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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation
REPUBLIC NATIONAL DISTRIBUTING COMPANY FOUNDATION INC

A Employer identification number
45-3842838

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

Room/suite

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

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

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

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

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

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 46,279

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	950,073			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	301	301		
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	950,374	301		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	10	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	1,203	1,203		0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,213	1,203		0
	25	Contributions, gifts, grants paid	983,230			983,230
	26	**Total expenses and disbursements.** Add lines 24 and 25	984,443	1,203		983,230
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-34,069			
	b	**Net investment income** (if negative, enter -0-)		0		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	80,348	46,279	46,279
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	80,348	46,279	46,279
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	80,348	46,279	
	30 **Total net assets or fund balances** (see instructions)	80,348	46,279	
	31 **Total liabilities and net assets/fund balances** (see instructions)	80,348	46,279	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	80,348
2	Enter amount from Part I, line 27a	2	-34,069
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	46,279
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	46,279

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ FRANCIE PURNELL Telephone no ▶ (404) 472-2294

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

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

16	At any time during calendar year 2018, 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?		Yes	No
		16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶			

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2018 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 2018).*	3b		
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 2018?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
EMILE SARTALAMACCHIA 809 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121	CORP DIRCTR TAX 1 00	0	0	0
DENNIS BASHUK ONE NATIONAL DRIVE ATLANTA, GA 30336	FOUNDATION MGR 3 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

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

Total number of other employees paid over $50,000 ▶ 0

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 2018, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation 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 to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

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

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

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

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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEX'S LEMONADE STAND 333 LANCASTER AVE WYNEEWOOD, PA 19355	NONE	PC	COMMUNITY SERVICE	1,500
ALZHEIMER'S COMMUNITY CARE INC 800 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	NONE	PC	COMMUNITY SERVICE	1,000
AMERICAN CANCER SOCIETY 132 W 32ND STREET NEW YORK, NY 10001	NONE	PC	MEDICAL RESEARCH	35,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CRANIOFACIAL ASSOCIATION 522 COMMONS VISTA HUFFMAN, TX 77336	NONE	PC	MEDICAL	700
AMERICAN DIABETES ASSOCIATION 2002 CLIPPER PARK RD BALTIMORE, MD 21211	NONE	PC	MEDICAL RESEARCH	2,300
AMERICAN HEART ASSOCIATION -IN 6500 TECHNOLOGY CENTER DR ZIONSVILLE, IN 46077	NONE	PC	MEDICAL	500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION -IOWA PO BOX 4002902 DES MOINES, IA 50313	NONE	PC	MEDICAL	5,000
AMERICAN HEART ASSOCIATION 105 DECKER CT IRVINE, TX 75062	NONE	PC	MEDICAL	85,000
AMERICAN HEART ASSOCIATION 17777 S HARRISON ST DENVER, CO 80210	NONE	PC	MEDICAL RESEARCH	10,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION 208 S LA SALLE STREET STE 1500 CHICAGO, IL 60604	NONE	PC	MEDICAL REARCH	7,034
AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	NONE	PC	MEDICAL RESEARCH	2,500
AMERICAN LUNG ASSOCIATION 115 W WASHINGTON ST INDIANAPOLIS, IN 46204	NONE	PC	MEDICAL RESEARCH	3,500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARAPAHOE HOUSE 8801 LIPAN STREET - THORNTON COLORADO, CO 80260	NONE	PC	COMMUNITY SERVICE	2,000
ARMED SERVICES YMCA 14040 CENTRAL LOOP WOODBRIDGE, VA 22193	NONE	PC	COMMUNITY SERVICE	10,000
ARTSTREAM INC 8401 CONNECTICUT AVE CHEVY CHASE, MD 20815	NONE	PC	COMMUNITY SERVICE	500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHLAND POLICE FOUNDATION 601 ENGLAND ST ASHLAND, VA 23005	NONE	PC	COMMUNITY SERVICE	600
ATLANTA SYMPHONY YOUTH ORCHESTRA 1280 PEACHTREE ST NE ATLANTA, GA 30309	NONE	PC	COMMUNITY SERVICE	1,000
BAPS ENDORSEMENT81 SUTTONS LANE PASATAWAY, NJ 08854	NONE	PC	RELIGIOUS	1,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAM INC DISTRIBUTORS FOUNDATION 222 MERCHANDISE MART PLAZA CHICAGO, IL 60015	NONE	PC	COMMUNITY SERVICE	25,000
BIG BROTHERSBIG SISTERS OF THE MIDLANDS 10831 OLD MILL RD OMAHA, NE 68154	NONE	PC	COMMUNITY SERVICE	1,000
BISMARK CANCER CENTER FOUNDATION 500 NORTH 8TH STREET BISMARK, ND 58501	NONE	PC	MEDICAL	500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOCA WEST CHILDREN'S FOUNDATION 20583 BOCA WEST DRIVE BOCA RATON, FL 33434	NONE	PC	COMMUNITY SERVICE	3,000
BOYS & GIRLS HARBORPO BOX 848 HOUSTON, TX 77001	NONE	PC	COMMUNITY SERVICE	3,500
BOYS SCOUTS - LINCOLN HERITAGE COUNCIL PO BOX 36273 LOUISVILLE, KY 40233	NONE	PC	COMMUNITY SERVICE	1,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO GAP FOOD & WINE PO BOX 728 BUFFALO GAP, TX 79508	NONE	PC	COMMUNITY SERVICE	6,000
CHILDREN OF RESTAURANT EMPLOYEES LTD 1196-C BUCKHEAD CROSSING WOODSTOCK, GA 30189	NONE	PC	COMMUNITY SERVICE	5,000
CHILDREN'S HOSPITAL 11 MICHIGAN AVE WASHINGTON, DC 20001	NONE	PC	MEDICAL	10,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN'S MIRACLE NETWORK 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	NONE	PC	COMMUNITY SERVICE	5,500
CLEARSHARK CHARITABLE FOUNDATION 7030 DORSEY RD HANOVER, MD 21076	NONE	PC	COMMUNITY SERVICE	5,000
COLLEGE SUCCESS FOUNDATION PO BOX 1976 WOODINVILLE, WA 98072	NONE	PC	COMMUNITY SERVICE	15,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORKS FOR SUPPORTPO BOX 876 BIRMINGHAM, MI 48009	NONE	PC	COMMUNITY SUPPORT	2,500
COVENANT HOUSE461 EIGTH AVE NEW YORK, NY 10001	NONE	PC	COMMUNITY SERVICE	250
CRIMESTOPPERSPO BOX 55249 METAIRIE, LA 70055	NONE	PC	COMMUNITY SERVICE	5,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA, MD 20814	NONE	PC	MEDICAL	250
DAKOTA MEDICAL FOUNDATION 4141 28TH AVE S FARGO, ND 58104	NONE	PC	MEDICAL	1,362
DALLAS AREA HABITAT FOR HUMANITY 2800 N HAMPTON RD DALLAS, TX 75212	NONE	PC	COMMUNITY SERVICE	20,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DARE TO CAREPO BOX 512090 LOS ANGELES, CA 90051	NONE	PC	COMMUNITY SERVICE	2,500
DC METRO FOSTER & ADOPTIVE PARENT ASSOCIATION 1112 11TH ST NW WASHINGTON, DC 20001	NONE	PC	COMMUNITY SERVICE	500
DESERT ANGELS INCPO BOX 210455 AUBUR HILLS, MI 48326	NONE	PC	COMMUNITY SERVICE	2,960
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT WINE ORGANIZATION PO BOX 876 BIRMINGHAM, MI 48012	NONE	PC	COMMUNITY SERVICE	5,000
EKAL VIDYALAYA FOUNDATION 712 HWY 6 S HOUSTON, TX 77077	NONE	PC	COMMUNITY SERVICE	3,000
ELLICOTT CITY PARTNERSHIP PO BOX 92 ELLICOTT CITY, MD 21041	NONE	PC	COMMUNITY SERVICE	1,700
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERIL LAGASSE FOUNDATION 829 ST CHARLES AVENUE NEW ORLEANS, LA 70130	NONE	PC	COMMUNITY SERVICE	20,000
ERIKAS LIGHTHOUSE 897 1/2 GREEN BAY RD WINNETKA, IL 60085	NONE	PC	COMMUNITY SERVICE	250
ESCAPE FAMILY RESOURCE CENTER 1721 PECH ROAD 300 HOUSTON, TX 77055	NONE	PC	COMMUNITY SERVICE	2,500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY COMPASS 11150 SUNSET HILLS RD RESTON, VA 20190	NONE	PC	COMMUNITY SERVICE	2,500
FEEDING AMERICA - KENTUCKY'S HEARTLAND 4900 PUERTO RICO AVE WASHINGTON, DC 20017	NONE	PC	COMMUNITY SERVICE	5,500
FEEDING AMERICA - KENTUCKY'S HEARTLAND PO BOX 821 ELIZABETHTOWN, KY 90037	NONE	PC	COMMUNITY SERVICE	1,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA - MARYLAND FOOD BANK 2200 HALETHORPE FARMS RD BALTIMORE, MD 21227	NONE	PC	COMMUNITY SERVICE	1,000
FIRST SERVE3400 N PORTLAND AVE OKLAHOMA CITY, OK 73112	NONE	PC	COMMUNITY SERVICE	2,500
FOOD BANK FOR THE HEARTLAND 10525 J STREET OMAHA, NE 68127	NONE	PC	COMMUNITY SERVICE	4,500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN HARVEST 21000 GREENFIELD RD OAK PARK, MI 48237	NONE	PC	COMMUNITY SERVICE	1,000
FOUNDATION FOR AUTISM CARE EDUCATION AND SERVICES 18702 AUTUMN BREEZE DR SPRING, TX 77379	NONE	PC	COMMUNITY SERVICE	1,000
FRAIZER HISTORY MUSEUM 829 W MAIN STREET LOUISVILLE, KY 40202	NONE	PC	CULTURAL	5,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE WASHINGTON'S MOUNT VERNON PO BOX 110 MOUNT VERNON, VA 22121	NONE	PC	CULTRUAL	5,000
GILDA'S CLUB 195 WEST HOUSTON STREET NEW YORK, NY 10014	NONE	PC	COMMUNITY SERVICE	6,000
GLEANERS COMMUNITY FOOD BANK 2131 BEAUFAIT ST DETROIT, MI 48207	NONE	PC	COMMUNITY SERVICE	6,500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLEANERS FOOD BANK 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	NONE	PC	COMMUNITY SERVICE	1,116
GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	NONE	PC	COMMUNITY SERVICE	2,000
GONZMART FAMILY FOUNDATION 2117 EAST 7TH AVENUE TAMPA, FL 33605	NONE	PC	COMMUNITY SERVICE	5,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO, ND 58102	NONE	PC	COMMUNITY SERVICE	1,000
GUMMAKONDA REDDY FOUNDATION 1060 NW 3RD ST HALLANDALE, FL 33009	NONE	PC	COMMUNITY SERVICE	2,000
HAND IN HAND MINISTRIES 518 N 26TH ST GARDENA, CA 90248	NONE	PC	RELIGIOUS	1,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVEST HOPE FOOD BANK 2220 SHOP RD COLUMBIA, SC 29201	NONE	PC	COMMUNITY SERVICE	5,000
HEALTHCARE FOR THE HOMELESS 421 FALLSWAY BALTIMORE, MD 21202	NONE	PC	COMMUNITY SERVICE	5,000
HISPANIC COMMUNITY AND EDUCATION FUND 104 LOU JON CIRCLE SAN ANTONIO, TX 78213	NONE	PC	EDUCATIONAL	20,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC SCHOLARSHIP FOUNDATION 1411 W 190TH ST GARDENA, CA 90248	NONE	PC	EDUCATIONAL	10,000
HISTIO CURE FOUNDATION 1600 RIVER OAKS BLVD HOUSTON, TX 77019	NONE	PC	MEDICAL RESEARCH	2,500
HOUSE OF RUTH 607 EAST ST CATHERINE STREET LOUISVILLE, KY 40203	NONE	PC	COMMUNITY SERVICE	2,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON METRO FOP LODGE 98 505 N SAM HOUSTON E STE 304 HOUSTON, TX 77060	NONE	PC	COMMUNITY SERVICE	1,000
JEWISH FEDERATION OF OMAHA 333 SOUTH 132 STREET OMAHA, NE 68154	NONE	PC	COMMUNITY SERVICE	1,000
KENTUCKY HARVEST 7705 NATIONAL TURNPIKE LOUISVILLE, KY 40214	NONE	PC	COMMUNITY SERVICE	1,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIPP INDY PUBLIC SCHOOLS 1740 E 30TH ST INDIANAPOLIS, IN 46218	NONE	PC	EDUCATIONAL	384
KITTIES AND PITTIESPO BOX 767 ELLICOTT CITY, MD 21041	NONE	PC	COMMUNITY SERVICE	2,500
LANGHAM CREEK YMCA 16725 LONGENBAUGH DR HOUSTON, TX 77095	NONE	PC	COMMUNITY SERVICE	1,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY 100 PAINTERS MILL RD OWINGS MILLS, MD 21117	NONE	PC	MEDICAL RESEARCH	1,500
LEUKEMIA & LYMPHOMA SOCIETY 107 WESTPARK BLVD COLUMBIA, SC 29210	NONE	PC	MEDICAL RESEARCH	5,000
LEUKEMIA & LYMPHOMA SOCIETY 9075 N MERIDIAN ST INDIANAPOLIS, IN 46236	NONE	PC	COMMUNITY SERVICE	250
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND UNIVERSITY 700 NORTHERN BLVD GREENVALE, NY 11548	NONE	PC	EDUCATIONAL	5,000
LOUISIANA RESTAURANT ASSOCIATION 2700 N ARNOULT METAIRIE, LA 70002	NONE	PC	COMMUNITY SERVICE	2,500
LOURDES FOUNDATION INC 621 W CENTER ST ROCHESTER, MN 55902	NONE	PC	COMMUNITY SERVICE	1,500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUBBOCK ENTERTAINMENT AND PERFORMING ARTS 1500 BROADWAY ST LUBBOCK, TX 79401	NONE	PC	CULTURAL	600
MAKE A WISH FOUNDATION NEBRASKA 4742 N 24TH STREET SUITE 400 PHOENIX, AZ 85016	NONE	PC	COMMUNITY SERVICE	2,500
MARCH OF DIMES-COLORADO 1325 S COLORADO BLVD STE B-508 DENVER, CO 80222	NONE	PC	MEDICAL	900
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN ANIMAL RESCUE LEAGUE 790 FEATHERSTONE RD PONTIAC, MI 48342	NONE	PC	COMMUNITY SERVICE	2,540
MOMMY HAS BREAST CANCER PO BOX 24106 CINCINNATI OH, OH 45277	NONE	PC	COMMUNITY SERVICE	500
MUHAMMAD ALI CENTER 144 N 6TH STREET LOUISVILLE, KY 40202	NONE	PC	COMMUNITY SERVICE	10,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL ST SUITE 200 NEWTON, MA 02458	NONE	PC	MEDICAL	1,000
NATIONAL FOUNDATION ECTODERMAL DYSPLASIA 6307 SAYE CUT RD COLUMBIA, SC 29209	NONE	PC	COMMUNITY SERVICE	2,500
NATIONAL MULTIPLE SCELORIS SOCIETY HOUSTON PO BOX 848 HOUSTON, TX 77504	NONE	PC	MEDICAL	1,700
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW FREEDOM MINISTRIES 3476 152ND ST CLEVELAND, OH 44120	NONE	PC	COMMUNITY SERVICE	600
NEW ORLEANS CULINARY & HOSPITALITY INSTITUTE 1527 THIRD ST NEW ORLEANS, LA 70130	NONE	PC	COMMUNITY SERVICE	200,000
OKLAHOMA ZOOLOGICAL SOCIETY PO BOX 18424 OKLAHOMA CITY, OK 73154	NONE	PC	COMMUNITY SERVICE	2,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSU ALUMNI220 OLENTANGY RIVER RD COLUMBUS, OH 43210	NONE	PC	COMMUNITY SERVICE	500
PARTNERSHIP 4 KIDS 1004 FARNAM STREET SUITE 200 OMAHA, NE 68102	NONE	PC	COMMUNITY SERVICE	1,500
RDNC RELIEF FUND ONE NATIONAL DRIVE ATLANTA, GA 30336	AFFILIATE	PC	COMMUNITY SERVICE	100,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REACH UNLIMITED INC12777 JONES RD HOUSTON, TX 77070	NONE	PC	COMMUNITY SERVICE	2,500
ROTARY CLUB OF GREENVILLE 310 ASHRIDGE WAY SIMPSONVILLE, SC 29681	NONE	PC	COMMUNITY SERVICE	750
ROTARY CLUB OF KENNER 4245 ARKANSAS AVE KENNER, LA 70065	NONE	PC	COMMUNITY SERVICE	800
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDRA'S HOPE FOUNDATION 2538 MELROSE CANYON DR SAN ANTONIO, TX 46202	NONE	PC	COMMUNITY SERVICE	1,500
SECOND HELPINGS 1121 SOUTHEASTERN AVE INDIANAPOLIS, IN 46202	NONE	PC	COMMUNITY SERVICE	3,000
SEMINOLE REGION CHARITY GOLF TOURNAMENT PO BOX 3070 BOCA RATON, FL 33431	NONE	PC	COMMUNITY SERVICE	14,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARE OUR STRENGTH 1030 15TH SREET NW WASHINGTON, DC 20005	NONE	PC	COMMUNITY SERVICE	3,000
SHRINERS HOSPITALS FOR CHILDREN - FL PO BOX 89912 TAMPA, FL 33689	NONE	PC	MEDICAL	3,000
SIGN OF THE TIMES CULTURAL WORKSHOP & GALLERY 605 56TH ST NE WASHINGTON, DC 20019	NONE	PC	CULTURAL	500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SO OTHERS MIGHT EAT60 O STREET NE WASHINGTON, DC 20001	NONE	PC	COMMUNITY SERVICE	1,000
SONOMA VALLEY VINTNERS & GROWERS 783 BROADWAY SONOMA, CA 95476	NONE	PC	COMMUNITY SERVICE	25,000
SOROPTIMIST INT'L MEMORIAL FUND PO BOX 218 MANTECA, CA 95336	NONE	PC	COMMUNITY SERVICE	500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOS CHILDREN'S VILLAGES 3681 NW 59TH PLACE COCNUT CREEK, FL 33073	NONE	PC	COMMUNITY SERVICE	5,000
SPECIAL OLYMPICS OF FL 1915 DON WICKHAM DR CLERMONT, FL 34711	NONE	PC	COMMUNITY SERVICE	8,640
SPECIAL OLYMPICS OF MI 2275 N OPDYKE RD AUBUR HILLS, MI 48326	NONE	PC	COMMUNITY SERVICE	2,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICSPO BOX 8483 OMAHA, NE 68108	NONE	PC	CUMMINITY SERVICE	354
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PC	MEDICAL RESEARCH	2,000
SWEAT IT OUT - NFED 6307 SAYE CUT RD COLUMBIA, SC 29209	NONE	PC	COMMUNITY SERVICE	2,500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BERNIE GRACE FOUNDATION 14926 MOSS ARCH SAN ANTONIO, TX 78232	NONE	PC	COMMUNITY SERVICE	500
THE HEALING HOUSE707 LEE ST LAFAYETTE, LA 70506	NONE	PC	COMMUNITY SERVICE	2,000
THE JT WALK596A S BIRDNECK RD VIRGINIA BEACH, VA 23451	NONE	PC	COMMUNITY SERVICE	500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE KAREEM JACKSON FOUNDATION 59 CAVALIER BLVD FLORENCE, KY 41042	NONE	PC	COMMUNITY SERVICE	1,500
THE MICHAEL J FOX FOUNDATION PO BOX 4777 NEW YORK, NY 10163	NONE	PC	COMMUNITY SERVICE	25,250
THE SALVATION ARMY 3100 N MERIDIAN ST INDIANAPOLIS, IN 46208	NONE	PC	COMMUNITY SERVICE	5,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TYANNA FOUNDATION 2400 BOSTON STREET BALTIMORE, MD 21224	NONE	PC	COMMUNITY SERVICE	1,000
THE VIRGINIA GENTLEMEN FOUNDATION 2420 ATLANTIC AVENUE SUITE 201 VIRGINIA BEACH, VA 23451	NONE	PC	COMMUNITY SERVICE	14,000
THEODORE ROOSEVELT MEDORA FOUNDATION PO BOX 1696 BISMARCK, ND 58502	NONE	PC	COMMUNITY SERVICE	500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOYS FOR TOTS SERGEANT ANTHONEY S COATS OMAHA, NE 68111	NONE	PC	COMMUNITY SERVICE	11,440
TRAVIS FREDERICK BLOCKING OUT HUNGER FDN 59 CAVALIER BLVD FLORENCE, KY 41042	NONE	PC	COMMUNITY SERVICE	19,500
UCP OF CENTRAL FLORIDA 3305 S ORANGE AVE ORLANDO, FL 32806	NONE	PC	MEDICAL	15,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UJA-FEDERATION OF NEW YORK 130 E 59TH STREET NEW YORK, NY 10022	NONE	PC	RELIGIOUS	20,000
UNIVERSITY HOSPITALS HEALTH SYSTEMS INC 11100 EUCLID AVE CLEVELAND, OH 44106	NONE	PC	MEDICAL	1,000
UNIVERSITY OF THE INCARNATE WORD 4301 BROADWAY SAN ANTONIO, TX 78209	NONE	PC	EDUCATIONAL	5,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVE DES MOINES, IA 50309	NONE	PC	COMMUNITY SERVICE	2,000
VISUALLY IMPAIRED PRESCHOOL SERVICES 110 WEST 42ND ST INDIANAPOLIS, IN 46208	NONE	PC	COMMUNITY SERVICE	1,000
WE CARE FUND5050 EDGEWOOD CT JACKSONVILLE, FL 32254	NONE	PC	COMMUNITY SERVICE	5,000
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECTS 4899 BELFORT ROAD STE 300 JACKSONVILLE, FL 32256	NONE	PC	COMMUNITY SERVICE	2,000
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	PC	COMMUNITY SERVICE	1,500
YOUNG LEADERSHIP COUNCIL PO BOX 56909 NEW ORLEANS, LA 70156	NONE	PC	COMMUNITY SERVICE	7,500
Total . . . . . ▶ **3a**				983,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA CASS CLAY 3000 S UNIVERSITY DR FARGO, ND 58103	NONE	PC	COMMUNITY SERVICE	1,000
Total . . . . . ▶ **3a**				983,230

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491192007049

TY 2018 Other Expenses Schedule

Name: REPUBLIC NATIONAL DISTRIBUTING COMPANY FOUNDATION INC

EIN: 45-3842838

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	1,203	1,203		0

TY 2018 Substantial Contributors Schedule

Name: REPUBLIC NATIONAL DISTRIBUTING COMPANY FOUNDATION INC

EIN: 45-3842838

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491192007049

TY 2018 Taxes Schedule

Name: REPUBLIC NATIONAL DISTRIBUTING COMPANY FOUNDATION INC

EIN: 45-3842838

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES BACK UP WITHHOLDING	10	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491192007049

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
▶ Go to *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2018

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

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REPUBLIC NATIONAL ONE NATIONAL DRIVE ATLANTA, GA 30336	$ 950,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

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

Part II Noncash Property

(See instructions) Use duplicate copies of Part II if additional space is needed

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

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

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

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	