










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




For calendar year 2015, or tax year beginning 07-01-2015 , and ending 06-30-2016

Name of foundation CE MENDEZ FOUNDATION INC		<b>A Employer identification number</b> 59-1086491	
Number and street (or P O box number if mail is not delivered to street address) 200 OTTLEY DRIVE		Room/suite  <b>B</b> Telephone number (see instructions) (813) 251-3600	
City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30324		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 20,152,343		<b>J</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	352,633			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments . . . . .	91,882	91,882	91,882	
	<b>4</b> Dividends and interest from securities . . . . .	268,767	268,767	268,767	
	<b>5a</b> Gross rents . . . . .	506,776	506,776	506,776	
	<b>b</b> Net rental income or (loss) <u>352,190</u>				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 	125,107			
	<b>b</b> Gross sales price for all assets on line 6a <u>3,449,962</u>				
	<b>7</b> Capital gain net income (from Part IV , line 2) . . . .		125,024		
	<b>8</b> Net short-term capital gain . . . . .			0	
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances <u>3,038,380</u>				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .	1,757,329			
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .	1,281,051		1,281,051	
	<b>11</b> Other income (attach schedule) . . . . . 	155,626	6,321	155,626	
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	2,781,842	998,770	2,304,102	
	<b>13</b> Compensation of officers, directors, trustees, etc . . . . .	355,000	55,500	55,500	299,500
	<b>14</b> Other employee salaries and wages . . . . .	1,280,211	11,500	11,500	1,268,711
	<b>15</b> Pension plans, employee benefits . . . . .	225,001	3,889	3,889	221,112
	<b>16a</b> Legal fees (attach schedule). . . . . 	7,355	0	0	7,355
	<b>b</b> Accounting fees (attach schedule). . . . . 	85,352	17,931	17,931	67,421
	<b>c</b> Other professional fees (attach schedule) . . . . . 	191,019	0	0	191,019
	<b>17</b> Interest . . . . .	60,424	0	0	60,424
	<b>18</b> Taxes (attach schedule) (see instructions) . . . . . 	90,162	33,196	33,196	56,966
	<b>19</b> Depreciation (attach schedule) and depletion . . . .	208,615	83,784	83,784	
	<b>20</b> Occupancy . . . . .	171,626	0	0	171,626
	<b>21</b> Travel, conferences, and meetings. . . . .	85,855	0	0	85,855
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . . 	424,316	140,351	90,492	262,474
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	3,184,936	346,151	296,292	2,692,463
	<b>25</b> Contributions, gifts, grants paid . . . . .	11,750			11,750
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	3,196,686	346,151	296,292	2,704,213
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	-414,844			
	<b>b Net investment income</b> (if negative, enter -0-)		652,619		
	<b>c Adjusted net income</b> (if negative, enter -0-)			2,007,810	

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			
	<b>2</b>	Savings and temporary cash investments . . . . .	1,464,273	1,900,120	1,900,120
	<b>3</b>	Accounts receivable ▶ <u>319,902</u>			
		Less allowance for doubtful accounts ▶ _____	275,541	319,902	319,902
	<b>4</b>	Pledges receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	<b>5</b>	Grants receivable . . . . .			
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	<b>8</b>	Inventories for sale or use . . . . .	413,672	554,781	554,781
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	90,042	106,154	106,154
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)			
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .	8,101,097 	7,813,234	7,813,234
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .	2,570,238 	1,844,452	1,844,452
	<b>11</b>	Investments—land, buildings, and equipment basis ▶ <u>4,354,999</u>			
<b>Liabilities</b>		Less accumulated depreciation (attach schedule) ▶ <u>454,221</u>	3,954,445 	3,900,778	3,900,778
	<b>12</b>	Investments—mortgage loans . . . . .			
	<b>13</b>	Investments—other (attach schedule) . . . . .	617,379 	758,888	758,888
	<b>14</b>	Land, buildings, and equipment basis ▶ <u>3,917,052</u>			
		Less accumulated depreciation (attach schedule) ▶ <u>963,018</u>	3,055,171 	2,954,034	2,954,034
	<b>15</b>	Other assets (describe ▶ _____)			
	<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	20,541,858	20,152,343	20,152,343
	<b>17</b>	Accounts payable and accrued expenses . . . . .	205,262	195,871	
	<b>18</b>	Grants payable . . . . .			
	<b>19</b>	Deferred revenue . . . . .			
<b>Net Assets or Fund Balances</b>	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b>	Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b>	Other liabilities (describe ▶ _____)	 695,396 	759,325	
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	900,658	955,196	
		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b>	Unrestricted . . . . .	19,641,200	19,197,147	
	<b>25</b>	Temporarily restricted . . . . .			
	<b>26</b>	Permanently restricted . . . . .			
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .			
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	19,641,200	19,197,147	
	<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	20,541,858	20,152,343	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	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) . . . . .	<b>1</b>	19,641,200
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-414,844
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	19,226,356
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____ 	<b>5</b>	29,209
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	19,197,147

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	See Additional Data Table			
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	See Additional Data Table		
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 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	See Additional Data Table		
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	125,024
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	-23,595

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	2,546,021	20,376,194	0 124951
2013	2,236,012	20,537,761	0 108873
2012	2,021,142	19,247,731	0 105007
2011	2,424,663	18,835,649	0 128727
2010	2,729,556	18,937,213	0 144137

2	Total of line 1, column (d).	2	0 611695
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	0 122339
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	19,557,156
5	Multiply line 4 by line 3.	5	2,392,603
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	6,526
7	Add lines 5 and 6.	7	2,399,129
8	Enter qualifying distributions from Part XII, line 4.	8	2,704,213

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 VII

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 . . . . .

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-)

3

Add lines 1 and 2. . . . .

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5

**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

17,304

b

Exempt foreign organizations—tax withheld at source . . . . .

6b

c

Tax paid with application for extension of time to file (Form 8868). . . . .

6c

3,500

d

Backup withholding erroneously withheld . . . . .

6d

7

Total credits and payments. Add lines 6a through 6d. . . . .

8

Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached

9

**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** . . . . .

10

**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**. . . . .

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** ☐ 14,278 **Refunded** ☐

1

6,526

0

6,526

0

6,526

20,804

14,278

0

Part VII-A

Statements Regarding Activities

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? . . . . .		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>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</i>			No
1b				
1c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .			No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a	Yes	
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	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	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> FL, CA, GA, IN, NM			
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? <i>If "No," attach explanation</i> .	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)? <i>If "Yes," complete Part XIV</i> . . . . .	9	Yes	
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	10		No

Form 990-PF (2015)

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) <b>2</b> .	11	Yes	
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? Website address <b>WWW.MENDEZFOUNDATION.ORG</b>	13	Yes	
14	The books are in care of <b>CHARLES E MENDEZ III</b> Telephone no <b>(813) 251-3600</b> Located at <b>200 OTTLEY DRIVE ATLANTA GA</b> ZIP+4 <b>30324</b>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>15</b>			
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? 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 <b>▶</b>	16	Yes	No

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? Organizations relying on a current notice regarding disaster assistance check here. <b>▶</b>	1b		No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶ 20____, 20____, 20____, 20____</b>			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ).	2b		
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 <b>▶ 20____, 20____, 20____, 20____</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)**

<b>5a</b> 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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)?		<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance check here.		<input type="checkbox"/>		
<b>c</b>	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d)				
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>	<b>No</b>
If "Yes" to 6b, file Form 8870				
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>	

**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
See Additional Data Table				

**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
LEON DRAGON 3657 DORAL STREET PALM HARBOR, FL 34685	BUSINESS MANAGER 40 00	115,000	0	0
FREDERICK PHEIL PO BOX 900 FLOWERY BRANCH, GA 30542	INVENTORY MANAGER 40 00	82,000	0	900
CYNTHIA WILEY 606 TIMBER POND DRIVE BRANDON, FL 33510	TRAINING SERVICES MA 40 00	70,000	0	0
CHRISTIANNE POWELL 1810 REBECCA ROAD LUTZ, FL 33548	PRODUCTION SYSTEMS M 40 00	67,000	0	0
KIMBERLY MENENDEZ 2701 N RIDGEWOOD AVENUE TAMPA, FL 33602	SENIOR CURRICULUM DE 40 00	64,000	0	0

<b>Total</b> number of other employees paid over \$50,000.				<b>5</b>
--	--	--	--	----------

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. . . . .		0

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 DIRECT PROGRAM DELIVERY OF TOO GOOD FOR DRUGS WITH FOUNDATION STAFF OF PROFESSIONAL PREVENTION SPECIALISTS THROUGHOUT THE HILLSBOROUGH COUNTY PUBLIC SCHOOLS, WHICH HAS A STUDENT POPULATION OF 175,000. ADDITIONAL ACTIVITIES EMPLOY EVIDENCE-BASED ENVIRONMENTAL STRATEGIES TO ADDRESS COMMUNITY AWARENESS ABOUT SUBSTANCE ABUSE TO FOSTER POSITIVE SOCIETAL NORMS REGARDING SUBSTANCE USE. THESE ACTIVITIES INCLUDE THE TOO GOOD FOR DRUGS WALK AND KIDFEST, CITY OF TAMPA SUMMER PARKS PROGRAM, AND THE TOO GOOD FOR DRUGS JR. GASPARILLA DISTANCE CLASSIC.	756,885
2 PUBLISHES AND DISSEMINATES SOCIAL AND EMOTIONAL LEARNING SKILLS DEVELOPMENT AND PREVENTION EDUCATION MATERIALS FOR K-12 EDUCATORS AND STUDENTS. PRINCIPAL AREAS OF FOCUS INCLUDE SUBSTANCE ABUSE, VIOLENCE, AND BULLYING PREVENTION THROUGH EVIDENCE-BASED AND SCIENCE-BASED SKILLS DEVELOPMENT AND HEALTHY LIFESTYLE PROGRAMS. LONG-RANGE OBJECTIVES ARE TO BUILD HEALTHY RESILIENT CHILDREN EQUIPPED WITH SKILLS NECESSARY TODAY TO NAVIGATE THE SOCIAL AND ENVIRONMENTAL CHALLENGES EXPERIENCED THROUGHOUT THEIR LIVES. ACTIVE CLIENTS INCLUDE 2500 SCHOOL SYSTEMS AND COMMUNITIES THROUGHOUT THE UNITED STATES WITH IMPACTED POPULATIONS EXCEEDING SEVERAL MILLION PEOPLE. OTHER ACTIVITIES INCLUDE OUTREACH AND COLLABORATIONS WITH OTHER ORGANIZATIONS INVOLVED IN NUTRITION EDUCATION THROUGH SCHOOL AND COMMUNITY GARDENS SUPPORTING THE DISTRIBUTION AND ACCESS TO FRESH FOODS TO DISADVANTAGED AREAS OF THE COMMUNITY WITH CONNECTIONS TO LOCALLY GROWN FOODS.	1,676,035
3 THE MISSION IS TO PROMOTE HEALTHY LIVING AND EDUCATE MEMBERS OF THE COMMUNITY ON THE LONG-TERM HEALTH BENEFITS OF EATING FRESH LOCALLY GROWN FRUIT, VEGETABLES, DAIRY AND OTHER FOODS. IMPROVING THE AVAILABILITY OF FRESH LOCALLY GROWN FOODS WILL SUPPORT PUBLIC AND PRIVATE EFFORTS TO ENHANCE OVERALL HEALTH CONDITIONS THROUGH DIET AND REDUCE THE GROWING BURDEN ON OUR HEALTHCARE SYSTEM. THE MISSION GOES EVEN FURTHER TO SUPPORT LOCAL ECONOMIES THROUGH THE GROWTH OF SMALL LOCAL FARMERS THROUGHOUT GEORGIA BY PROVIDING A STABLE AND FAIR MARKET-PRICED DISTRIBUTION SYSTEM TO ENSURE ACCESS TO LOCAL RESTAURANTS, SCHOOLS, COMMUNITY FOOD SERVICES AND ESPECIALLY, CITIZENS IN ECONOMICALLY DEPRIVED AREAS.	528,027
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 N/A	0
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3. . . . .	0



**Part X Minimum Investment Return**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	9,517,226
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	1,985,249
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	8,352,506
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	19,854,981
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	19,854,981
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	297,825
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	19,557,156
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	977,858

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	2,704,213
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	2,704,213
<b>5</b>	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). . . . .	<b>5</b>	6,526
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	2,697,687

**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				
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. . . . .				
d From 2013. . . . .				
e From 2014. . . . .				
f Total of lines 3a through e. . . . .				
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ _____				
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). . . . .				
d Applied to 2015 distributable amount. . . . .				
e Remaining amount distributed out of corpus				
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				
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. . . . .				
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. . . . .				
10 Analysis of line 9				
a Excess from 2011. . . . .				
b Excess from 2012. . . . .				
c Excess from 2013. . . . .				
d Excess from 2014. . . . .				
e Excess from 2015. . . . .				

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. . . . .

1982-01-01

b

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

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years				(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012		
977,858	1,018,810	1,026,888	962,387	3,985,943	
831,179	865,989	872,855	818,029	3,388,052	
2,704,213	2,546,021	2,236,012	2,021,142	9,507,388	
0	0	0	0	0	
2,704,213	2,546,021	2,236,012	2,021,142	9,507,388	

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 e-mail address of the person to whom applications should be addressed

MR CE MENDEZ JR  
200 OTTLEY DRIVE  
ATLANTA, GA 30324  
(813) 251-3600

b

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

WRITTEN REQUEST DESCRIBING THE APPLICANT'S BACKGROUND AND GRANT INTENTIONS

c

Any submission deadlines

N/A

d

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

N/A

Part XV

Supplementary Information(continued)

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

Recipient	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
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total . . . . .</div>			<div>3a</div>	11,750
<div>b Approved for future payment</div>				
<div>Total . . . . .</div>			<div>3b</div>	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

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?

<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of		
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>	<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>	<b>No</b>
<b>b</b> Other transactions		
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>	<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>	<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>	<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>	<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>	<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>	<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>	<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received.		

[illegible]

**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

<b>Sign Here</b>	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.		
	*****	2017-05-11	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name BRETT HENDEE	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00237330
	Firm's name ▶ BRETT HENDEE PA ATTORNEYS AT LAW			Firm's EIN ▶ 59-3530905	
	Firm's address ▶ 1700 SOUTH MACDILL AVE SUITE 200 TAMPA, FL 336295218			Phone no (813) 258-1177	

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

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr )	(d) Date sold (mo , day, yr )
PUBLICLY TRADED SECURITIES	P		
FLASHPOINT INVESTORS I, LLC	P		
SJF VENTURES IIIA, LP	P		
GREENMONT CAPITAL PARTNERS I, LP	P		
SJF VENTURES II, LP	P		
ENTERPRISE PRODUCTS PARTNERS, LP	P		
FLASHPOINT INVESTORS I, LLC	P		
SJF VENTURES IIIA, LP	P		
SALEM INVESTMENT PARTNERS III FUNDING, LLC	P		
PUBLICLY TRADED SECURITIES	P		

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
935,848		964,620	-28,772
		1,058	-1,058
6,235			6,235
		2,004	-2,004
20,841			20,841
84			84
		3,400	-3,400
1,032			1,032
10,967			10,967
2,470,119		2,350,856	119,263

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-28,772
			-1,058
			6,235
			-2,004
			20,841
			84
			-3,400
			1,032
			10,967
			119,263

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

List and describe the kind(s) of property sold (e g , real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
SJF VENTURES II, LP	P		

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

<b>(e)</b> Gross sales price	Depreciation allowed <b>(f)</b> (or allowable)	Cost or other basis <b>(g)</b> plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
1,836			1,836

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69	Excess of col (i) <b>(k)</b> over col (j), if any	
			1,836



**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
CHARLES E MENDEZ JR 2318 WILDERNESS RIDGE SANTA FE,NM 87505	CHAIRMAN/PRESIDENT 30 00	185,000	690	0
YVONNE L MENDEZ 2318 WILDERNESS RIDGE SANTA FE,NM 87505	VICE PRESIDENT 0 50	0	0	0
LAWRENCE D MENDEZ 2607 PARKLAND AVENUE TAMPA,FL 336095352	VICE PRESIDENT/ASST SECRET 0 50	0	0	0
MICHAEL D ANNIS 100 NORTH TAMPA STREET 700 TAMPA,FL 336025804	DIRECTOR 0 50	0	0	0
DR CHARLES F MITCHELL 5258 DIJON DRIVE BATON ROUGE,LA 70809	DIRECTOR 0 50	0	0	0
CHARLES E MENDEZ III 45 CONIFER PARK LANE NE ATLANTA,GA 30342	VICE PRESIDENT/SECRETARY 40 00	170,000	6,031	1,966
HENRY GONZALEZ III 10111 LINDELAAN DRIVE TAMPA,FL 33618	DIRECTOR/TREASURER 0 50	0	0	0
DIANA MENDEZ 2142 BELLE CHEER DRIVE CLEARWATER,FL 33764	DIRECTOR 0 50	0	0	0
JANET Y MENDEZ 2607 PARKLAND AVENUE TAMPA,FL 336095352	DIRECTOR 0 50	0	0	0
MELISSA HOFFMAN 3221 COMMERCE STREET 216 DALLAS,TX 75226	DIRECTOR 0 50	0	0	1,003
LAUREN E MENDEZ 435 CONTINENTAL STREET SANTA CRUZ,CA 95060	DIRECTOR 0 50	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALBUQUERQUE COMMUNITY FOUNDATION 624 TIJERAS AVE NW ALBUQUERQUE,NM 87102	NONE	PC	TO SUPPORT AND SERVE PEOPLE IN THE ALBUQUERQUE AREA	250
BREAST CANCER HOPE CHEST 155 SUNNYNOLL COURT 200 WINSTONSALEM,NC 27106	NONE	PC	TO SUPPORT CANCER RESEARCH	500
CREATIVE SANTA FE 314 READ STREET SANTA FE,NM 87501	NONE	PC	TO STRENGTHEN LOCAL ECONOMY THROUGH ART, CULTURE, TECHNOLOGY, EDUCATION AND INDUSTRY	500
NDI NEW MEXICO 1140 ALTO STREET SANTA FE,NM 87501	NONE	PC	TO PROMOTE THE ARTS TO ENGAGE AND MOTIVATE CHILDREN	3,000
OPEN HAND ATLANTA 181 ARMOUR DRIVE NE ATLANTA,GA 30324	NONE	PC	TO MEET NUTRITION NEEDS AND PROMOTE NUTRITION EDUCATION	7,000
<b>Total . . . . . ▶ 3a</b>				11,750

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
PARK PRIDE 233 PEACHTREE STREET SUITE 1600 ATLANTA, GA 30303	NONE	PC	TO DEVELOP AND IMPROVE PARKS AND GREENSPACES	500
<b>Total . . . . .</b> ► <b>3a</b>				11,750

Form 990PF Part XVI-A Line 11 - Other revenue:

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See the instructions )
11 Other revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
a TEACHING SEMINARS					138,855
b OTHER INCOME					1,832
c GREENMONT CAPITAL PARTNERS I, L P	525990	48			
d SJF VENTURES II, LP	541900	-91			
e ENTERPRISE PRODUCTS PARTNERS, LP	211110	2,123			
f ONEOK PARTNERS, L P	211110	-4,110			
g ARCHROCK PARTNERS, LP	211110	-1,267			
h FLASHPOINT INVESTORS 1 LLC	541900	-37			
i SJF VENTURES IIIA, LP	541900	-13			
j SALEM INVESTMENT PARTNERS III FUNDING, LLC	541900	17,535			
k FLASHPOINT INVESTORS 2, LLC	541900	-45			
l IN-LIEU OF CASH					660
m ABQID FUND I, LP	541900	-4,121			
n PRECISION OCULAR METROLOGY	541900	-1,404			
o ROYALTIES					5,661

**TY 2015 Accounting Fees Schedule****Name:** CE MENDEZ FOUNDATION INC**EIN:** 59-1086491

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING	85,352	17,931	17,931	67,421

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

# **TY 2015 Gain/Loss from Sale of Other Assets Schedule**

**Name:** CE MENDEZ FOUNDATION INC

**EIN:** 59-1086491

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
2004 IZUZU BOX TRUCK	2013-12	PURCHASED	2015-10		3,000	7,000		0	83	4,083

**TY 2015 General Explanation Attachment****Name:** CE MENDEZ FOUNDATION INC**EIN:** 59-1086491

Identifier	Return Reference	Explanation
DEPRECIATION EXPENSE	990-PF, PART I, LINE 19	THE SCHEDULE BELOW LISTS FOR EACH TYPE OF ASSET THE DESCRIPTION OF THE PROPERTY , THE DATE ACQUIRED, THE COST OR OTHER BASIS, THE PRIOR-YEAR ACCUMULATED DEPRECIATION, THE METHOD OF COMPUTATION, THE LIFE, AND THE DEPRECIATION THIS YEAR IN THIS RESPECTIVE ORDER AUTOMOBILES VARIOUS 202,058 115,794 SL 3YRS 23,685OTTLEY BUILDING 2009 2,167,262 328,794 SL 39YRS 55,571OTTLEY IMPROVEMENTS VARIOUS 869,394 116,951 SL 39YRS 23,578OTTLEY BLDG IMPROV VARIOUS 299,836 39,998 SL 39YRS 8,606BUILDING -190 OTTLEY 2013 1,965,600 96,600 SL 39YRS 50,400IMPOVEMENTS-190 OTTLEY 2013 188,195 5,761 SL 39YRS 4,411CEMVEST, LLC FURN 2008 4,866 4,634 SL 7YRS 232MAGNOLIA EQUIP VARIOUS 409,765 400,356 200DB VARIOUS 3,814OTTLEY EQUIP VARIOUS 122,896 84,769 200DB VARIOUS 16,090COMPUTERS VARIOUS 600 180 SL 5YRS 120COOLERS VARIOUS 54,853 8,228 SL 10YRS 5,485FF&E - 190 OTTLEY VARIOUS 300 64 SL 7YRS 43MISC TOOLS & EQUIP VARIOUS 540 270 SL 3YRS 180WEBSITE DEVELOPMENT VARIOUS 49,197 6,818 SL 3YRS 16,399OTTLEY LAND 700,000OTTLEY RIGHT OF WAY 102,288190 OTTLEY LAND 1,134,400

Identifier	Return Reference	Explanation
TRANSFERS FROM CONTROLLED ENTITIES	990-PF, PART VII-A, LINE 11	THE BELOW SCHEDULE LISTS THE TRANSFERS FROM CONTROLLED ENTITIES DURING THE TAX YEAR THE TURNIP TRUCK OF GEORGIA, LLC EIN 46-3920014 190 OTTLEY DRIVE NE ATLANTA, GA 30324 TENANT BUILD-OUT, CAPITAL EQUIPMENT AND WORKING CAPITAL AMOUNT OF TRANSFER 37,745 INTEREST AMOUNT OF TRANSFER 9,651 REBT AMOUNT OF TRANSFER 30,000 EXCESS BUSINESS HOLDING - NO



**TY 2015 Investments Corporate Bonds Schedule****Name:** CE MENDEZ FOUNDATION INC**EIN:** 59-1086491

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MERRILL LYNCH	1,844,452	1,844,452

**TY 2015 Investments Corporate Stock Schedule****Name:** CE MENDEZ FOUNDATION INC**EIN:** 59-1086491

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
WELLS FARGO ADVISORS	4,252,975	4,252,975
MERRILL LYNCH	3,355,502	3,355,502
SEAHORSE POWER COMPANY	128,355	128,355
PAX SCIENTIFIC, INC	1,402	1,402
MODIFI, INC	75,000	75,000

## TY 2015 Investments - Land Schedule

**Name:** CE MENDEZ FOUNDATION INC

**EIN:** 59-1086491

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OTTLEY BUILDING - RENTAL PORTION	1,419,556	251,759	1,167,797	1,167,797
OTTLEY IMPROVEMENTS - RENTAL PORTION	569,453	92,047	477,406	477,406
OTTLEY BUILDING IMPROVEMENTS - RENTAL PORTION	196,393	31,829	164,564	164,564
LAND - OTTLEY - RENTAL PORTION	458,500	0	458,500	458,500
RIGHT OF WAY - OTTLEY - RENTAL PORTION	66,999	0	66,999	66,999
BUILDING - 190 OTTLEY - RENTAL PORTION	982,800	73,500	909,300	909,300
IMPROVEMENTS - 190 OTTLEY - RENTAL PORTION	94,098	5,086	89,012	89,012
LAND - 190 OTTLEY - RENTAL PORTION	567,200	0	567,200	567,200

**TY 2015 Investments - Other Schedule****Name:** CE MENDEZ FOUNDATION INC**EIN:** 59-1086491

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
GREENMONT CAPITAL PARTNERS I, LP	AT COST	27,334	27,334
SJF VENTURES II, LP	AT COST	85,639	85,639
FLASHPOINT INVESTORS 1 LLC	AT COST	20,737	20,737
CTW CODEGUARD INVESTMENT, LLC	AT COST	24,897	24,897
SOCIAL INVESTORS I, LLC	AT COST	119,341	119,341
SJF VENTURES IIIA, LP	AT COST	64,180	64,180
SALEM INVESTMENT PARTNERS III FUNDING, LLC	AT COST	95,692	95,692
FLASHPOINT INVESTORS 2, LLC	AT COST	49,948	49,948
UNREALIZED LOSS ADJUSTMENT	AT COST	158,929	158,929
ABQID FUND 1, LP	AT COST	35,079	35,079
PRECISION OCULAR METROLOGY, LLC	AT COST	18,596	18,596
INNOBRIGHT TECHNOLOGIES, INC	AT COST	41,285	41,285
ENTERPRISE PRODUCTS PARTNERS, LP	AT COST	0	0
ONEOK PARTNERS, LP	AT COST	0	0
ARCHROCK PARTNERS, LP	AT COST	17,231	17,231

# TY 2015 Land, Etc. Schedule

**Name:** CE MENDEZ FOUNDATION INC

**EIN:** 59-1086491

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
AUTOMOBILES	202,058	138,896	63,162	63,162
OTTLEY BUILDING	747,706	132,606	615,100	615,100
OTTLEY IMPROVEMENTS	299,941	48,483	251,458	251,458
OTTLEY BUILDING IMPROVEMENTS	103,443	16,765	86,678	86,678
MAGNOLIA FURNITURE, FIXTURES & COMPUTERS	409,765	404,170	5,595	5,595
OTTLEY FURNITURE, FIXTURES & COMPUTERS	122,896	100,859	22,037	22,037
LAND - OTTLEY	241,500	0	241,500	241,500
RIGHT OF WAY - OTTLEY	35,289	0	35,289	35,289
CEMVEST, LLC - SKYPOINT FURNITURE	4,866	4,866	0	
BUILDING - 190 OTTLEY	982,800	73,500	909,300	909,300
IMPROVEMENTS - 190 OTTLEY	94,098	5,086	89,012	89,012
COMPUTERS	600	300	300	300
COOLERS	54,853	13,713	41,140	41,140
190 OTTLEY - FURNITURE, FIXTURES & COMPUTERS	300	107	193	193
MISC TOOLS & EQUIP	540	450	90	90
LAND - 190 OTTLEY	567,200	0	567,200	567,200
WEBSITE DEVELOPMENT COSTS	49,197	23,217	25,980	25,980

## TY 2015 Legal Fees Schedule

**Name:** CE MENDEZ FOUNDATION INC

**EIN:** 59-1086491

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	7,355	0	0	7,355

**TY 2015 Other Decreases Schedule****Name:** CE MENDEZ FOUNDATION INC**EIN:** 59-1086491

Description	Amount
UNREALIZED LOSS ON SECURITIES	29,209

**TY 2015 Other Expenses Schedule****Name:** CE MENDEZ FOUNDATION INC**EIN:** 59-1086491

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	53,766	0	0	53,766
PUBLIC & COMMUNITY RELATIONS	35,059	0	0	35,059
DUES & SUBSCRIPTIONS	2,757	0	0	2,757
EQUIPMENT EXPENSE	2,703	0	0	2,703
INSURANCE	24,229	0	0	14,196
INVESTMENT FEES	45,711	45,711	45,711	0
MISCELLANEOUS	43,171	49,859	0	-6,688
OFFICE SUPPLIES	13,378	0	0	20,401
PARK EXPENSE	18,114	0	0	18,114
POSTAGE	1,491	0	0	1,491



Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TRAINING & TEACHING MATERIALS	37,726	0	0	23,572
COMPUTER SOFTWARE SUPPORT	31,686	0	0	31,686
BAD DEBT EXPENSE	10,000	0	0	10,000
WEBSITE DEVELOPMENT	18,530	0	0	18,530
MAINTENANCE & REPAIRS	7,039	0	0	2,712
NON-CONTROLLING INCOME	15,157	0	0	15,157
INVESTMENT EXPENSES	5,650	5,650	5,650	0
FUEL	19,018	0	0	19,018
BUILDING MAINTENANCE - 200 OTTLEY	17,828	17,828	17,828	0
INSURANCE - 200 OTTLEY	821	821	821	0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BUILDING MAINTENANCE - 190 OTTLEY	19,703	19,703	19,703	0
INSURANCE - 190 OTTLEY	779	779	779	0

## TY 2015 Other Income Schedule

**Name:** CE MENDEZ FOUNDATION INC

**EIN:** 59-1086491

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
TEACHING SEMINARS	138,855		138,855
OTHER INCOME	1,832		1,832
GREENMONT CAPITAL PARTNERS I, L P	48		48
SJF VENTURES II, LP	-91		-91
ENTERPRISE PRODUCTS PARTNERS, LP	2,123		2,123
ONEOK PARTNERS, L P	-4,110		-4,110
ARCHROCK PARTNERS, LP	-1,267		-1,267
FLASHPOINT INVESTORS 1 LLC	-37		-37
SJF VENTURES IIIA, LP	-13		-13
SALEM INVESTMENT PARTNERS III FUNDING, LLC	17,535		17,535
FLASHPOINT INVESTORS 2, LLC	-45		-45
IN-LIEU OF CASH	660	660	660
ABQID FUND I, LP	-4,121		-4,121
PRECISION OCULAR METROLOGY	-1,404		-1,404
ROYALTIES	5,661	5,661	5,661

**TY 2015 Other Liabilities Schedule****Name:** CE MENDEZ FOUNDATION INC**EIN:** 59-1086491

Description	Beginning of Year - Book Value	End of Year - Book Value
POST-RETIREMENT BENEFITS	695,396	759,325

**TY 2015 Other Professional Fees Schedule****Name:** CE MENDEZ FOUNDATION INC**EIN:** 59-1086491

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONSULTING FEES	191,019	0	0	191,019

**TY 2015 Taxes Schedule****Name:** CE MENDEZ FOUNDATION INC**EIN:** 59-1086491

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LICENSES & FEES	33,082	0	0	33,082
FOREIGN TAXES PAID	1,525	1,525	1,525	0
FEDERAL EXCISE TAX	23,874	0	0	23,874
STATE TAXES	10	0	0	10
REAL ESTATE TAXES - 200 OTTLEY	15,923	15,923	15,923	0
LICENSES & FEES - 200 OTTLEY	335	335	335	0
REAL ESTATE TAXES - 190 OTTLEY	15,413	15,413	15,413	0

**TY 2015 TransfersFrmControlledEntities****Name:** CE MENDEZ FOUNDATION INC**EIN:** 59-1086491

<b>Name</b>	<b>US / Foreign Address</b>	<b>EIN</b>	<b>Description</b>	<b>Amount</b>
THE TURNIP TRUCK OF GEORGIA LLC	190 OTTLEY DR NE ATLANTA, GA 30324	46-3920014	TENANT BUILD-OUT, CAPITAL EQUIPMENT AND WORKING CAPITAL	0
THE TURNIP TRUCK OF GEORGIA LLC	190 OTTLEY DR NE ATLANTA, GA 30324	46-3920014	INTEREST	0
THE TURNIP TRUCK OF GEORGIA LLC	190 OTTLEY DR NE ATLANTA, GA 30324	46-3920014	RENT	0
<b>Total</b>				77,396

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](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Name of the organization	Employer identification number
CE MENDEZ FOUNDATION INC	59-1086491

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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<sup>1</sup>/<sub>3</sub>% 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).



<b>Name of organization</b> CE MENDEZ FOUNDATION INC	<b>Employer identification number</b> 59-1086491
---	---

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	DEPARTMENT OF CHILDREN AND FAMILIES	\$ 327,633	Person <input checked="" type="checkbox"/>
	9393 N FLORIDA AVE		Payroll <input type="checkbox"/>
	TAMPA, FL 33612		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	CITY OF TAMPA PARKS AND RECREATION DEPARTMENT	\$ 25,000	Person <input checked="" type="checkbox"/>
	3402 W COLUMBUS DRIVE		Payroll <input type="checkbox"/>
	TAMPA, FL 33607		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Employer identification number</b>
59-1086491

**Part II** **Noncash Property**  
(see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

Name of organization CE MENDEZ FOUNDATION INC	Employer identification number 59-1086491
--	--

**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	
_____		_____	
_____		_____	
--		_____	
_____		_____	