

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### **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.

OMB No 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

ndar year 2015 or tax year beginning OCT	13, 2015	, and ending	DEC 31, 2015	
\$ foundation			A Employer identification	number
			47-5484709	
,	•	Room/suite	B Telephone number	<b>-1</b>
<del></del>			<u> </u>	
	osiai code		U If exemption application is pe	nding, check here
	Initial return of a fo	ormer public charity	D 1. Foreign organizations.	, check here
	Amended return		2. Foreign organizations mee	sting the 85% test.
<del></del>			1	, , , , , , , , , , , , , , , , , , , ,
		ation	· -	
······································		Accrual		•
		<del> </del>		
		basis)		(4)
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	(b) Net investment income	income	(d) Disbursements for charitable purposes (cash basis only)
Contributions, gifts, grants, etc., received	3,100,000.	**		, , , , , , , , , , , , , , , , , , ,
Check fithe foundation is not required to attach Sch. B. Interest on savings and temporary	·	`*`\\\	* * * * * * * .	* * * * * * * * * * * * * * * * * * *
cash investments				× × × × × × × × × × × × × × × × × × ×
		<del></del>		**
				* * *
				* * * * *
assets on line 6a	^^;*	, (		3
Capital gain net income (from Part IV, line 2)		0.		
, -				* * * * * * * * * * * * * * * * * * * *
Gross sales less returns		2 / ×:3		
			`	* * * * * * * * * * * * * * * * * * * *
				* * * * * * * * * * * * * * * * * * * *
	3 100 000	0	0	
			· <del> </del>	0.
		•	0.	<del></del>
Pension plans, employee benefits		1		
	RECEIVE			
Accounting fees		l as i		·
: Other professional fees	DEC 01 201			
	m'			
Depreciation and depletion	OGDEN, L	<u> </u>		¢ A \$ \$
Оссирансу				
Travel, conferences, and meetings				
	20	20	ļ	
•	28.	48.	U •	0.
	28.	28.	.  0	0.
Contributions, gifts, grants paid	0.			0.
Total expenses and disbursements.				
Add lines 24 and 25		28.	0.	0.
				٠
	3,033,3/2.	<u> </u>		
	***	,	0.	(**
LHA For Paperwork Reduction Act Notice, see	instructions.	<u> </u>	<u> </u>	Form <b>990-PF</b> (2015)
-		_		` '
	town, state or province, country, and ZIP or foreign pantanta, GA 30 30 7  k all that apply: X Initial return Address change k type of organization: X Section 501(c)(3) exection 4947(a)(1) nonexempt charitable trust arket value of all assets at end of year Accounting Part II, col. (c), line 16) 3,099,972. (Part I, colu.) Analysis of Revenue and Expenses (the total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))  Contributions, gifts, grants, etc., received Check (here) if the foundation is not required to attach Sch. B interest on savings and temporary cash investments  Dividends and interest from securities a Gross rents  Net rental income or (loss) A Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)  Net short-term capital gain Income modifications Gross sprofit or (loss) Other income Total. Add lines 1 through 11  Compensation of officers, directors, trustees, etc Other employee salaries and wages Pension plans, employee benefits a Legal fees cother professional fees interest Taxes Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses  STMT 1  Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12:  Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)  Cadjusted net income (if negative, enter -0-)	TRANCHI FOUNDATION INC and street (or PO box number if mail is not delivered to street address)  SEMINOLE AVE NE, STE 112  flown, state or province, country, and ZIP or foreign postal code ANTA, GA 30307  k all that apply:   Initial return   Amended return   Address change   Name change   k type of organization:   X Section 501(c)(3) exempt private foundation arket value of all assets at end of year   J Accounting method:   X Cash   Part II, col (c), line 16)   3, 099, 972.   (Part I, column (d) must be on cash.	TANCHI FOUNDATION INC  and street (or PO box number if mail is not delivered to street address)  SEMINOLE AVE NE, STE 112  Wown, state or province, country, and ZIP or foreign postal code  ANTA, GA 30307  k all that apply:  I print a return  Address change  Name change  (a) Revenue and  (a)	TANCHI FOUNDATION INC  and attest for P O hox number if mail is not delivered to street address)  SEMINOLE AVE NE, STE 112  Created and P of the property of t

, For	m 99	0)PF (2015) TAITANCHI FOUNDATION IN				5484709 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	i		f year
		column should be for end-or-year amounts only	(a) Book Value		(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			3,099,972.	3,099,972.
	2	Savings and temporary cash investments				
	3	Accounts receivable ►	* < 1.	4.		* * *
		Less: allowance for doubtful accounts				· · · · · · · · · · · · · · · · · · ·
	4	Pledges receivable ►		•	٧.,	Se v
-	-	Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other	l			
		disqualified persons				
	7	Other notes and loans receivable	***		· · · · · · · · · · · · · · · · · · ·	
		Less: allowance for doubtful accounts ▶				<u> </u>
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ä	10a	Investments - U.S. and state government obligations				
	Ь	Investments - corporate stock				
	С	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis	<u> </u>			.:
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment basis	. , ,			
	' '	Less accumulated depreciation	1			
	15	Other assets (describe >				
	16	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item I)		0.	3,099,972.	3,099,972.
_	17	Accounts payable and accrued expenses				
	18	Grants payable				<b>1</b> , '
w	19	Deferred revenue				<sup>1</sup> , ; ;
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				1
2	21	Mortgages and other notes payable				1
Ë	22					1
		Other Habilities (describe)		•		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	23	Total liabilities (add lines 17 through 22)		0.	0.	, , ´ , , `
	23	Foundations that follow SFAS 117, check here	- <del></del>			<b>1</b> , ••
		and complete lines 24 through 26 and lines 30 and 31.				l <sup>*</sup> ·
S	0.4	Unrestricted				*
ğ	24					
ala	25	Temporarily restricted				
9	26	Permanently restricted  Foundations that do not follow SFAS 117, check here				-
5		, , , ,				
Net Assets or Fund Balances		and complete lines 27 through 31.		0.	0.	× *
ts	27	Capital stock, trust principal, or current funds		0.		4```
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.		
¥.	29	Retained earnings, accumulated income, endowment, or other funds			3,099,972	4 (
ž	30	Total net assets or fund balances		0.	3,099,972	
				^	2 000 072	* *
	31	Total liabilities and net assets/fund balances		0.	3,099,972	• l
P	art	III Analysis of Changes in Net Assets or Fund E	Balances			
1		il net assets or fund balances at beginning of year - Part II, column (a), line	e 30			
	•	st agree with end-of-year figure reported on prior year's return)			1	
2		er amount from Part I, line 27a			2	
3		er increases not included in line 2 (itemize)			3	
4		lines 1, 2, and 3			4	
5		reases not included in line 2 (itemize)				
<u>6</u>	Tota	il net assets or fund balances at end of year (line 4 minus line 5) - Part II, (	column (b), line 30			
						Form <b>990-PF</b> (2015)

523511 11-24-15

47-5484709 Page 2

(a) List and descr	and Losses for Tax on the the kind(s) of property soli rehouse; or common stock, 20	d (e.g., real estate,		( <b>b)</b> I	low acquired - Purchase - Donation	j (c	) Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)
a ,								
NOI	NE			ļ		<u> </u>		
)				<u> </u>				
<u> </u>								
<u> </u>		<del></del>		1	<del></del>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(	(h) Gain or (loss e) plus (f) minus	
								··
Complete only for assets showin	on goin in column (b) and own	nd by the foundation	on 12/31/60			//\ C	ains (Col. (h) gain	minue
Complete only for assets showin							), but not less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				osses (from col.	
)								<del></del>
	∫ If gain, also	enter in Part I, line	7	J				
Capital gain net income or (net ca	ipital loss) 🔪 [f (loss), er	nter -0- ın Part I, line		J	2			
Net short-term capital gain or (los	ss) as defined in sections 1222	?(5) and (6):		`				
If gain, also enter in Part I, line 8,								
If (loss), enter -0- in Part I, line 8			<del> </del>		3			
Part V Qualification U or optional use by domestic private	Inder Section 4940(e					IIICO	e	N/A
section 4940(d)(2) applies, leave t as the foundation liable for the sec "Yes," the foundation does not qua	tion 4942 tax on the distributa	not complete this p	art.					Yes
Enter the appropriate amount in	each column for each year; se	e the instructions be	efore making any	entrie	S.		1	(4)
(a) Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifyi		Net value of n	(c) oncha		issets	Dıstri (col. (b) dı	(d) ibution ratio ivided by col. (c))
2014								
2013							ļ	
2012								
2011							\	
2010			<u> </u>				1	
Total of line 1, column (d)							2	
Average distribution ratio for the	5-year base period - divide the	e total on line 2 by 5	, or by the number	er of y	ears			
the foundation has been in existe	nce if less than 5 years						3	
Enter the net value of noncharital	ble-use assets for 2015 from F	Part X, line 5					4	
Multiply line 4 by line 3							5	
Enter 1% of net investment incor	me (1% of Part I, line 27b)						6	
Add lines 5 and 6							7	
Enter qualifying distributions from	•						8	
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, check the box in Part	VI, line 1b, and com	nplete that part us	ing a	1% tax rate.			

	n 990tPF (2015) TAITANCHI FOUNDATION INC Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	47-	548	4709	ctio	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and enter "N/A" on line 1.		1		Cuo	113)
ıa	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			,		*
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	7.5	·		0.
Ü	of Part I, line 27b	<b>'-</b>				<u> </u>
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			*	,	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	, '			٠, ١
3	Add lines 1 and 2	- 3 -				$\frac{0.0}{0.0}$
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<del></del>				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u>4</u> 5	<del> </del>			0.
	Credits/Payments:	, 3		, *	· į	<u> </u>
	2045	* * * * * * * * * * * * * * * * * * * *				*
	2015 estimated tax payments and 2014 overpayment credited to 2015  Exempt foreign organizations - tax withheld at source  6a  6b			i ji		<u>,                                    </u>
	lax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld  6c  6d		,	, ,		
	Total credits and payments. Add lines 6a through 6d	_	ľ	:		^
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	7				0.
		8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ► Refunded ►  rt VII-A Statements Regarding Activities	11	<u> </u>			
					Vaa	Na
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		<u> </u>	Yes	
	any political campaign?			1a		X
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities.			1		
	Did the foundation file Form 1120-POL for this year?			1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			*		
	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					, '
	managers. > \$ 0.					1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.			1;		·
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	r		1	*	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
_	If "Yes," attach the statement required by General Instruction T					· 4
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		*		4 5 3, 3
	remain in the governing instrument?		-	6	_X_	
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	_X_	
_						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					1 1
	GA					;
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				4	^
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for cale	ndar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S	TMT	2	10	X	

Part VII-A   Statements Regarding Activities (continued)			
•		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	١		
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	┼—	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privilege	I		1,7
If "Yes," attach statement (see instructions)	12	- <del>-</del>	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address ► N/A	<u> 13</u>	X	
website address ► N/A  14 The books are in care of ► RUSSELL MCKELLAR  Telephone no. ► 40	1_311_	1151	
	3030		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	, <u>5030</u>	<u>'</u>	
and enter the amount of tax-exempt interest received or accrued during the year	1 1	N/A	٠
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	<del>l</del>	Yes	No
securities, or other financial account in a foreign country?	16	_	Х
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	S		7,
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
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	🛚 No 📗 📑		, ,
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	_     ;		
a disqualified person?	<b>-</b> 1	ľ	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	∐ No	1	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	J No	٧,	
(5) Transfer any income or assets to a disqualified person (or make any of either available	a	ાં	
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			1 3 4
termination of government service, if terminating within 90 days.)	T No.	ł	* 6
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ا ۱۳۰ ا		:
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	" 1b		x
Organizations relying on a current notice regarding disaster assistance check here	· 🗀 📑	3 .	1
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	_	ļ* *	
before the first day of the tax year beginning in 2015?	1c	1 1	X
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?	∐ No		**
If "Yes," list the years $\blacktriangleright$ ,,,,,,,			,
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			3
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			* * *
	「/A <u>2b</u>	+	<del></del>
c 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.			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	7 No 1:	1.	1 3
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	_ I40   `		
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,	1 4		
	Γ/A   3b	*   `	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		r	
had not been removed from jeopardy before the first day of the tax year beginning in 2015?			<u> </u>
	Form <b>9</b> 9	)0-PF	(2015)

Form 990-PF (2015) TAITANCHI FOUNDATION INC			47-54847	709	P	age 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)			
5a During the year did the foundation pay or incur any amount to:			[			:
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		ĺ	;
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire	<u> </u>	r==-	٠		4
any voter registration drive?	_		es X No	, , <sup>1</sup>	Ì	4
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No		1	,
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section	۰ ا	[\$E]	- , , ,		
4945(d)(4)(A)? (see instructions)			es X No			mend itsi
- (5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		es X No		,	
the prevention of cruelty to children or animals?			es LAL NO	٠,		,
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unisection 53.4945 or in a current notice regarding disaster assistance (see instru		in Regulations	NT / A			
Organizations relying on a current notice regarding disaster assistance check h	•		N/A	5b		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				î		•
expenditure responsibility for the grant?		_ ,	es 🗀 No	3	1	*
If "Yes," attach the statement required by Regulations section 53 494		*/A. L 10	es L No	1 6		•
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				<b>4</b>		
a personal benefit contract?	pay premiums on		es X No			*
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal hanafit contract?		55 LAL 140	6b	''	Х
If "Yes" to 6b, file Form 8870.	croonal benefit contract.		F	00	``\	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	thelter transaction?		es X No	/ <u>;</u>		*
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	-	
Part VIII Information About Officers, Directors, Trust		nagers. Highl		7.0		
Paid Employees, and Contractors	,		,			
1 List all officers, directors, trustees, foundation managers and their	compensation.					
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(4	e) Expe	nse
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	ac	count, d allowan	otner ces
MARGARET BEAR	PRESIDENT		, , ,			
675 SEMINOLE AVE., SUITE 112						
ATLANTA, GA 30307	10.00	0.	0.	.		0.
RUSSELL MCKELLAR	CFO					
675 SEMINOLE AVE., SUITE 112				-		
ATLANTA, GA 30307	10.00	0.	0.	•		0.
				<u> </u>		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	Τ.		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	ac	e) Expe count, d allowand	other
NONE			, , , , , , , , , , , , , , , , , , , ,			
				1		
T. I combon of the combon of t		<u> </u>	<u> </u>			
Total number of other employees paid over \$50,000			<u> </u>			<u> </u>

Total, Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundation	ns, 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	353,087.
c Fair market value of all other assets	
d Total (add lines 1a, b, and c)	353,087.
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	353,087.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	5,296.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	347,791.
6 Minimum investment return. Enter 5% of line 5	17,390.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain	ain
foreign organizations check here  and do not complete this part.)	r
1 Minimum investment return from Part X, line 6	17,390.
2a Tax on investment income for 2015 from Part VI, line 5	
b Income tax for 2015. (This does not include the tax from Part VI.)	
c Add lines 2a and 2b	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	17,390.
4 Recoveries of amounts treated as qualifying distributions4	0.
5 Add lines 3 and 4 5	17,390.
6 Deduction from distributable amount (see instructions) 6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7	17,390.
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	0.
b Program-related investments - total from Part IX-B	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	
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)	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	0.
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	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	0.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifie	s 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	Copus	76475 \$1157 10 2017	2014	17,390.
2 Undistributed income, if any, as of the end of 2015				1,,550.
a Enter amount for 2014 only	THE RESIDENCE OF THE PROPERTY OF THE		0.	padagagar or 2.2 chhadadaaaca daadaannii
ь Total for prior years;				
Excess distributions carryover, if any, to 2015:		0.		
a From 2010			`	
<b>b</b> From 2011	1	,	,	
c From 2012	1 .			
d From 2013	1			
e From 2014	1		*	4
f Total of lines 3a through e	1 · · · · · · o •		, · · · · · · · · · · · · · · · · · · ·	
4 Qualifying distributions for 2015 from		*, .		*
Part XII, line 4: ► \$ 0 .				
a Applied to 2014, but not more than line 2a	1	' '	0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)	. *	0.	< × <sup>2</sup>	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	`		0.
6 Enter the net total of each column as indicated below:		,		
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			•
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	· · · · · · · · · · · · · · · · · · ·	0.		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line	· · · · · · · · · · · · · · · · · · ·	- 0.		
4a from line 2a. Taxable amount - see instr.	** /	,	0.	
f Undistributed income for 2015. Subtract	^	· · · · · · · · · · · · · · · · · · ·	,	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				17,390.
7 Amounts treated as distributions out of				2.75500
corpus to satisfy requirements imposed by				, ;
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	,		
8 Excess distributions carryover from 2010			-	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.	,		
10 Analysis of line 9:	*			
a Excess from 2011	•			
<b>b</b> Excess from 2012				
c Excess from 2013	,			
d Excess from 2014	]			
e Excess from 2015				

523581 11-24-15

Form **990-PF** (2015)

	HI FOUNDATI			47-54	84709 Page 10
Part XIV Private Operating F	<del></del>		A, question 9)	N/A	· · · · · · · · · · · · · · · · · · ·
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			▶ ∟	7	
b Check box to indicate whether the found		ng foundation described ii		4942(j)(3) or 49	(42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2014	Prior 3 years	(d) 2012	(a) Total
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(0) 2012	(e) Total
investment return from Part X for			_		
each year listed				<del>_</del>	
b 85% of line 2a					<u> </u>
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 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			п		
an exempt organization					
(4) Gross investment income  Part XV Supplementary Info	rmation (Comple	to this part only	f the foundatio	n had \$5 000 or me	ore in accets
at any time during t			ii ule loulluallo	11 11au \$5,000 01 111	ore in assets
··	<del></del>	140110113.7			
<ol> <li>Information Regarding Foundation</li> <li>List any managers of the foundation whyear (but only if they have contributed remains to the contributed remains the contributed remains to the contributed remains the contributed remains</li></ol>	no have contributed more		butions received by th	ne foundation before the clo	se of any tax
NONE	<del></del>				·
b List any managers of the foundation wh other entity) of which the foundation ha			or an equally large por	tion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut Check here ► X If the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone num	iber or e-mail address of t	the person to whom appli	cations should be addi	essed:	
b The form in which applications should l	be submitted and informa	tion and materials they st	iould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of ınstıtutıons, o	r other factors:	
523601 11-24-15					Form <b>990-PF</b> (2015)

3 Grants and Contributions Paid During the	fear or Approved for Future P	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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
				— v· - F
NONE				
			ļ	
Total			<b>▶</b> 3a	0,
b Approved for future payment				
				l
NONE				
Tabl	<u> </u>	<u></u>	<u></u> 3b	
Total			<b>▶</b> 3b	0.

g. 500 (	amounts unless otherwise indicated.	Unrelated	usiness income		d by section 512, 513, or 514	(e)
Drogram		(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
_	service revenue:	code	<del></del>	code		
a		_		++		
р						
				++-		
				++		
e		_	<del> </del>	+		
T		_		<del>  </del>		
	and contracts from government agencies		<del></del>	+ +		· · · · · · · · · · · · · · · · · · ·
	thip dues and assessments		<del></del>	++		· · · · · · · · · · · · · · · · · · ·
	n savings and temporary cash					
investme		-		<del>  </del>		
	s and interest from securities			+	,	
	I income or (loss) from real estate:	* ` ` ` ` `	*	` ;	x. · , , · ,	
	financed property			<del>                                     </del>		
	ebt-financed property	<u></u>		ļ ļ.		
Net rental	l income or (loss) from personal					
property				<b></b>		
Other inve	estment income					
Gain or (I	oss) from sales of assets other					
than inve	ntory					
Net incom	ne or (loss) from special events					
Gross pro	ofit or (loss) from sales of inventory					
Other rev	enue:					
a						
b						
		1 1				
		I I				
е						
			0.		0.	
	Add columns (b), (d), and (e)				13	
Subtotal.	Add columns (b), (d), and (e) id line 12, columns (b), (d), and (e)	- <del>L</del>			10	,
Subtotal. Total. Ad se worksh	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculations		•			
Subtotal. Total. Addee workshole	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculations	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad se workshe art XV ne No.	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad se workshe art XV ne No.	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad ee workshe Part XV	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad ee workshe art XV ne No.	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad ee workshe art XV ne No.	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad e workshe art XV ne No.	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad e workshe art XV ne No.	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad e workshe art XV ne No.	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad ee workshe art XV ne No.	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad se workshe art XV ne No.	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad ee workshe Part XV	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad ee workshe Part XV	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad ee workshe Part XV	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad ee workshe Part XV ine No.	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	
Subtotal. Total. Ad ee workshe Part XV ine No.	d line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations  I-B Relationship of Activities  Explain below how each activity for which in	s to the Accon	nplishment of E		Purposes	

523621 11-24-15

L		Exempt Organ		131613 10 6	ana mansactions (	and Neiauons	mps with Noticial	itable	7	
1 Did	the or			of the followin	ig with any other organizati	on described in sec	tion 501(c) of		Yes	No
					?7, relating to political organ		55 1(5) 51		100	
		from the reporting found						1 .		:
(1)	Cash				-			1a(1)		Х
(2)	Othe	r assets						1a(2)		X
<b>b</b> Otl	her tran	rsactions:	= =	-		=			e3:11	
(1)	Sales	of assets to a noncharita	ble exempt organiza	ation				1b(1)		_X_
		hases of assets from a no	· · · · · · · · · · · · · · · · · · ·	organization				1b(2)		_X_
		al of facilities, equipment,						1b(3)		_X_
		bursement arrangements	•		-			1b(4)		X
		s or loan guarantees						1b(5)		<u>X</u>
		rmance of services or me		<del>-</del>				1b(6)		X
		f facilities, equipment, ma				wave chow the fair	market value of the goods, o	1c	oto.	X
							n or sharing arrangement, sl		eis,	
		i) the value of the goods,			cu 1033 man ian market van	oc in any transactio	i or snaring arrangement, si	JOW III		
(a) Line r	<del></del>	(b) Amount involved			e exempt organization	(d) Descriptio	n of transfers, transactions, and s	haring arr	angeme	nts
				N/A						
								<u> </u>		
								·		
		<del></del>			<del>"</del>					
		<del></del>								
	+									
	+	· · · · · · · · · · · · · · · · · · ·	·							
	<u> </u>									
					· · · · · · · · · · · · · · · · · · ·					
				· · · · · · · · · · · · · · · · · · ·						
2a ls 1	the four	ndation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organ	zations described				
ın s	section	501(c) of the Code (other	r than section 501(c	:)(3)) or in sect	ion 527?	_		Yes	X	No
b If "	Yes," co	omplete the following sch								
		(a) Name of org	janization		(b) Type of organization		(c) Description of relationsh	ıp		
		N/A								
					<del></del>					
	Linder	penalties of perjury, declare	that I have examined th	is return, includin	a accompanying cohodules and	statements, and to the	hast of my knowledge			
Sign	and be	eliet it is rue, correctatarid gr	nalete Declaration of p	reparer (other than	g accompanying schedules and n taxpayer) is based on all inform	nation of which prepare	r has any knowledge May	the IRS on with the	liscuss t	his er
Here		$X_{i}Y_{i}$	10VX		11/15/16	BOARD	shov	vn below	(see insi	tr )?
	Siar	nature of officer or trustee	<b></b>	· · · · · · · · · · · · · · · · · · ·	Date	Title	MEMBER	Yes		J No
		Print/Type preparer's na	ame	Preparer's si		Date	Check If PTIN			
							self- employed			
Paid		CARLYE W.	DOOLEY	CARLYE	W. DOOLEY	11/11/16	P00	292	964	
Prepa		Firm's name ► WIN	DHAM BRAN				Firm's EIN ► 58-17			
Use (	Only									
					., NE, SUITE	600				
		AT	LANTA, GA	30326			Phone no. 404-89			
							Fo	rm <b>99</b> 0	)-PF	(2015)

### ·Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	TAITANCHI FOUNDATION INC	47-5484709				
Organization type (chec	:k 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 found	lation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n				
	501(c)(3) taxable private foundation					
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule See instructions.				
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a					
Special Rules						
sections 509(a)( any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lipotor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of EZ, line 1 Complete Parts I and II.	line 13, 16a, or 16b, and that received from				
year, total contr	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					
year, contribution is checked, ento purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recons exclusively for religious, charitable, etc., purposes, but no such contribution er here the total contributions that were received during the year for an exclusival to the parts unless the <b>General Rule</b> applies to this organization able, etc., contributions totaling \$5,000 or more during the year	ns totaled more than \$1,000 If this box vely religious, charitable, etc.,				
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-E2 neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

## TAITANCHI FOUNDATION INC

47-5484709

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GWINNETT INDUSTRIES, INC.  675 SEMINOLE AVENUE, STE. 112  ATLANTA, GA 30307	\$\$.	Person X Payroll  Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	•		Person Payroll Oncash Complete Part II for noncash contributions )

Employer identification number

## TAITANCHI FOUNDATION INC

47-5484709

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) <sup></sup> 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
		-	

FORM 990-PF	OTHER EXPENSES		STATEMENT 1					
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES				
BANK FEES	28.	28.	0.	0.				
TO FORM 990-PF, PG 1, LN 23	28.	28.	0.	0.				
FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 2 PART VII-A, LINE 10								
NAME OF CONTRIBUTOR	ADDR	ESS						
GWINNETT INDUSTRIES, INC.		675 SEMINOLE AVENUE, STE 112 ATLANTA, GA 30307						