



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



Form 990-PF

## 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. By law, the IRS cannot redact the information on the form.
- Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2013

Open to Public Inspection

For calendar year 2013, or tax year beginning 01-01-2013, and ending 12-31-2013

Name of foundation Oarsmen Foundation		A Employer identification number 33-0754362
Number and street (or P O box number if mail is not delivered to street address) 25550 HAWTHORNE BLVD		Room/suite
City or town, state or province, country, and ZIP or foreign postal code TORRANCE, CA 90505		
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 16,517,153	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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)	2,717,670			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	72,460	72,460	72,460	
4	Dividends and interest from securities. . . . .	377,700	377,700	377,700	
5a	Gross rents . . . . .				
b	Net rental income or (loss) _____				
6a	Net gain or (loss) from sale of assets not on line 10	272,463			
b	Gross sales price for all assets on line 6a 6,038,537				
7	Capital gain net income (from Part IV, line 2) . . . . .		272,463		
8	Net short-term capital gain . . . . .			85,529	
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) . . . . .	-\$1,801	-\$1,801		
12	<b>Total.</b> Add lines 1 through 11 . . . . .	3,438,492	720,822	535,689	
Operating and Administrative Expenses					
13	Compensation of officers, directors, trustees, etc				
14	Other employee salaries and wages . . . . .				
15	Pension plans, employee benefits . . . . .				
16a	Legal fees (attach schedule) . . . . .				
b	Accounting fees (attach schedule) . . . . .	4,923	4,923		
c	Other professional fees (attach schedule) . . . . .				
17	Interest . . . . .	277	277		
18	Taxes (attach schedule) (see instructions)	-\$15,260	-\$15,260		
19	Depreciation (attach schedule) and depletion . . . . .				
20	Occupancy . . . . .				
21	Travel, conferences, and meetings . . . . .				
22	Printing and publications . . . . .				
23	Other expenses (attach schedule) . . . . .	-\$82,193	-\$82,193		
24	<b>Total operating and administrative expenses.</b>	102,653	102,653	0	
25	Contributions, gifts, grants paid. . . . .	743,050		743,050	
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	845,703	102,653	743,050	
27	Subtract line 26 from line 12				
a	<b>Excess of revenue over expenses and disbursements</b>	2,592,789			
b	<b>Net investment income</b> (if negative, enter -0-) . . . . .		618,169		
c	<b>Adjusted net income</b> (if negative, enter -0-) . . . . .			535,689	

<b>Part III</b> <b>Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>				
1	Cash—non-interest-bearing . . . . .	340,705	127,255	127,255
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) ► 276,455			
	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) . . . . .	11,125,504	11,952,381	16,113,443
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	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	11,466,209	12,356,091	16,517,153
<b>Liabilities</b>				
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 ► )	330,000		
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	330,000		0
<b>Net Assets or Fund Balances</b>				
24	Unrestricted . . . . .			
25	Temporarily restricted . . . . .			
26	Permanently restricted . . . . .			
27	<b>Foundations that follow SFAS 117, check here ►</b> <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
28	Capital stock, trust principal, or current funds . . . . .	11,136,209	12,356,091	
29	Paid-in or capital surplus, or land, bldg , and equipment fund			
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	11,136,209	12,356,091	
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	11,466,209	12,356,091	

**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	11,136,209
2	Enter amount from Part I, line 27a . . . . .	2	2,592,789
3	Other increases not included in line 2 (itemize) ►	3	5,847
4	Add lines 1, 2, and 3 . . . . .	4	13,734,845
5	Decreases not included in line 2 (itemize) ►	5	1,378,754
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	12,356,091

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

1a See Additional Data Table

b

c

d

e

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
-----------------------	---	--	--

a See Additional Data Table

b

c

d

e

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69      (j) Adjusted basis as of 12/31/69      (k) Excess of col (i) over col (j), if any

(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))

a See Additional Data Table

b

c

d

e

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	272,463
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	85,529

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2012	530,328	11,436,413	0 04637
2011	506,031	10,936,125	0 04627
2010	407,685	10,253,185	0 03976
2009	415,291	8,203,195	0 05063
2008	425,795	8,281,260	0 05142

2 Total of line 1, column (d).	2	0 23445
--------------------------------	---	---------

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 04689
--	---	---------

4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.	4	14,050,684
---	---	------------

5 Multiply line 4 by line 3.	5	658,837
------------------------------	---	---------

6 Enter 1% of net investment income (1% of Part I, line 27b).	6	6,182
---	---	-------

7 Add lines 5 and 6.	7	665,019
----------------------	---	---------

8 Enter qualifying distributions from Part XII, line 4.	8	743,050
---	---	---------

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
b	Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>	1	6,182
c	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	2	
3	Add lines 1 and 2. . . . .	3	6,182
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	6,182
6	Credits/Payments		
a	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	6,240
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments Add lines 6a through 6d. . . . .	7	6,240
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	58
11	Enter the amount of line 10 to be <b>Credited to 2014 estimated tax</b> <input type="checkbox"/> 58 <b>Refunded</b> <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
1c	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>				
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1) On the foundation</b> <input type="checkbox"/> \$ _____ <b>(2) On foundation managers</b> <input type="checkbox"/> \$ _____				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>			<b>Yes</b>	<b>No</b>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> CA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>			<b>Yes</b>	<b>No</b>
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

**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). . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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) . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Website address ► N/A

14	The books are in care of ► GL SCHULER Located at ► 25550 HAWTHORNE BLVD SUITE 310 TORRANCE CA	Telephone no ► (310) 791-3343 ZIP +4 ► 90505
----	--	---

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . .	<input checked="" type="checkbox"/> 15
----	--	--

16	At any time during calendar year 2013, 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? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
----	---	---	-----------------------------

See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ►

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

1a	During the year did the foundation (either directly or indirectly)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 page 20 of the instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 2013 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 2013) . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2013? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

<b>5a</b>	During the year did the foundation pay or incur any amount to		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions). . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . .		
	Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		
	<i>If "Yes" to 6b, file Form 8870.</i>		
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		

## **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)**

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

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

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

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

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 _____ _____	
2 _____ _____	

All other program-related investments See page 24 of the instructions

**3** \_\_\_\_\_  
\_\_\_\_\_  
**Total.** Add lines 1 through 3

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	14,030,695
b	Average of monthly cash balances. . . . .	1b	233,959
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	14,264,654
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	14,264,654
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	213,970
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	14,050,684
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	702,534

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	702,534
2a	Tax on investment income for 2013 from Part VI, line 5. . . . .	2a	6,182
b	Income tax for 2013 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	6,182
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	696,352
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	696,352
6	Deduction from distributable amount (see instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	696,352

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	743,050
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the	3a	
a	Suitability test (prior IRS approval required). . . . .	3b	
b	Cash distribution test (attach the required schedule). . . . .	4	743,050
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	5	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	6	6,182
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	736,868

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7				696,352
<b>2</b> Undistributed income, if any, as of the end of 2013				
<b>a</b> Enter amount for 2012 only. . . . .			547,511	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2013				
<b>a</b> From 2008. . . . .				
<b>b</b> From 2009. . . . .				
<b>c</b> From 2010. . . . .				
<b>d</b> From 2011. . . . .				
<b>e</b> From 2012. . . . .				
<b>f Total of lines 3a through e. . . . .</b>				
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4 ► \$ _____ 743,050				
<b>a</b> Applied to 2012, but not more than line 2a			547,511	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2013 distributable amount. . . . .				195,539
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .				500,813
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2009. . . . .				
<b>b</b> Excess from 2010. . . . .				
<b>c</b> Excess from 2011. . . . .				
<b>d</b> Excess from 2012. . . . .				
<b>e</b> Excess from 2013. . . . .				

**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 2013, enter the date of the ruling. <input type="text"/>			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)****1 Information Regarding Foundation Managers:**

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

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

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

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

a The name, address, and telephone number 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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b> See Additional Data Table				
<b>Total</b> . . . . .			► 3a	743,050
<b>b Approved for future payment</b>				
<b>Total</b> . . . . .			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
a					
b					
c					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments. . . . .					
			14	72,460	
<b>4</b> Dividends and interest from securities. . . . .			14	377,700	
<b>5</b> Net rental income or (loss) from real estate					
a Debt-financed property. . . . .					
b Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property. . . . .					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory. . . . .			18	270,097	2,366
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory. . . . .					
<b>11</b> Other revenue a Granite R/E Investment			109		
b KINDER MORGAN PARTNERSHIP			-1,910		
c					
d					
e					
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .			-1,801		
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . .				720,257	2,366
					720,822

(See worksheet in line 13 instructions to verify calculations )



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

<b>(a)</b> List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo, day, yr)	<b>(d)</b> Date sold (mo, day, yr)
Short-Term MORGAN STANLEY #131282	P	2013-01-01	2013-12-31
Long-Term MORGAN STANLEY #131282	P	2012-01-01	2013-12-31
Short-Term FIDELITY INVESTMENTS #114740	P	2013-01-01	2013-12-31
Short-Term FIDELITY INVESTMENTS #477842-1	P	2013-01-01	2013-12-31
Short-Term WELLS FARGO #0364	P	2013-01-01	2013-12-31
Long-Term WELLS FARGO #0364	P	2012-01-01	2013-12-31
Short-Term WELLS FARGO #0368	P	2013-01-01	2013-12-31
Long-Term WELLS FARGO #0368	P	2012-01-01	2013-12-31
Short-Term WELLS FARGO #8758	P	2013-01-01	2013-12-31
Long-Term WELLS FARGO #8758	P	2012-01-01	2013-12-31
Short-Term WHITTIER TRUST #9305	P	2013-01-01	2013-12-31
Long-Term WHITTIER TRUST #9305	P	2012-01-01	2013-12-31
Long-Term UNIONBANC INVESTMENT #021326	P	2012-01-01	2013-12-31
KINDER MORGAN PARTNERSHIP	P	2012-01-01	2013-12-31
Capital Gain Dividends			

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

<b>(e) Gross sales price</b>	<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g)</b>
236,068		267,757	-31,689
1,032,676		1,142,137	-109,461
756,887		696,431	60,456
463,851		465,764	-1,913
21,362		16,500	4,862
171,935		118,920	53,015
304,289		264,777	39,512
196,057		168,419	27,638
208,239		200,012	8,227
196,531		154,251	42,280
481,887		475,813	6,074
800,531		627,420	173,111
1,165,858		1,167,850	-1,992
		23	-23
			2,366

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))</b>
<b>(i) F M V as of 12/31/69</b>	<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col (i) over col (j), if any</b>	
			-31,689
			-109,461
			60,456
			-1,913
			4,862
			53,015
			39,512
			27,638
			8,227
			42,280
			6,074
			173,111
			-1,992
			-23

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

<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
GL SCHULER	Vice President 0 00	0		
25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505				
ROSLIE T SCHULER	Secretary 0 00	0		
25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505				
HUNT SCHULER	Vice President 0 00	0		
10490 SW 136TH PLACE BEAVERTON, OR 97008				
SCOTT D SCHULER	Vice President 0 00	0		
285 W 6TH STREET 518 SAN PEDRO, CA 90731				
KIMBERLY S WHITCOMBE	President 0 00	0		
2800 VIA SEGOVIA PALOS VERDES ESTATES, CA 90274				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
OHSU MS CENTER OF OREGON 1121 SW SALMON STREET 200 PORTLAND, OR 97205	NONE	PUBLIC	FUNDS FOR CHARITY	25,000
PROVIDENCE LITTE COMPANY OF MARY FO 4101 TORRANCE BLVD TORRANCE, CA 90503	NONE	PUBLIC	FUNDS FOR CHARITY	20,000
ROLLING HILLS CONVENTION CHURCH 2222 PALOS VERDES DRIVE NORTH ROLLING HILL ESTATES, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	180,200
PROJECT MEXICO 7 EL PORTAL PALOS VERDES ESTATES, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
HIS NESTING PLACE 350 EAST MARKET STREET LONG BEACH, CA 90805	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
PENINSULA EDUCATION FOUNDATION PO BOX 2632 PALOS VERDES PENINSU, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	15,000
SOWERS INTERNATIONAL PO BOX 2260 ORANGE, CA 92859	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
WORLD VISION PO BOX 70200 TACOMA, WA 98481	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
YOUNG LIFE PO BOX 520 COLORADO SPRINGS, CO 80901	NONE	PUBLIC	FUNDS FOR CHARITY	15,000
LUIS PALAU EVANGELISTIC ASSOC PO BOX 50 PORTLAND, OR 97207	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
TORRANCE MEMORIAL MEDICAL CEN 3330 LOMITA BLVD TORRANCE, CA 90505	NONE	PUBLIC	FUNDS FOR CHARITY	32,000
BIOLA UNIVERSITY 13800 BIOLA AVENUE LA MIRADA, CA 90639	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
CHRYSALIS 1857 LINCOLN BLVD SANTA MONICA, CA 90404	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
PROVIDENC TRINITYCARE HOSPICE FOUND 2601 AIRPORT DRIVE SUITE 230 TORRANCE, CA 90505	NONE	PUBLIC	FUNDS FOR CHARITY	3,500
<b>Total . . . . .</b>			<b>► 3a</b>	<b>743,050</b>

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
PV HIGH SCHOOL BOOSTER CLUB PO BOX 818 PALOS VERDES ESTATES, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
CALIFORNIA HIGHWAY PATROL 2244 NORTH STATE COLLEGE BOULEVARD FULLERTON, CA 92831	NONE	PUBLIC	FUNDS FOR CHARITY	500
HABITAT FOR HUMANITY 17700 S FIGUEROA STREET LOS ANGELES, CA 90248	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
LITTLE SISTERS OF THE POOR 2100 SOUTH WESTERN AVE SAN PEDRO, CA 90732	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
NORRIS CENTER PERFORMING ARTS 27570 CROSSFIELD DRIVE ROLLING HILLS ESTATE, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
TORRANCE-SOUTH BAY YMCA 2900 W SEPULVEDA BLVD TORRANCE, CA 90505	NONE	PUBLIC	FUNDS FOR CHARITY	3,000
PALOS VERDES ART CENTER 550 DEEP VALLEY DRIVE ROLLING HILLS ESTATE, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	75,000
BEACON LIGHT MISSION 525 BROAD AVENUE WILMINGTON, CA 90744	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
LOS ANGELES MISSION 303 EAST 5TH STREET LOS ANGELES, CA 90013	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
USC NORRIS CANCER CENTER PO BOX 80220 LOS ANGELES, CA 90080	NONE	PUBLIC	FUNDS FOR CHARITY	1,000
PENINSULA COMMITTEE CHILDREN HOSPITAL PO BOX 801 ROLLING HILLS ESTATE, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	25,000
JANE'S HOUSE PO BOX 167 PORT ORCHARD, WA 98366	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2440 S SEPULVEDA BLVD STE 115 LOS ANGELES, CA 90064	NONE	PUBLIC	FUNDS FOR CHARITY	5,500
THE RIVER CHURCH OF THE SOUTH BAY 44 HITCHING POST ROLLING HILLS ESTATE, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
SOLID ROCK 10500 SW NIMBUS AVE PORTLAND, OR 97008	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
<b>Total . . . . .</b>				743,050
			► 3a	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
JACKSON HOLE LAND TRUST PO BOX 2897 JACKSON, WY 83001	NONE	PUBLIC	FUNDS FOR CHARITY	500
SONSHINE SPECIALIZED CAMPING MINIST PO BOX 1527 WOODBRIDGE, CA 95258	NONE	PUBLIC	FUNDS FOR CHARITY	15,000
HORIZON CHRISTIAN COMMUNITY CHURCH 7427 SW COHO CT TUATALIN, OR 97062	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
LOS ANGELES BIOMED 1124 WEST CARSON ST BLDG N-14RM21 TORRANCE, CA 90502	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
PENNINSULA SYMPHONY ASSOC PO BOX 2602 PALOS VERDES PENNISU, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	500
ALPINE CAMP CONFRENCE CENTER 415 CLUB HOUSE DRIVE BLUE JAY, CA 92317	NONE	PUBLIC	FUNDS FOR CHARITY	15,000
DOWNTOWN BIBLE CLASS PO BOX 19191 PORTLAND, OR 97280	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
FELLOWSHIP OF CHRISTIAN ATHLETES 415 W TORRANCE BLVD CARSON, CA 90745	NONE	PUBLIC	FUNDS FOR CHARITY	7,000
PV PENINSULA LAND CONSERVANCY 916 SILVER SPUR ROAD 207 ROLLING HILLS ESTATE, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	8,000
BOY SCOUTS OF AMERICA 2333 SCOUT WAY LOS ANGELES, CA 90026	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
BOYS REPUBLIC 1907 BOYS REPUBLIC DRIVE CHINO HILLS, CA 91709	NONE	PUBLIC	FUNDS FOR CHARITY	1,000
COMMUNITY'S CHILD PO BOX 367 HARBOR CITY, CA 90710	NONE	PUBLIC	FUNDS FOR CHARITY	7,000
LONG BEACH RESCUE MISSION 1430 PACIFIC AVENUE LONG BEACH, CA 90801	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
UNIVESITY OF SOUTHERN CALIFORNIA 3551 TROUSDALE PARKWAY LOS ANGELES, CA 90089	NONE	PUBLIC	FUNDS FOR CHARITY	20,000
INTERNATIONAL CARE MINISTRIES 30 HIDDEN VALLEY ROAD ROLLING HILLS ESTATE, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	27,400
<b>Total . . . . .</b>			<b>► 3a</b>	<b>743,050</b>

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CHAMBER ORCHESTRA OF THE SOUTH BAY PO BOX 2095 PALOS VERDES PENINSU, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	900
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862	NONE	PUBLIC	FUNDS FOR CHARITY	15,000
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE NE WASHINGTON, DC 20002	NONE	PUBLIC	FUNDS FOR CHARITY	625
DOORS OF HOPE WOMEN'S SHELTERFLATWA 525 BROAD AVENUE WILMINGTON, CA 90744	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
CATO INSTITUTE 1000 MASSACHUSSETTS AVE NW WASHINGTON, DC 20077	NONE	PUBLIC	FUNDS FOR CHARITY	500
POINT LOMA NAZARENE UNIVERSITY 3900 LOMALAND DRIVE SAN DIEGO, CA 92106	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
SOUTH BAY LACROSSE ASSOCIATION 1500 Chelsea Road PVE, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	500
GEORGE FOX UNIVERSITY 414 N MERIDIAN ST 6256 NEWBERG, OR 97132	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
BIG BEAR CYCLING PO BOX 132111 BIG BEAR LAKE, CA 92315	NONE	PUBLIC	FUNDS FOR CHARITY	1,000
LOMITA GOLF CLASSIC PO BOX 339 LOMITA, CA 90717	NONE	PUBLIC	FUNDS FOR CHARITY	300
FRIENDS OF THE PENINSULA SYMPHONY PO BOX 3961 PV PENINSULA, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	125
ASIAN ACCESS 2214 W TORRANCE BOULEVARD TORRANCE, CA 90501	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
BIRTH CHOICE 92 ARGONART SUITE 205 ALISO VIEJO, CA 92656	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
CHURCH FOR THE NATION 1015 N CENTRAL GLENDALE, CA 91202	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
MEDICAL TEAMS INTERNATIONAL PO BOX 10 PORTLAND, OR 97207	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
<b>Total . . . . .</b>			<b>► 3a</b>	<b>743,050</b>

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
REALITY LA PO BOX 931625 LOS ANGELES, CA 90093	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
UNION RESCUE MISSION 545 S SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
CHILD HOPE INTERNATIONAL 1970 S PROSPECT SUITE 3 REDONDO BEACH, CA 90277	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
INTERNATIONAL JUSTICE MISSION PO BOX 969611 WASHINGTON, DC 20090	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
NATIONAL CHRISTIAN FOUNDATION 7357 SW BEVELAND ROAD 210 PORTLAND, OR 97223	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
<b>Total . . . . .</b>			► 3a	743,050

2013

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

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

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**  
Oarsmen Foundation**Employer identification number**

33-0754362

**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, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1/3</sup>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not total 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 of \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> Oarsmen Foundation	<b>Employer identification number</b> 33-0754362
---	---

**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
	See Additional Data Table	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contribution )

**Name of organization**  
Oarsmen Foundation

**Employer identification number**

33-0754362

<b>Part II</b> <b>Noncash Property</b> (see Instructions) Use duplicate copies of Part II if additional space is needed			
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (see instructions)</b>	<b>(d) Date received</b>
	See Additional Data Table	\$ _____	_____
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (see instructions)</b>	<b>(d) Date received</b>
		\$ _____	_____
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (see instructions)</b>	<b>(d) Date received</b>
		\$ _____	_____
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (see instructions)</b>	<b>(d) Date received</b>
		\$ _____	_____
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (see instructions)</b>	<b>(d) Date received</b>
		\$ _____	_____
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (see instructions)</b>	<b>(d) Date received</b>
		\$ _____	_____
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (see instructions)</b>	<b>(d) Date received</b>
		\$ _____	_____

<b>Name of organization</b> Oarsmen Foundation	<b>Employer identification number</b> 33-0754362
---	---

**Part III** *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* 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	

**Additional Data**

**Software ID:** 13000170  
**Software Version:** 2013v3.1  
**EIN:** 33-0754362  
**Name:** Oarsmen Foundation

Form 990 Schedule B, 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	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 135,517	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
2	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 189,018	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
3	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 159,915	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
4	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 132,080	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
5	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 167,804	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
6	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 84,362	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
7	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 61,567	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
8	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 57,920	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
9	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 153,734	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
10	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 170,238	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 132,800	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution)
12	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 35,736	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution)
13	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 46,656	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution)
14	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 66,535	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution)
15	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 100,246	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution)
16	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 50,976	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution)
17	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 147,304	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution)
18	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 121,885	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution)
19	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 140,721	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution)
20	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505	\$ 93,016	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution)

## Form 990 Schedule B, 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
21	<p>GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505</p>	\$ 145,578	<p><b>Person</b> <input type="checkbox"/>  <b>Payroll</b> <input type="checkbox"/>  <b>Noncash</b> <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contribution )</p>
22	<p>GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505</p>	\$ 169,787	<p><b>Person</b> <input type="checkbox"/>  <b>Payroll</b> <input type="checkbox"/>  <b>Noncash</b> <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contribution )</p>
23	<p>GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505</p>	\$ 144,124	<p><b>Person</b> <input type="checkbox"/>  <b>Payroll</b> <input type="checkbox"/>  <b>Noncash</b> <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contribution )</p>
24	<p>JOHN KIMBERLY WHITCOMBE 2800 VIA SEGOVIA PALOS VERDES ESTATES, CA 90274</p>	\$ 10,000	<p><b>Person</b> <input checked="" type="checkbox"/>  <b>Payroll</b> <input type="checkbox"/>  <b>Noncash</b> <input type="checkbox"/></p> <p>(Complete Part II for noncash contribution )</p>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,550 SHARES AIR PRODS & CHEMS INC COM	\$ 135,517	2013-01-31
2	1,800 SHARES ALLERGAN INC COM	\$ 189,018	2013-01-31
3	2,100 SHARES AMERICAN TOWER CORP NEW COM	\$ 159,915	2013-01-31
4	1,600 SHARES CERNER CORP COM	\$ 132,080	2013-01-31
5	2,800 SHARES DANAHER CORP DEL COM	\$ 167,804	2013-01-31
6	675 SHARES EOG RES INC COM	\$ 84,362	2013-01-31
7	1,100 SHARES EBAY INC COM	\$ 61,567	2013-01-31
8	800 SHARES ECOLAB INC COM	\$ 57,920	2013-01-31
9	4,493 8181 SHARES IRON MTN INC COM	\$ 153,734	2013-01-31
10	1,700 SHARES SHIRE PHARMACEUTICALS GRP	\$ 170,238	2013-01-31

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	16,000 SHARES STANDARD PAC CORP NEW COM	\$ 132,800	2013-01-31
12	400 SHARES TIME WARNER CABLE INC COM	\$ 35,736	2013-01-31
13	1,200 SHARES TE CONNECTIVITY LTD REG	\$ 46,656	2013-01-31
14	1,112 SHARES COLGATE PALMOLIVE	\$ 66,535	2013-09-24
15	2,222 SHARES COMCAST CORP	\$ 100,246	2013-09-24
16	2,700 SHARES GENPACT LIMITED SHS	\$ 50,976	2013-09-24
17	2,343 SHARES GILEAD SCIENCES INC	\$ 147,304	2013-09-24
18	2,358 SHARES JP MORGAN CHASE	\$ 121,885	2013-09-24
19	2,100 SHARES NOBLE ENERGY INC	\$ 140,721	2013-09-24
20	4,400 SHARES SCHWAB CHARLES CORP	\$ 93,016	2013-09-24

## Form 990 Schedule B, 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
21	1,900 SHARES TIFFANY & CO NEW COM	\$ 145,578	2013-09-24
22	1,093 SHARES UNION PAC CORP COM	\$ 169,787	2013-09-24
23	3,488 SHARES WELLLS FARGO & CO NEW COM	\$ 144,124	2013-09-24

## TY 2013 Accounting Fees Schedule

**Name:** Oarsmen Foundation

**EIN:** 33-0754362

**Software ID:** 13000170

**Software Version:** 2013v3.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	4,923	4,923	0	0

## TY 2013 Investments Corporate Stock Schedule

**Name:** Oarsmen Foundation

**EIN:** 33-0754362

**Software ID:** 13000170

**Software Version:** 2013v3.1

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
FIDELITY INVESTMENTS #114740	210,610	174,528
WELLS FARGO #0368	408,983	461,298
WELLS FARGO #8758	566,673	729,125
WELLS FARGO #0364	671,216	612,719
MORGAN STANLEY #131282	559	559
THE WHITTIER TRUST	7,665,289	11,524,067
FIDELITY INVESTMENTS #477842-1	1,499,643	1,651,546
UNIONBANC INVESTMENT WBB-021326	929,408	959,601

## TY 2013 Other Decreases Schedule

**Name:** Oarsmen Foundation**EIN:** 33-0754362**Software ID:** 13000170**Software Version:** 2013v3.1

Description	Amount
BOOK TO TAX DIFFERENCE IN FMV OF SECURITIES	4,999
BOOK TO TAX DIFFERENCE IN RECORDING NON-CASH CONTRIBUTIONS	1,373,755

## TY 2013 Other Expenses Schedule

**Name:** Oarsmen Foundation

**EIN:** 33-0754362

**Software ID:** 13000170

**Software Version:** 2013v3.1

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	82,023	82,023		
LICENSE FEES	170	170		

## TY 2013 Other Income Schedule

**Name:** Oarsmen Foundation

**EIN:** 33-0754362

**Software ID:** 13000170

**Software Version:** 2013v3.1

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Granite R/E Investment	109	109	
KINDER MORGAN PARTNERSHIP	-1,910	-1,910	

## TY 2013 Other Increases Schedule

**Name:** Oarsmen Foundation**EIN:** 33-0754362**Software ID:** 13000170**Software Version:** 2013v3.1

<b>Description</b>	<b>Amount</b>
NONTAXABLE DISTRIBUTIONS	5,847

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

## TY 2013 Other Notes/Loans Receivable Long Schedule

**Name:** Oarsmen Foundation

**EIN:** 33-0754362

**Software ID:** 13000170

**Software Version:** 2013v3.1

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
BF&O Properties LLC	Unrelated	280,000	276,455	2013-04	2023-03	10 Years 5 5% Interest	550 00 %	Deed of Trust	Purchase of Real Estate	Cash	280,000

## TY 2013 Taxes Schedule

**Name:** Oarsmen Foundation**EIN:** 33-0754362**Software ID:** 13000170**Software Version:** 2013v3.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	5,172	5,172		
FOREIGN TAXES	10,078	10,078		
STATE TAXES	10	10		