Form 990-PF Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. OMB No. 1545-0052

For calendar year 2015 or tax year beginning , and ending A Employer identification number Name of foundation 58-1867303 THE RAY C. ANDERSON FOUNDATION, INC. Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 1975 (404) 477-1462 1180 W. PEACHTREE STREET, NW City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 30309 ATLANTA, GA G Check all that apply: Initial return Initial return of a former public charity D 1, Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization; Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here ...> I Fair market value of all assets at end of year | J | Accounting method; | X | Cash Accrual F If the foundation is in a 60-month termination, Other (specify) under section 507(b)(1)(B), check here ... (from Part II, col. (c), line 16) 47,328,811. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income 1,001,301 N/A 1 Contributions, gifts, grants, etc., received 2 Check it if the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 1,694,955. STATEMENT 1 1,694,955. 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 342,358. 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 41,005,273. 342,358 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 3,038,614. 2,037,313. 12 Total. Add lines 1 through 11 6,500. 130,000. 123,500. 13 Compensation of officers, directors, trustees, etc. 81,542. 4.292. 85,833. 14 Other employee salaries and wages 15,798. 790. 15,008. 15 Pension plans, employee benefits 23,667. 0. 23,667. STMT 16a Legal fees 6,303. 4,728. STMT 3 11,030. b Accounting fees 475,007. 301,073. 173,933. STMT 4 c Other professional fees 17 Interest 32,683. 0. 0. STMT 5 18 Taxes 1,589. 0. 19 Depreciation and depletion 32,148. 1,607. 30,541. 20 Occupancy 64,179. 64.179. Ο. 21 Travel, conferences, and meetings 833. 833. 0. 22 Printing and publications 208,152. STMT 6 208,781. 630. 23 Other expenses 24 Total operating and administrative 726,083. 1,081,548 321,195 expenses. Add lines 13 through 23 2,604,042 2,644,256. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 3,685,590. 321,195 3,370,339. Add lines 24 and 25 27 Subtract line 26 from line 12; <646,976. & Excess of revenue over expenses and disbursements 1,716,118 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

	Attached spherology and amounts in the decoration	Beginning of year	End of	vear
Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
\neg	Cash - non-interest-bearing	1,062,013.	21,721.	21,721.
	Savings and temporary cash investments	4,113,826.	2,933,390.	2,933,390.
	Accounts receivable ►			
	Less: allowance for doubtful accounts			
- 4	Pledges receivable			
	Less; allowance for doubtful accounts			
١,	Grants receivable			
	Receivables due from officers, directors, trustees, and other			
- `	disqualified persons			
- 1 7	Other notes and loans receivable			
'	Less: allowance for doubtful accounts			
ء اي	Inventories for sale or use			
	Prepaid expenses and deferred charges			
Y AS	la Investments - U.S. and state government obligations			
- '`	b Investments - corporate stock STMT 9	31 590 638	29,090,749.	29,090,749.
	c Investments - corporate bonds STMT 10	4,313,515.	14,403,850.	14,403,850.
₄ ,	66 460	4,010,010	11,103,0301	11/105/0501
- ['	Investments - fand, buildings, and equipment basis Less: accumulated depreciation Less: accumulated depreciation		64,182.	64,182.
1,	Less: accumulated depreciation		01,102.	01/1021
	2 Investments - mortgage loans 3 Investments - other STMT 11	0.	809,494.	809,494.
		0.1	005,4541	000,4041
'	Land, buildings, and equipment: basis			
41	Less: accumulated depreciation Other assets (describe STATEMENT 12)	0.	5,425.	5,425.
	Total assets (to be completed by all filers - see the		0,1101	-,
- "	instructions. Also, see page 1, item I)	41,079,992.	47,328,811.	47,328,811.
11	Accounts payable and accrued expenses	12,0,0,0,0		
	Grants payable			
	Deferred revenue			
∰	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities 5				
ے ا	2 Other liabilities (describe ▶			
- 1	Other Habilities (occorred			
2	3 Total liabilities (add lines 17 through 22)	0.	0.	
- -	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
S 2	Unrestricted			
E 2	5 Temporarily restricted		1	
E 2	6 Permanently restricted			
פ	Foundations that do not follow SFAS 117, check here			
2	and complete lines 27 through 31.			
Ö 2		0.	0.	
St 21		0.	0.	
SS 2		41,079,992.	47,328,811.	
Net Assets or Fund Balance		41,079,992.	47,328,811.	
3	1 Total liabilities and net assets/fund balances	41,079,992.	47,328,811.	

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			-	П	
	(must agree with end-of-year figure reported on prior year's return)				1	41,079,992.
2	Enter amount from Part I, line 27a				2	<646,976.>
3	Other increases not included in line 2 (itemize)	SEE	STATEMENT	7	3	9,077,543.
4	Add lines 1, 2, and 3				4	49,510,559.
5	Decreases not included in line 2 (itemize)	SEE	STATEMENT	8	5	2,181,748.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column	(b), line 30		(7)(7)(1)	6	47,328,811.

Form **990-PF** (2015)

					58-1867303		Page 3			
(a) List and descri	ibe the kind(s) of property sold (e.grehouse; or common stock, 200 sh	., real estate,		P	low ac - Purch - Dona			ite acquired ., day, yr.)	(d) Da (mo., d	te sold ay, yr.)
1a PUBLICLY TRADEI	SECURITIES					P				
b										
С			_						ļ	
d				<u> </u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis) Gain or (los:		
a 41,005,273.	(0. 2)]	0,662,91	5.			V-77		147	,358.
a 41,005,2/3.		-	0,002,71	-						, , , , , , ,
C				-						
d										
e										
	g gain in column (h) and owned by	the foundation	on 12/31/69	\neg		- (1) Gains	(Col. (h) gair	n minus	····
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any			cc		ut not less thates (from col.		
a					-			-	342	,358.
b										
C										
d						·				
e						_				
2 Capital gain net income or (net ca	pital loss) { If gain, also ente	r in Part I, line :)- in Part I, line	7 7	.)[2				342	,358.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, 6	•	nd (6):		J						
If (loss), enter -0- in Part I, line 8			7 N-1	<u> </u>	3	A I		N/A	7	
Part V Qualification U						nent in	come			
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	come	:-)					
If section 4940(d)(2) applies, leave th	is part blank.									
10 Sec. 10 10			ab a base a second							X No
Was the foundation liable for the sect				100?					res	LAL NO
If "Yes," the foundation does not quali 1 Enter the appropriate amount in e	ity under section 4940(e). Do not co	omplete this pa	nt.	ntries						
(a)		iisti uciioiis dei	ure making any e						(d)	
Base period years Calendar year (or tax year beginnir	(b) Adjusted qualifying dis	stributions	Net value of no	(c) nchar		use asset	s	Distr (col. (b) d	(d) ibution ratio ivided by col	. (c))
2014		9,960.		40	. 59	3,82	3.	, , , ,		42370
2013		9,338.				7,80				31972
2012		1,886.				3,25				54754
2011		7,898.				2,71				54226
2010		7,472.				4,39				52598
						•	\neg			
2 Total of line 1, column (d)								2	. 2	35920
3 Average distribution ratio for the 5	5-year base period - divide the total	on line 2 by 5,	or by the number	of ye	ars					
•	nce if less than 5 years						Sales	3	.0	47184
4 Enter the net value of noncharitab	le-use assets for 2015 from Part X,	line 5		Y			5574 A	, <i>'</i>	44,115	,205.
5 Multiply line 4 by line 3							2020	5	2,081	,532.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						aa L	3	17	,161.
7 Add lines 5 and 6								7	2,098	,693.
8 Enter qualifying distributions from	n Part XII, line 4						480 L	3	3,436	,111.

Form **990-PF** (2015)

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.

Form 990-PF (2015) THE RAY C. ANDERSON FOUNDATION Part VI Excise Tax Based on Investment Income (Section 49)			58-1867 948 - see			Page 4 15)
1a Exempt operating foundations described in section 4940(d)(2), check here and	enter "N/A" on I	ine 1.	ALE: ITC-	11 //		
Date of ruling or determination letter; (attach copy of letter if n	ece <u>ssary</u> -see ir	nstructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and e	nter 1%	1	1	7,1	61.
of Part I, line 27b			POS NO.			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4						
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	2		- 4	0.
3 Add lines 1 and 2			3	1	7,1	61.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0	-)	4	- 1	7 1	- 0 •
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5		7,1	<u>0Ι.</u>
6 Credits/Payments:	1 . 1	22,652.				
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	22,032.				
b Exempt foreign organizations - tax withheld at source	6b 6c	12,000.	ATRICE TO			
c Tax paid with application for extension of time to file (Form 8868)	0.4	12,000.	9			
d Backup withholding erroneously withheld 7. Total gradite and payments. Add lines for through fid.	3)	<u> </u>	7	3	4,6	52
 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is at 	tached		8		-, 0	66.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	.taciicu		9			•••
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2010 1000 000 000	10	1	7,4	25.
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax		125 • Refunded ▶	11		.,_	0.
Part VII-A Statements Regarding Activities		I HOLOHOOD	.,,			
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	islation or did it	participate or intervene	in		Yes	No
any political campaign?				1a		Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp			?	16		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a						
distributed by the foundation in connection with the activities.	·					
c Did the foundation file Form 1120-POL for this year?				1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during t	he year:					
(1) On the foundation. > \$ 0. (2) On foundation manage		0.			THE RESERVE	23
e Enter the reimbursement (if any) paid by the foundation during the year for political expen	iditure tax impo	sed on foundation			C2	
managers. > \$ 0.						
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?			2		<u>X</u>
If "Yes," attach a detailed description of the activities.						100
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	-				11/4	1
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chan				3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the y				4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ir?			5		
If "Yes," attach the statement required by General Instruction T.	aithart					
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	emer.					
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandat 	one directions th	nat conflict with the state	lasu			
remain in the governing instrument?	-			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," or				7	X	
r big the logituditor have at least ψο,σου in assets at any time during the year r r res, co	omprote rarti	r, cor. (c), and r are xv				-,/0
8a Enter the states to which the foundation reports or with which it is registered (see instruct GA	tions) 🕨				ì	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney Gener	al (or designate)		LW	<u> </u>	LU,
of each state as required by General Instruction G? If "No," attach explanation	-			8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of						
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				9		Х
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a sche				10		Х
				rm 99 0)-PF	(2015)

Part VII-A Statements Regarding Activities (continued)			
		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	8		
If "Yes," attach statement (see instructions)	12		x
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	\vdash
Website address > HTTP://WWW.RAYCANDERSONFOUNDATION.ORG/	<u> </u>	1	ـــــ
14 The books are in care of ▶ JOHN A. LANIER, EXECUTIVE DIRECTOR Telephone no. ▶ (404	177	7-14	62
Located at > 1180 W. PEACHTREE STREET, NW, ATLANTA, GA ZIP+4			
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	1	I/A	
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,			No
_	16	⊹∵՝	X
securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	2 10		
			111
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			J
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year did the foundation (either directly or indirectly):	(1)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	100		- 19
a disqualified person?			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	100		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
(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)?	100		
(6) Agree to pay money or property to a government official? (Exception. Check "No"			100 L
if the foundation agreed to make a grant to or to employ the official for a period after	1553		
termination of government service, if terminating within 90 days.)			2344
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		X
Organizations relying on a current notice regarding disaster assistance check here	1		100
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	2.00		
before the first day of the tax year beginning in 2015?	1c		x
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		100	
defined in section 4942(j)(3) or 4942(j)(5)):	2-		
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?			
If "Yes," list the years > , , , ,			, Xn
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.) N/A	2Ь		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			1 5
	133		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year? Yes X No	,		0.0
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			9231
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	0.3		
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.) N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	****	1	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Х
	Form 99	_	(2015)

Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Required (continu	ied)		_
5a During the year did the foundation pay or incur any amount to:				1000	
(1) Carry on propaganda, or otherwise attempt to influence legislation (secti			s X No	11	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire		1		
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose		Y6	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizat	ion described in section				
4945(d)(4)(A)? (see instructions)	***************************************	🗀 Ye	s [X] No		
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or t	or		0 0 W	
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described i	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see inst	ructions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	here		▶□ {	10001 11 60 10	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined			
expenditure responsibility for the grant?			s 🔲 No	- 8-	
If "Yes," attach the statement required by Regulations section 53.49	45-5(d)				
				The second	
6a Did the foundation, during the year, receive any funds, directly or indirectly, t a personal benefit contract?		☐ Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b X	
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?	Y6	s X No	14-0	
b If "Yes," did the foundation receive any proceeds or have any net income attr	hutable to the transaction?		N/A	7b	_
Part VIII Information About Officers, Directors, Trus	tees. Foundation Ma	nagers. Highly	<i>,</i>	<u> </u>	_
Paid Employees, and Contractors	, , , , , , , , , , , , , , , , , , , ,		•		
1 List all officers, directors, trustees, foundation managers and the	ir compensation.			<u></u>	
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plan and deferred	(e) Expens account, oth	e
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances	S
		 			_
	╡				
SEE STATEMENT 13	-	130,000.	0	. 0).
D D D D D D D D D D D D D D D D D D D	- · · · · · · · · · · · · · · · · · · ·	 			_
· · · · · · · · · · · · · · · · · · ·	7	1			
	7				
		<u> </u>			
					_
	=				
	┥				
2 Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none	enter "NONE."			
	(b) Title, and average hours per week		(d) Contributions to employee benefit plan and deferred	(e) Expens	e
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation	account, otr	ier S
VALERIE W. BENNETT - 1180 W.		COMMUNICAT			_
PEACHTREE ST., NW, STE. 1975,	40.00	60,000.	0	ا ا).
PEACHIREE SI., NW, SIE. 15/5,	40:00	00,000	<u> </u>	1	<u> </u>
· · · · · · · · · · · · · · · · · · ·					
	-				
	\dashv				
		· · · · · · · · · · · · · · · · · · ·		 	—
	- 			1	
<u> </u>		-		+	—
	-				
			<u> </u>	1	0
Total number of other employees paid over \$50,000			For	m 990-PF (20	_
			ror	229 T I (40	101

Form 990-PF (2015) THE RAY C. ANDERSON FOUNDATION,		-186/3U3 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
STIFEL, NICOLAUS & COMPANY, INC ONE	INVESTMENT	
FINANCIAL PLAZA, 501 N. BROADWAY, ST. LOUIS,	MANAGEMENT	204,337.
NORTHWESTERN MUTUAL INVESTMENT SERVICES, INC.		
611 E. WISCONSIN AVENUE, MILWAUKEE, WI 53202	MANAGEMENT	96,517.
OII E. WISCONSIN AVENUE, MILWACKEE, WI 53202	- HANAGEMENT	30,3271
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod	tical information such as the luced, etc.	Expenses
1 N/A		
I N/A		┥
		
2	<u> </u>	4
		┥
3		4
		4
4		_
		4
Part IX-B Summary of Program-Related Investments	Page 4 and 6	A
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		4
		_
2		
All other program-related investments. See instructions.		
3		
		_

Form **990-PF** (2015)

Total. Add lines 1 through 3

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 41,313,792. 1a a Average monthly fair market value of securities 1b b Average of monthly cash balances 16 c Fair market value of all other assets 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 671,805. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 44,115,205. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 2,205,760. Minimum investment return. Enter 5% of line 5 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.) 2,205,760. Minimum investment return from Part X, line 6 17,161. Tax on investment income for 2015 from Part VI, line 5 17,161. 20 c Add lines 2a and 2b 2,188,599. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 40,213. Recoveries of amounts treated as qualifying distributions 2,228,812. Add lines 3 and 4 Deduction from distributable amount (see instructions) 2,228,812. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 ... Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-8 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the; 3a Suitability test (prior IRS approval required) 3Ь b Cash distribution test (attach the required schedule) 3,436,111. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 17,161. income. Enter 1% of Part I, line 27b 3,418,950. 6 Adjusted qualifying distributions. Subtract line 5 from line 4 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.

Form **990-PF** (2015)

Page 9

Part XIII Undistributed income (see instructions)

1 Distributable amount for 2015 from Part XI,	8,812.
line 7 2 Undistributed income, if any, as of the end of 2015:	0,000
a Enter amount for 2014 only 831,696.	
b Total for prior years;	
0.	
3 Excess distributions carryover, if any, to 2015;	- H- H- Y Y
a From 2010	
bFrom 2011	
c From 2012	
dFrom 2013	
eFrom 2014	
f Total of lines 3a through e O .	
4 Qualifying distributions for 2015 from	
Part XII, line 4: ▶\$ 3, 436, 111.	
a Applied to 2014, but not more than line 2a 831,696.	
b Applied to undistributed income of prior	72 100 22
years (Election required - see instructions)	
c Treated as distributions out of corpus	
0	
	8,812.
e Remaining amount distributed out of corpus 375,603.	
5 Excess distributions carryover applied to 2015	0.
(If an amount appears in column (d), the same amount must be shown in column (a).)	A LONG
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 0.	
e Undistributed income for 2014. Subtract line	
4a from line 2a. Taxable amount - see instr.	
f Undistributed income for 2015. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2016	0.
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	
section 170(b)(1)(F) or 4942(g)(3) (Election	
may be required - see instructions) 0.	
8 Excess distributions carryover from 2010	
not applied on line 5 or line 7	
9 Excess distributions carryover to 2016.	
Subtract lines 7 and 8 from line 6a 375, 603.	
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 375,603.	Henel I

523581 11-24-15

Form **990-PF** (2015)

Part XIV Private Operating Fou	ndations (see in:		II-A, question 9)	N/A	00/303 ragi
1 a If the foundation has received a ruling or de					
foundation, and the ruling is effective for 20					
b Check box to indicate whether the foundation		ng foundation described	in section	4942(j)(3) or	4942(j)(5)
a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1 0040	
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,				1	
line 4 for each year listed					
d Amounts included in line 2c not			 	<u> </u>	
					1
used directly for active conduct of					
exempt activities	 				
e Qualifying distributions made directly for active conduct of exempt activities.					
Subtract line 2d from line 2c					
Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year	3				
listed	 .				
(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	nation /Comple	ete this part on	v if the foundation	n had \$5 000 or i	more in assets
at any time during the	year-see inst	ructions.)	, II III I I I I I I I I I I I I I I I		
Information Regarding Foundation a List any managers of the foundation who h year (but only if they have contributed more	ave contributed more	than 2% of the total co	ontributions received by th	e foundation before the	close of any tax
ONE	-		Tan Lan		
b List any managers of the foundation who cother entity) of which the foundation has a	own 10% or more of t 10% or greater intere	he stock of a corporationst.	n (or an equally large port	on of the ownership of	a partnership or
ONE					
Information Regarding Contribution Check here ► X if the foundation only the foundation makes gifts, grants, etc. (see	makes contributions	to preselected charital	le organizations and does	not accept unsolicited re	equests for funds. If
a The name, address, and telephone number					
b The form in which applications should be	submitted and inform	ation and materials they	r should include:		
c Any submission deadlines:			· · · · · · · · · · · · · · · · · · ·		<u></u>
d Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable fiel	ds, kinds of institutions, or	other factors;	
22501 11 24 15			.	. .	Form 990-PF (2

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of Purpose of grant or show any relationship to Amount contribution any foundation manager or substantial contributor Name and address (home or business) recipient a Paid during the year PC TO SUPPORT THE GRANTS PAID (SEE FORM 990-PF, PART NONE CHARITABLE XV, LINE 3A ATTACHMENT) ENVIRONMENTAL MISSION. ACTIVITIES AND OPERATIONS OF THE 2,644,256. 2,644,256. ▶ 3a Total b Approved for future payment NONE **▶** 3b 0. Total Form **990-PF** (2015)

523611 11-24-15

** SEE PURPOSE OF GRANT CONTINUATIONS

Part XVI-B

Part XVI-A	Analysis of Income-Producing Activitie	s
· · · · · · · · · · · · · · · · · · ·		

Enter gross amounts unless otherwise indicated.	Unrelated business income			d by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue;	code	Amount	code	Amount	function income
a					
b					
c			\perp		
d					
e					·
1					
g Fees and contracts from government agencies					23
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,694,955.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	342,358.	
9 Net income or (loss) from special events		·			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:		•			
a	1 . 1_				
b					
C					
d		<u> </u>			
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	2,037,313.	(
13 Total. Add line 12, columns (b), (d), and (e)					2,037,313

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of
- ▼	the foundation's exempt purposes (other than by providing funds for such purposes).
	
\rightarrow	
	
-	
	
\longrightarrow	
523621 11-24	15 Form 990-PF (2015

Relationship of Activities to the Accomplishment of Exempt Purposes

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

1	Did the or	oanization directly or indir	ectly engage in any o	f the following	with any other organization	n described in sect	ion 501(c) of		Yes	No	
•					, 7, relating to political organi		. ,	150			
a		ransfers from the reporting foundation to a noncharitable exempt organization of:									
•		ash								X	
(2) Other assets								4 403		X	
h						0.6.000.000.00		1-1-7		faxer n	
b Other transactions: (1) Sales of assets to a πoncharitable exempt organization										X	
									-	$\overline{\mathbf{x}}$	
									-	X	
					***************************************					X	
										X	
										$\frac{x}{x}$	
					18					X	
					oloyees				-4-		
d	If the ans	wer to any of the above is	"Yes," complete the to	ollowing sched	dule. Column (b) should alw	vays snow the fair r	narket value of the goods,	, other ass	eis,		
					d less than fair market value	e in any transaction	or snaring arrangement,	snow in			
		d) the value of the goods,				1 (4)	5551 BURG 165.1				
(a)∟	ine no.	(b) Amount involved	(c) Name of		exempt organization	(0) Description	n of transfers, transactions, and	d sharing an	angeme	nts	
				N/A							
_						1					
_		<u></u>									
				-							
											
	-										
			<u> </u>								
	lo the for	andation disastly or indirec	the affiliated with or re	alated to one	or more tax-exempt organiz	zations described					
Zā		NO. 10.			ion 527?			Yes	ΓŸ] No	
		13.00		(3)) OF III SECT	JUII 327 !		and the state of t	103			
0	II Yes, c	omplete the following sch: (a) Name of org			(b) Type of organization	1	(c) Description of relation	nshin			
			Janization .		(b) Type of organization	-	(4) 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
_		N/A									
						-					
	Turan.	e panaltine of analysis I dealess	that I have supplied the	return includi-	g accompanying schedules and	statements and to the	e best of my knowledge —				
٠.		e penalues or perjury, I declare pelief, it is true, correct, and cor	mplete, Declaration of pre	parer (other than	g accompanying screenes and n taxpayer) is based on all inform	nation of which prepare	r has any knowledge.	May the IRS eturn with th	e prepar	er	
21	gn and c				1	DIREC		hown below	(see ins		
110				 	Dot-		TOR	X Yes	- 10	J No	
	Sig	nature of officer or trustee		Dia ai	Date	Title	Chark if DTIA				
		Print/Type preparer's na	ame	Preparer's si	gnature	Date	Check if PTIN self- employed	Y			
							' '		246		
	aid	GREGORY W.				<u> </u>		00054			
	eparer	Firm's name ► MOO	KE STEPHE	NS TIL	PEK PPC		Firm's EIN ► 58 - 0	Jo735	4		
U	se Only	1				2600	<u> </u>				
		Firm's address ▶ 19			ULEVARD, STE	3600		00	000		
		<u> DU</u>	LUTH, GA	30097	· ·	·	Phone no. 770 - 9				
								Form 99	U-PF	(2015)	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

T:	HE RAY C. ANDERSON FOUNDATION, INC.	58-1867303						
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	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
property) from an	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to my one contributor. Complete Parts I and II. See instructions for determining a contri							
Special Rules								
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sull) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 ator, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the EZ, line 1. Complete Parts I and II.	3, 16a, or 16b, and that received from						
year, total contril	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 crueity to children or animals. Complete Parts I, II, and III.							
year, contribution is checked, ente purpose. Do not	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							
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schoon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or other the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Name of organization

Employer identification number

THE RAY C. ANDERSON FOUNDATION, INC.

58-1867303

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF RAY C. ANDERSON C/O KIMBROUGH DAVIS, 1100 PEACHTREE ST, STE 1600 ATLANTA, GA 30309	\$ <u>744,900</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HARRIET & PHIL LANGFORD 186 PINETREE DRIVE LAGRANGE, GA 30240	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	INTERFACE CORP. C/O INTERFACE CORP., 2859 PACES FERRY ROAD, STE. 2000 ATLANTA, GA 30039	\$206,069.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2	6-15	\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THE RAY C. ANDERSON FOUNDATION, INC.

58-1867303

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
-			
-		\$	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			10
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ -			990, 990-EZ, or 990-PF) (

Employer identification number

THE RA	Y C. ANDERSON FOUNDATI	ON, INC.		58-1867303						
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	columns (a) through (e) and the followi	no line entry. For organization	ns						
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or le	ss for the year. Enter this into one	e) ► \$						
(a) No.	Use duplicate copies of Part III if addition	ai space is needed.								
from Part l	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
1 21(1										
		(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee						
Ī			•							
i										
İ										
(a) No.			<u> </u>							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
Parti										
				<u>-</u>						
-	140									
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee						
F										
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
- \\ - \ - \ - \ - \ - \ - \ - \ - \										
		(e) Transfer of gift								
		(e) Hansier or gire								
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee						
		······								
(a) No. from										
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
ŀ		(e) Transfer of gift								
		<u>-</u>								
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee						
Ì										

Form **2220**

Name

Required Annual Payment

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123 2015

Department of the Treasury Internal Revenue Service

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Employer identification number 58-1867303 THE RAY C. ANDERSON FOUNDATION, INC.

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

1	Total tax (see instructions)	1	17,161.			
	Personal holding company tax (Schedule PH (Form 1120), line Look-back interest included on line 1 under section 460(b)(2) contracts or section 167(g) for depreciation under the income	for co	mpleted long-term			
	Credit for federal tax paid on fuels (see instructions)					
d	Total. Add lines 2a through 2c				2d	
	Subtract line 2d from line 1. If the result is less than \$500, do does not owe the penalty				3	17,161.
4	Enter the tax shown on the corporation's 2014 income tax retu or the tax year was for less than 12 months, skip this line ar					47,137.
5	Required annual payment. Enter the smaller of line 3 or line enter the amount from line 3				5	17,161.
	Part II Reasons for Filing - Check the boxes belo	w tha	apply. If any boxes are o	hecked, the corporation i	must file Form 2220	
	even if it does not owe a penalty (see instructions).					
6	The corporation is using the adjusted seasonal installr	nent i	nethod.			
7	X The corporation is using the annualized income install					
8	X The corporation is a "large corporation" figuring its firs			n the prior year's tax.		
F	Part III Figuring the Underpayment					
			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/15	06/15/15	09/15/15	12/15/15
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If]			
	the box on line 8 (but not 6 or 7) is checked, see instructions					•
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% of line 5 above in each column.	10	402.	8,179.	4,290.	913.
11	Estimated tax paid or credited for each period (see				1	
	instructions). For column (a) only, enter the amount					
	from line 11 on line 15	11			16,652.	6,000.
	Complete lines 12 through 18 of one column					
	before going to the next column.	il				
	Enter amount, if any, from line 18 of the preceding column	12				3,781.
13	Add lines 11 and 12	13			16,652.	9,781.
	Add amounts on lines 16 and 17 of the preceding column	14		402.	8,581.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	8,071.	9,781.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		402.	0.	
17	Underpayment, if line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17	402.	8,179.		
18	Overpayment. If line 10 is less than line 15, subtract line 10	\Box				The state of the s
	from line 15. Then go to line 12 of the next column	18			3,781.	
~	to Part IV on page 2 to figure the penelty. Do not up to	Dart	IV if there are no entrie	e on line 17 - no nena	ltv is owed	

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2015)

Form 2220 (2015) THE I

				(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 3rd month	П		(-)	1-7	, , ,	_ _	
	after the close of the tax year, whichever is earlier (see							
	instructions). (Form 990-PF and Form 990-T filers:						1	
	Use 5th month instead of 3rd month.)	19						
20	Number of days from due date of installment on line 9 to the							
	date shown on line 19	20				_	_	
21	Number of days on line 20 after 4/15/2015 and before 7/1/2015	21					+	
22	Underpayment on line 17 x Number of days on line 21 x 3%	22	\$		\$	s	\$	
~~	365		<u> </u>			<u> </u>		
23	Number of days on line 20 after 06/30/2015 and before 10/1/2015	23						
	•							
24	Underpayment on line 17 x Number of days on line 23 x 3%	24	\$		\$	\$	- \$	
	333						1	
25	Number of days on line 20 after 9/30/2015 and before 1/1/2016	25			·		\dashv	
26	Underpayment on line 17 x Number of days on line 25 x 3%	26	\$		\$	\$	\$	
20	365		· · · · · ·					
27	Number of days on line 20 after 12/31/2015 and before 4/1/2016	27		SEE	ATTACHED '	WORKSHEET	_	_
28	Underpayment on line 17 x Number of days on line 27 x 3%	28	\$		\$	\$	\$	
		29						
29	Number of days on line 20 after 3/31/2016 and before 7/1/2016	-23					\dashv	
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$		\$	\$	\$	
	366	Г						
31	Number of days on line 20 after 6/30/2016 and before 10/01/2016	31					-	
					e e	\$	s	
32	Underpayment on line 17 x Number of days on line 31 x *%	32	3		\$	Ψ	+	
22	Number of days on line 20 after 9/30/2016 and before 1/1/2017	33						_
00	Number of days of the 20 area stooks to be also stooks to the	\vdash						
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$		\$	\$	\$	
	366							
35	Number of days on line 20 after 12/31/2016 and before 2/16/2017	35	ļ					
		36	s		\$	\$	s	
30	Underpayment on line 17 x Number of days on line 35 x *%	30	Ψ			1	— *	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$		\$	\$	\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	otal h	ere and on	Form 1120; lir	ne 33;		آ _{مه} آ	6.6
	or the comparable line for other income tax returns						38 \$	66.

Form 2220 (2015)

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter.

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method (see instructions)

Form 1120S filers: For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method (Caution: Use this method only if the base period percentage for any

6 consecutive months is at least 70%. See inst	T	(a)	(b)	(c)	(d)
Enter taxable income for the following periods:		First 3 months	First 5 months	First 8 months	First 11 months
aTax year beginning in 2012	1a		!		
a rax year degitting in Edit					
b Tax year beginning in 2013	1b				
c Tax year beginning in 2014	1c				
2 Enter taxable income for each period for the tax year beginning in					
2015 (see instructions for the treatment of extraordinary items)	2				
Enter taxable income for the following periods:		First 4 months	First 6 months	First 9 months	Entire year
a Tax year beginning in 2012	3a				
b Tax year beginning in 2013	3b				
P Tax your boginning in 2010					
c Tax year beginning in 2014	3c			_	
4 Divide the amount in each column on line 1a by the					
amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the					
amount in column (d) on line 3b	5				┨───
Divide the amount in each column on line 1c by the amount in column (d) on line 3c	6				
7 Add lines 4 through 6	7				
8 Divide line 7 by 3.0	8				
9a Divide line 2 by line 8	9a	_			
b Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9c				
O Figure the tax on the amt on In 9c using the instr for Form					
1120, Sch J, In 2 (or comparable in of corp's return)	10				
1a Divide the amount in columns (a) through (c) on line 3a					
by the amount in column (d) on line 3a	11a				
b Divide the amount in columns (a) through (c) on line 3b					THE STATE OF
by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c					William I.
by the amount in column (d) on line 3c	110				
2 Add lines 11a though 11c	12			-	7.0
3 Divide line 12 by 3.0	13				
4 Multiply the amount in columns (a) through (c) of line 10					1
by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	14				
5 Enter any alternative minimum tax for each payment	- ' 		-		1
period (see instructions)	15				
8 Enter any other taxes for each payment period (see instr)	16				
7 Add lines 14 through 16	17				
8 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions)	18				
9 Total tax after credits, Subtract line 18 from line 17. If					
zero or less, enter -0-	19				

512821 12-31-15 Form **2220** (2015)

* *
Part II Annualized Income Installment Method

			(a)	(b)	(c)	(d)
		_ h	First 2	First 3	First 6	First 9
0 An	inualization periods (see instructions)	20	months	months	months	months
1 En	ter taxable income for each annualization period (see		26,787.	1 110 479	1,481,055.	1.033.816.
ins	structions for the treatment of extraordinary items)	21	20,7071	1,110,110,	1,101,000	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
.2 Ап	inualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
2 3a An	nualized taxable income. Multiply line 21 by line 22	23a	160,722.	4,441,916.	2,962,110.	1,378,418.
	traordinary items (see instructions)	23b		.,		
c Ad	dd lines 23a and 23b	23c	160,722.	4,441,916.	2,962,110.	1,378,418.
24 Fig ins	gure the tax on the amount on line 23c using the structions for Form 1120, Schedule J, line 2 r comparable line of corporation's return)	24	1,607.	44,419.	29,621.	13,784.
	nter any alternative minimum tax for each payment eriod (see instructions)	25				
26 Er	nter any other taxes for each payment period (see instr)	26				
27 To	otal tax. Add lines 24 through 26	27	1,607.	44,419.	29,621.	13,784.
or	or each period, enter the same type of credits as allowed n Form 2220, lines 1 and 2c (see instructions)	28				
	otal tax after credits. Subtract line 28 from line 27. If ero or less, enter -0-	29	1,607.	44,419.	29,621.	13,784.
30 A	pplicable percentage	30	25%	50%	75%	100%
31 M	fultiply line 29 by line 30	31	402.	22,210.	22,216.	13,784.
	t III Required Installments					
	ote: Complete lines 32 through 38 of one column		1st	2nd	3rd installment	4th installment
32 If ea	efore completing the next column. only Part I or Part II is completed, enter the amount in ach column from line 19 or line 31. If both parts are ompleted, enter the smaller of the amounts in each	20	installment 402.	22,210.		
-	olumn from line 19 or line 31 dd the amounts in all preceding columns of line 38	32	402.	22,210	22,210	137,1321
(5	see instructions)	33		402.	8,581.	12,871.
	djusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	402	21,808.	13,635.	913.
C	nter 25% of line 5 on page 1 of Form 2220 in each olumn. Note: "Large corporations," see the instructions or line 10 for the amounts to enter	35	4,290	4,291.	4,290	4,290.
36 S	Subtract line 38 of the preceding column from line 37 of	36		3,888		
	he preceding column		4,290			4,290.
	Add lines 35 and 36	37	4,230	0,179	3,200	2,250.
	Required installments. Enter the smaller of line 34 or ine 37 here and on page 1 of Form 2220, line 10 see instructions)	38	402	8,179	4,290	. 913.

Form 2220 (2015)

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

me(s)	· · · · · · · · · · · · · · · · · · ·			Identifying Numb	
	ANDERSON FOUN			58-1867	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
5/15/15	402.	402.	31	.000082192	
6/15/15	8,179.	8,581.	92	.000082192	. 6
9/15/15	4,290.	12,871.			
9/15/15	<16,652.>	<3,781.>			
.2/15/15	913.	<2,868.>			
2/15/15	<6,000.>	<8,868.>			
12/31/15	0.	<8,868.>	91	.000081967	
3/31/16	0.	<8,868.>	45	.000109290	
			 		
			<u>.</u>		
			-		
		· · · · · · · · · · · · · · · · · · ·			
				-	
		<u> </u>			
nalty Due (Sum of Colur	mπ F).				•

^{*} Date of estimated tax payment, withholding credit date or installment due date.

512511 04-01-15

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECUR	ITIES S'	PATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
INVESTMENT PORTFOLIO	1,694,955.	. (0. 1,694,955.	1,694,955.		
TO PART I, LINE 4	1,694,955.	, (1,694,955.	1,694,955.		
FORM 990-PF		LEGAL	FEES	S	TATEMENT 2	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES		23,667.	0.		23,667.	
TO FM 990-PF, PG 1	, LN 16A ==	23,667.	0.		23,667.	
FORM 990-PF		ACCOUNTI	NG FEES	S	TATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES (TACCOUNTING (BOOKKE		7,880. 3,150.	3,940.		3,940. 788.	
TO FORM 990-PF, PG	1, LN 16B	11,030.	6,303.		4,728.	
FORM 990-PF	0'	THER PROFESSIONAL FEES		STATEMENT 4		
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEM		301,010.	301,010.		0.	
STRATEGIC PLANNING (ENVIRONMENTAL CON CONSULTANT) STRATEGIC PLANNING	CERNS	92,710.	0.		92,710.	
(MARKETING & PUBLI RELATIONS)	С	52,972.	0.		52,972.	

²⁴ STATEMENT(S) 1, 2, 3, 4 17241107 133675 L45365.0 2015.04030 THE RAY C. ANDERSON FOUNDAT L45365_1

THE RAY C. ANDERSON FOUNDAT	CION, INC.)	58-1867303
PAYROLL PROCESSING TECHNOLOGY	1,264. 27,051.	63. 0.		1,200. 27,051.
TO FORM 990-PF, PG 1, LN 16C	475,007.	301,073.		173,933.
FORM 990-PF	TAX	ES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL NII EXCISE TAX	32,683.	0.		0.
TO FORM 990-PF, PG 1, LN 18	32,683.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE & SUPPLIES TELEPHONE & TECHNOLOGY INSURANCE	5,459. 4,381. 2,750.	273. 219. 138.		5,186. 4,162. 2,613.
ASSOCIATION/TEO DUES & MEMBERSHIPS BANK CHARGES DUES & SUBSCRIPTIONS POSTAGE & SHIPPING	3,400. 343. 20. 275.	0. 0. 0.		3,400. 343. 20. 275.
PROFESSIONAL MEMBERSHIPS & LICENCING PUBLIC RELATIONS (RAY DAY) PUBLIC REALTIONS (ADVERTISING & CONTACT	248. 162,549.	0. 0.		248. 162,549.
DEVELOPMENT) TRAINING & DEVELOPMENT	24,872.	0.		24,872.
(STAFF)	4,484.	0.		4,484.
TO FORM 990-PF, PG 1, LN 23	208,781.	630.		208,152.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FU	ND BALANCES	STATEMENT	7
DEGGE A DETON		AMOUNT	
DESCRIPTION			
UNREALIZED PORTFOLIO APPRECIATION NOT RECORDED IN YEARS	9,077,543.		
OTAL TO FORM 990-PF, PART III, LINE 3			
		· · · · · · · · · · · · · · · · · · ·	
FORM 990-PF OTHER DECREASES IN NET ASSETS OR F	UND BALANCES	STATEMENT	8
DESCRIPTION		AMOUNT	
UNREALIZED PORTFOLIO DEPRECIATION BOOK/TAX DIFFERENCE		2,181,74	6.
TOTAL TO FORM 990-PF, PART III, LINE 5		2,181,74	8.
FORM 990-PF CORPORATE STOCK		STATEMENT	9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
EQUITY INVESTMENTS	29,090,749.	29,090,74	19.
TOTAL TO FORM 990-PF, PART II, LINE 10B	29,090,749.	29,090,74	19.
FORM 990-PF CORPORATE BONDS		STATEMENT	10
DESCRIPTION	BOOK VALUE	FAIR MARKET	r
FIXED INCOME INVESTMENTS	14,403,850.	14,403,85	50.
TOTAL TO FORM 990-PF, PART II, LINE 10C	14,403,850.	14,403,8	50.

FORM 990-PF O	THER INVESTMENTS		STATE	EMENT 11	
DESCRIPTION	VALUATION METHOD	BOOK VALUE		FAIR MARKET VALUE 809,494.	
REIT INVESTMENTS	COST	809,49	4.		
TOTAL TO FORM 990-PF, PART II, L	INE 13	809,49	4.	809,494.	
FORM 990-PF	OTHER ASSETS		STATI	EMENT 12	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE		FAIR MARKET VALUE	
FEDERAL NII EXCISE TAX RECEIVABL	E 0.	5,42	25.	5,425.	
TO FORM 990-PF, PART II, LINE 15	0.	5,42	25.	5,425.	
=	ST OF OFFICERS, I D FOUNDATION MANA		STATI	EMENT 13	
TRUSTEES AN	D FOUNDATION MANA	AGERS COMPEN-	EMPLOYEE BEN PLAN		
NAME AND ADDRESS	D FOUNDATION MANA	AGERS	EMPLOYEE BEN PLAN	EXPENSE	
TRUSTEES AN	TITLE AND AVRG HRS/WK	AGERS COMPEN-	EMPLOYEE BEN PLAN	EXPENSE	
NAME AND ADDRESS MARY ANNE ANDERSON LANIER 1180 W. PEACHTREE ST., NW, STE. 1975 ATLANTA, GA 30309 JOHN ANDERSON LANIER	TITLE AND AVRG HRS/WK PRESIDENT	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
NAME AND ADDRESS MARY ANNE ANDERSON LANIER 1180 W. PEACHTREE ST., NW, STE. 1975 ATLANTA, GA 30309	TITLE AND AVRG HRS/WK PRESIDENT 10.00	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
NAME AND ADDRESS MARY ANNE ANDERSON LANIER 1180 W. PEACHTREE ST., NW, STE. 1975 ATLANTA, GA 30309 JOHN ANDERSON LANIER 1180 W. PEACHTREE ST., NW, STE. 1975 ATLANTA, GA 30309 HARRIET ANDERSON LANGFORD	TITLE AND AVRG HRS/WK PRESIDENT 10.00 EXECUTIVE DIRE	COMPEN- SATION 0.	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
NAME AND ADDRESS MARY ANNE ANDERSON LANIER 1180 W. PEACHTREE ST., NW, STE. 1975 ATLANTA, GA 30309 JOHN ANDERSON LANIER 1180 W. PEACHTREE ST., NW, STE. 1975 ATLANTA, GA 30309	TITLE AND AVRG HRS/WK PRESIDENT 10.00 EXECUTIVE DIRECT	COMPEN- SATION 0.	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
NAME AND ADDRESS MARY ANNE ANDERSON LANIER 1180 W. PEACHTREE ST., NW, STE. 1975 ATLANTA, GA 30309 JOHN ANDERSON LANIER 1180 W. PEACHTREE ST., NW, STE. 1975 ATLANTA, GA 30309 HARRIET ANDERSON LANGFORD 1180 W. PEACHTREE ST., NW, STE.	TITLE AND AVRG HRS/WK PRESIDENT 10.00 EXECUTIVE DIRM 40.00 TRUSTEE	COMPEN- SATION 0. ECTOR 130,000.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENSE ACCOUNT 0.	

THE RAY C. ANDERSON FOUNDATION, INC.	RSON FOUNDATION, INC. 58-1		867303
JAMES A. LANIER TRUSTEE 1180 W. PEACHTREE ST., NW, STE.			
1975 ATLANTA, GA 30309	0.	0.	0.
TOTALS INCLUDED ON 990-PF. PAGE 6 PART VIII	130 000		