74114	NONE	PC	COMMUNITY SERVICE	2,500
Shreveport Diabetes Sports Inc 9450 RED OAK LANE SHREVEPORT, LA 71106	NONE	PC	MEDICAL	1,000
SKY HIGH FOR ST JUDE 9800 Richmond Ave HOUSTON, TX 77042	NONE	PC	COMMUNITY SERVICE	2,000
SMART KIDS WITH LD 38 Kings HIghway North Westport, CT 06880	NONE	PC	COMMUNITY SERVICE	250
ST JUDE'S CHILDREN CANCER RESEARCH 5901 Peachtree Dunwoody Rd Atlanta, GA 30328	NONE	PC	MEDICAL	500
Total . . . . . ▶ **3a**				601,472

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAR OF HOPE 1811 Ruiz St Houston, TX 77002	NONE	PC	COMMUNITY SERVICE	1,500
SUSAN KOMEN BREAST CANCER FOUNDATIO 5005 LBJ Freeway Dallas, TX 75244	NONE	PC	COMMUNITY SERVICE	3,300
THE ART OF HOPE FOUNDATION-SHRINERS 7710T Cherry Park Drive 375 Houston, TX 77095	NONE	PC	COMMUNITY SERVICE	1,000
THE CHAMPION FUND INC 1320 Forestedge Drive Oldsmar, FL 34677	NONE	PC	COMMUNITY SERVICE	5,700
THE HISTIO CURE FOUNDATION PO Box 1104 Belmont, CA 94002	NONE	PC	COMMUNITY SERVICE	1,500
THE MARYLAND FOOD BANK 2200 Halethorpe Farms Rd Baltimore, MD 21227	NONE	PC	COMMUNITY SERVICE	5,000
THE MICHAEL J FOX FOUNDATION PO Box 4777 New York, NY 10163	NONE	PC	COMMUNITY SERVICE	20,000
THE OUTREACH CENTER FOR WOMEN WOMEN 6 Mathis Dr NW Rome, GA 30165	NONE	PC	COMMUNITY SERVICE	3,000
THE TORCH RELAY FOR CHILDREN 1577 Northeast Expressway Atlanta, GA 30329	NONE	PC	MEDICAL	1,000
THE VILLAGE FAMILY SERVICES 6736 Laurel Canyon Blvd 200 North Hollywood, CA 91606	NONE	PC	COMMUNITY SERVICE	800
VISITING NURSEHOSPICE ATLANTA Suite E200 5775 Glenridge Dr NE Atlanta, GA 30328	NONE	PC	MEDICAL	25,000
VOLUNTEERS OF AMERICA OF N LOUISIAN 520 Olive St Shreveport, LA 71104	NONE	PC	COMMUNITY SERVICE	1,000
WILLIAMS SYNDROME ASSOCIATION 570 Kirts Blvd 223 Troy, MI 48084	NONE	PC	COMMUNITY SERVICE	1,000
WOMEN OF WINE CHARITIES 604 Archer Street Houston, TX 77009	NONE	PC	COMMUNITY SERVICE	1,625
YMCA OF CENTRAL FLORIDA 814 W Oak Ridge Rd Orlando, FL 32809	NONE	PC	COMMUNITY SERVICE	1,000
Total . . . . . ▶ **3a**				601,472

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG LEADERSHIP COUNCIL 1840 Euterpe St New Orleans, LA 70113	NONE	PC	COMMUNITY SERVICE	10,000
YWCA CASS CLAY 3000 University Dr S Fargo, ND 58103	NONE	PC	COMMUNITY SERVICE	1,000
THREE SQUARE 4190 N Pecos Rd Las Vegas, NV 89115	NONE	PC	COMMUNITY SERVICE	1,500
AMERICAN HEART ASSOCIATION 1101 NORTHCHASE PKWY SE MARIETTA, GA 30067	NONE	PC	MEDICAL	1,000
LEUKEMIA LYMPHOMA SOCIETY 3715 NORTHSIDE PKWY NW ATALANTA, GA 30327	NONE	PC	MEDICAL RESEARCH	12,500
Total . . . . . ▶ **3a**				601,472

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491207002146

TY 2015 Other Expenses Schedule

Name: REPUBLIC NATIONAL DISTRIBUTING COMPANY FOUNDATION INC

EIN: 45-3842838

Software ID: 15000324

Software Version: 2015v2.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	340			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491207002146

TY 2015 Substantial Contributors Schedule

Name: REPUBLIC NATIONAL DISTRIBUTING COMPANY FOUNDATION INC

EIN: 45-3842838

Software ID: 15000324

Software Version: 2015v2.0

Name	Address
REPUBLIC NATIONAL DISTRIBUTING CO	ONE NATIONAL DRIVE ATLANTA,GA 30336

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491207002146

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2015

Name of the organization
REPUBLIC NATIONAL DISTRIBUTING COMPANY FOUNDATION INC

Employer identification number
45-3842838

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

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), 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

☐ 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

☐ 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
REPUBLIC NATIONAL DISTRIBUTING COMPANY FOUNDATION INC

Employer identification number
45-3842838

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	REPUBLIC NATIONAL ONE NATIONAL DRIVE ATLANTA, GA 30336	$ 600,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization	Employer identification number
REPUBLIC NATIONAL DISTRIBUTING COMPANY FOUNDATION INC	45-3842838

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
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization
REPUBLIC NATIONAL DISTRIBUTING COMPANY
FOUNDATION INC

Employer identification number
45-3842838

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** *exclusively* **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ ___________**

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
- - -- -	

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
- - -- -	

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
- - -- -	

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
- - -- -	