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# 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.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

_A	me of foundation			A Employer identification	number
Nun	RBONNE CHARITABLE FOUNDAT	ION		45-5136989	
	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	<b>B</b> Telephone number	
_9	400 JERONIMO ROAD			949-770-26	10
-	or town, state or province, country, and ZIP or foreign p	ostal code		C if exemption application is p	ending, check here
<u></u> I	RVINE, CA 92618				
G C	check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		2 Faragan ayaan sabana ma	ating the GEOV test
	Address change	Name change		Foreign organizations me check here and attach co	mputation P
<u> </u>	check type of organization:			E If private foundation state	
느		Other taxable private founda		under section 507(b)(1)	(A), check here $ ightharpoonup$
	ur market value of all assets at end of year   J Accountr	-	X Accrual	F If the foundation is in a 6	
		her (specify)	1	under section 507(b)(1)	(B), check here
<u> </u>		mn (a) must be on casn b	esis )		1 (1)
Ра	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	284,985.			
	2 Check fithe foundation is not required to attach Sch. 8 Interest on savings and temporary				
	cash investments     Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·		
	5a Gross rents		<del></del>		
	Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10		,= +		
亂	Gross sales price for all assets on line 6a		· · · · · · · · · · · · · · · · · · ·		
Revenue	7 Capital gain net income (from Part IV, line 2)		0.		
œ l	8 Net short-term capital gain				
	9 Income modifications	Ī		1.7	<b>CULIVIO</b>
- 1	Gross sales less returns and allowances			7	7 T
!	b Less Cost of goods sold	l <u>.</u>		l jól l	OV 21 2318 3
	c Gross profit or (loss)				*
	11 Other income				
	12 Total. Add lines 1 through 11	284,985.	0.	L0	
	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages	<b></b>			
ø	15 Pension plans, employee benefits			<u> </u>	
nse	16a Legal fees	8,060.			0.060
Exper	b Accounting fees STMT 1	8,000.	0.	0.	8,060.
Ψ Ψ	c Other professional fees 17 Interest				-
Sative	18 Taxes				
	19 Depreciation and depletion		·		
	20 Occupancy				
ᅙ	21 Travel, conferences, and meetings	· "			
	22 Printing and publications				
,,,		138,031.	0.	0.	152,855.
્ર⊐ા erating	24 Total operating and administrative				
വ	expenses. Add lines 13 through 23	146,091.	0.	0.	160,915.
	25 Contributions, gifts, grants paid	148,887.			148,887.
•	26 Total expenses and disbursements.				
	Add lines 24 and 25	294,978.	0.	0.	309,802.
	27 Subtract line 26 from line 12:				
	Excess of revenue over expenses and disbursements	-9,993.			
	a Excess of revenue over expenses and dispulsements				
	b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)		0.	0.	

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_		Balance Sheets   Attached schedules and amounts in the description	Beginning of year	End o	f year
<u> P</u>	art	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	172,596.	94,447.	94,447.
	3	Accounts receivable ► 37,935.			
		Less: allowance for doubtful accounts		37,935.	37,935.
	4	Pledges receivable ▶			<u> </u>
		Less: allowance for doubtful accounts ▶		[	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			,
		disqualified persons			•
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	17,400.	2,146.	2,146.
ď	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	1	Less accumulated depreciation			
	12	investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	1	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item 1)	189,996.		134,528.
	Ι.	Accounts payable and accrued expenses	58,497.	28,419.	
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Liat	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
	١	Tetal liabilities (add lugg 17 through 22)	58,497.	28,419.	
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	30,437.	20,419.	
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
Š	25	Temporarily restricted			
Sala	26	Permanently restricted		<del></del>	
Ď	~	Foundations that do not follow SFAS 117, check here		<del></del>	
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balan	29	Retained earnings, accumulated income, endowment, or other funds	131,499.	106,109.	
ē	30	Total net assets or fund balances	131,499.	106,109.	
_			, , , , , , , , , , , , , , , , , , , ,		
	31	Total liabilities and net assets/fund balances	189,996.	134,528.	
P	art	III Analysis of Changes in Net Assets or Fund B		· · · · · · · · · · · · · · · · · · ·	
_		I net assets or fund balances at beginning of year - Part II, column (a), line	30		
'		st agree with end-of-year figure reported on prior year's return)	JU	1.1	131 /00
2	-	r amount from Part I, line 27a		131,499.	
		r increases not included in line 2 (itemize)		2 3	-9,993.
		lines 1, 2, and 3		- 3 4	121,506.
		eases not included in line 2 (itemize) <b>PRIOR YEAR AJE</b>		5	15,397.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	106,109.
_		year (in a state of state)	1-11		

(a) List and des	cribe the k	osses for Tax on In and(s) of property sold (e.g., or common stock, 200 shs.	, real estate,	. mcome	IΡ	How ac - Purcl - Dona	hase I '	c) Date acqui (mo., day, yr	red .)	(d) Date sold (mo., day, yr.)
1a								-		
b NO	NE				<u>Ļ</u>					
C		·		<del></del>	<del> </del>					
e e	<del></del>				╁		<del></del>	<del> </del>	+	
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale	1		- <u>I</u>	(h) Gain or (e) plus (f) m		)
a										
b										
<u>c</u>	<del> </del>	····	<del></del>							
e e	1									
Complete only for assets show	ing gain in	column (h) and owned by the	he foundation	on 12/31/69			(IV)	Gains (Col. (h	) usin u	noue
(i) F.M.V. as of 12/31/69	T	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (1)			col. (I	k), but not les Losses (from	ss than	-0-) or
a	<del> </del>		·							
b	1									
C										
d										
e	L									
2 Capital gain net income or (net c	apıtal loss	If gain, also enter (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8			d (6):		J					
If (loss), enter -0- in Part I, line 8	} 	Section 4940(e) for	B			3				
(For optional use by domestic privation of the section 4940(d)(2) applies, leave  Was the foundation liable for the section of	this part b	lank. ! tax on the distributable amo	ount of any ye	ear in the base pe		e.)			[	Yes X No
If "Yes," the foundation does not qual  Enter the appropriate amount in					ntries	<del></del> S.				
(a)  Base period years Calendar year (or tax year beginn		(b) Adjusted qualifying distr		Net value of no	(c)	)	use assets	(col. (	Distribii	d) tion ratio ed by col. (c))
2012	9)		8,742.			6	6,634.	(00	(0) 0.11.0	1.331783
2011										
2010			_							
2009										
2008							<del></del>	ļ		<del></del>
2 Total of line 1, column (d)								2		1.331783
3 Average distribution ratio for the the foundation has been in exist	-	•	n line 2 by 5,	or by the number	ot ye	ars		3		1.331783
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5					4		151,389.			
5 Multiply line 4 by line 3								5		201,617.
6 Enter 1% of net investment inco	me (1% o	f Part I, line 27b)						6		0.
7 Add lines 5 and 6								7		201,617.
8 Enter qualifying distributions fro		•						8		309,802.
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, c	heck the box in Part VI, line	1b, and comp _	olete that part usir	ig a 1	% tax ra	ate.			
323521 10-10-13									Fo	rm <b>990-PF</b> (2013

	m 990-PF (2013) ARBONNE CHARITABLE FOUNDATION 45-513			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	instr	ıctio	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
þ	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔀 and enter 1%			0.
	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-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
а	a 2013 estimated tax payments and 2012 overpayment credited to 2013			
b	b Exempt foreign organizations - tax withheld at source			
C	c Tax paid with application for extension of time to file (Form 8868)			
d	d Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ Refunded ▶ 11			
Pa	art VII-A Statements Regarding Activities		-	
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to $_{1a}$ or $_{1b}$ , attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
C	c Did the foundation file Form 1120-POL for this year?	1c		Х
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	- [		
	managers. ► \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
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? If "Yes," attach a conformed copy of the changes	3		Х
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)			
	CA,NV	_		
b	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? If "No," attach explanation	8b	X	
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)? If "Yes," complete Part XIV	9		X
10		10	X	
	F	orm <b>990</b>	-PF	2013)

X

3b

4a

Yes X No

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2013)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

during the year?

Part VIII   Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
750,000 /		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<b>▶</b> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro-		Expenses
1		
CDE CMAMENTAM C	·	160 015
SEE STATEMENT 6	······································	160,915.
		· · · · · · · · · · · · · · · · · · ·
3		
	<del></del>	
4		<del></del>
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	n lines 1 and 2.	Amount
1 N/A	<u>-</u>	
	- A. M.	
2		
All other program-related investments. See instructions.		
3	P	
Total. Add lines 1 through 3		0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	115,759.
	Fair market value of all other assets	1c	37,935.
d	Total (add lines 1a, b, and c)	1d	153,694.
е	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	0.
3	Subtract line 2 from line 1d	3	153,694.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,305.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	151,389.
6	Minimum investment return. Enter 5% of line 5	6	151,389. 7,569.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here   in and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	7,569.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,569.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,569.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,569.
_	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		200 000
_	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	309,802.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	200 000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	309,802.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	309,802.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies f	or the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				7,569.
2 Undistributed income, if any, as of the end of 2013			0	
a Enter amount for 2012 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:		0.		· · · · · · · · · · · · · · · · · · ·
a From 2008				
b From 2009				
c From 2010				
dFrom 2011				
eFrom 2012 85,820.				
f Total of lines 3a through e	85,820.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 309,802.				
a Applied to 2012, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				)
years (Election required - see instructions)		0.		,
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				7,569.
e Remaining amount distributed out of corpus	302,233.		· ·	
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	388,053.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		<del></del>		
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014		<del></del> ·		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	<u>U.</u>	<del></del>		
8 Excess distributions carryover from 2008	0.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2014.				· · · · · · · · · · · · · · · · · · ·
Subtract lines 7 and 8 from line 6a	388,053.			
10 Analysis of line 9:	300,033.			
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012 85,820.				
e Excess from 2013 302, 233.				
				Form <b>QQO_PF</b> (2013)

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

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Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year SOROPTIMIST INTL OF LAGUNA BCH NONE PC FUND PROGRAMMING THAT SUPPORTS PO BOX 891 SELF-CONFIDENCE AND LAGUNA BEACH, CA 92652 SELF-ESTEEM IN TEENS 1,500. JEWISH COMMUNITY CENTER OF NONE PC FUND PROGRAMMING THAT 8900 LITTLE RIVER TURNPIKE SUPPORTS FAIRFAX, VA 22031 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 2,500. FUND PROGRAMMING THAT PC HOOKUAAINA NONE SUPPORTS PO BOX 342146 SELF-CONFIDENCE AND KAILUA, HI 96734 SELF-ESTEEM IN TEENS 1,500. BIG BROTHERS BIG SISTERS OF MCHENRY NONE PC FUND PROGRAMMING THAT SUPPORTS ' COUNTY 4318 B W CRYSTAL LAKE RD SELF-CONFIDENCE AND MCHENRY, IL 60050 SELF-ESTEEM IN TEENS 1,000. BOYS & GIRLS AID NONE PC FUND PROGRAMMING THAT 018 SW BOUNDARY COURT SUPPORTS PORTLAND, OR 97239 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. SEE CONTINUATION SHEET(S) 148,887. Total 3a **b** Approved for future payment NONE

**▶** 3b

0.

Total

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

		Unrelated h	usiness income	Exclu	ded by section 512, 513, or 514	
Enter gross amounts unless otherwise ind	Bus	(a) siness	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	C	ode	Amount	code	Amount	Tunction income
a				4		
b				-	<del></del>	
C						
d			· · · · · · · · · · · · · · · · · · ·	-		
e				-		
f	<del></del>			_	-	
g Fees and contracts from governme	nt agencies			_		
2 Membership dues and assessments						
3 Interest on savings and temporary cas	h					
investments				-		
4 Dividends and interest from securities	—		<del> </del>	+		
5 Net rental income or (loss) from real e	state:			—		
a Debt-financed property			<del> </del>		····	
b Not debt-financed property				ļ		
6 Net rental income or (loss) from perso	nal					
property			<del> </del>			
7 Other investment income		ļ_				
8 Gain or (loss) from sales of assets other	er					
than inventory	<u> </u>			-		
9 Net income or (loss) from special even						
10 Gross profit or (loss) from sales of inv	entory					
11 Other revenue:		ĺ				
a				1		
b				1	· ·- <u>-</u>	
C	<del></del>			+	·-	
d				1_		
е			<del></del>	-		
12 Subtotal. Add columns (b), (d), and (e	<del></del>		0	<u>•</u>	0.	0.
13 Total. Add line 12, columns (b), (d), a					13_	0.
(See worksheet in line 13 instructions to v	erify calculations.)					·
Part XVI-B Relationship	of Activities to the	Accon	plishment of E	xemp	t Purposes	
Line No. Explain below how each a	ctivity for which income is re	enorted in c	olumn (a) of Part XVI-	Δ contrib	outed importantly to the accor	nnlichment of
	ourposes (other than by prov			A COITE IL	rated importantly to the accor	inpusition of
				-		
		····	<del></del>			· ·
	<del></del>					
		<del></del>		-		<del></del>
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	··					
					***	
			•			

323621 10-10-13

Part XVII	Information R Exempt Organ	egarding Tra		and Transaction		nd Relations		charitable		ige 13
1 Did the or	ganization directly or ind		ny of the followin	n with any other oro	anization	described in secti	on 501(c) of		Yes	No
	other than section 501(c									
	from the reporting found		•		3					l
(1) Cash				<b>3-</b>				1a(1)		х
(2) Other	assets							1a(2)		X
<b>b</b> Other tran								1::3.57		
	of assets to a noncharita	ıble exempt organı	zation					16(1)		х
• •	ases of assets from a no	, -						1b(2)		X
(3) Renta	I of facilities, equipment,	or other assets						1b(3)		Х
(4) Reimi	oursement arrangements	i						1b(4)		Х
(5) Loans	s or loan guarantees							1b(5)		Х
(6) Perfo	rmance of services or mo	embership or fund	raising solicitatio	ins				1b(6)		Х
c Sharing of	facilities, equipment, ma	uling lists, other as	ssets, or paid em	ployees				1c		X
d If the ansv	ver to any of the above is	"Yes," complete th	ne following sche	dule. Column (b) sh	ould alwa	ys show the fair n	narket value of the go	ods, other ass	sets,	-
or service:	s given by the reporting f	oundation. If the fo	oundation receive	ed less than fair mar	ket value	in any transaction	or sharing arrangem	ent, show in		
column (d	) the value of the goods,	other assets, or se	ervices received.							
(a)Line no	(b) Amount involved	(c) Name	of noncharitable	e exempt organizatio	n	(d) Description	of transfers, transaction	s, and sharing ar	rangeme	nts
			N/A							
		<del></del>					<del></del>			
	<u> </u>									
								<del></del>		
		<b></b>					-			
		ļ								
		<u> </u>	1	<del> </del>		<u> </u>				
	ndation directly or indirec	-	•	•	organiza	tions described			T	٦.,
	501(c) of the Code (other		(c)(3)) or in sect	ion 5277				Yes	LA	] No
b if Yes, co	omplete the following sch (a) Name of or			(b) Type of organia	zation I	<del></del>	(c) Description of rela	tionchin		
-	N/A	Janization		(b) Type of organiz	zation	<u> </u>	(c) Description of tele	illonatilp		
	N/A									
					<del>-  </del>			•		
		<del></del>								
	<del></del>		<del></del>				<del></del>			
Under	penalties of perjury, I declare	that I have examined	this return, including	g accompanying schedi	ules and sta	atements, and to the	best of my knowledge			
Sign and be	elief, it is true, correct, and co	mplete Declaration of	preparer (other tha	n taxpayer) is based on	all informat	ion of which preparer	has any knowledge	May the IRS return with th	e prepar	er
Here	Sem to	<b>3</b> _		1 11/9/1	4	Treasu		shown below		] <sub>No</sub>
Sign	ature of officer or trustee			Date		Title	/			J 140
	Print/Type preparer's n		Preparer's s	ignature	10	Date	Check   if   F	PTIN		
			171	h		//	self- employed			
Paid	PATRICIA J	. MAYER	Talle	ciaf //km	yes 1	11/4/14	1	P00188	643	
Preparer	Firm's name ► MOS		LLP	11		/ / / -	Firm's EIN ▶ 91			
Use Only						,				
	Firm's address ▶ 9 6	65 GRANI	TE RIDG	E DRIVE,	SUIT	'E 600				

Phone no. 858-627-1400

SAN DIEGO, CA 92123

### 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 qov/form990 .

OMB No 1545-0047

Name of the organization

Employer identification number

A	RBONNE CHARITABLE FOUNDATION	45-5136989						
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							
General Rule  X For an organization	e)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Robons on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in roblete Parts I and II.							
Special Rules								
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contribution	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, chantable, scientific, literary, or educational purposes, or 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 to more than \$1,000 lf 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$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 Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its l et 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) (2013)

Name of organization

Employer identification number

### ARBONNE CHARITABLE FOUNDATION

45-5136989

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FUSION PACKAGING I LP  13628A BETA ROAD, SUITE A  DALLAS, TX 75244-4531	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	EVENTBRITE 651 BRANNAN ST. STE. 100 SAN FRANCISCO, CA 94103	 \$\$6,965.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SPIRIT WINGS NATIONAL, INC.  691 S GREEN BAY RD #209  NEENAH, WI 54659	\$10,000.	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
	-	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-2	4.12	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

### ARBONNE CHARITABLE FOUNDATION

45-5136989

Part II	t II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		_ _ _ _ \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		 _ _ _ \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
323453 10-24	12	Schodule P / Farm 0	190 990-F7 or 990-PF) /2013			

Name of org	anization		Employer identification number				
	NE CHARITABLE FOUNDATIO	N	45-5136989				
Part III	Exclusively religious, charitable, etc., indiverse year. Complete columns (a) through (e) and to the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501( he following line entry. For organizati c., contributions of \$1,000 or less fo hal space is needed.	c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter or the year. (Enter this information once)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Ī		(e) Transfer of gi	ft				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.	(1) Down on a facility						
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				
(5) \$15							
(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				
			<del></del>				

ACCOUNTI	NG FEES	STATEMENT 1			
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
8,060.	0.	0.	8,060.		
8,060.	0.	0.			
OTHER EXPENSES		STATEMENT 2			
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
34,375.	0.	0.	34,375.		
2,861. 5,488.	0. 0.	0. 0.	2,861. 5,488.		
11,607.	0.	0.	11,607.		
			8,512.		
26,867.	0.	0.	14,151. 26,867.		
29.155.	0.	0.	29,155.		
1,302.	0.	0.	1,302.		
313.	0.	0.	313.		
3,400.	0.	0.	3,400.		
0.	0.	0.	14,824.		
138,031.	0.	0.	152,855.		
	(A) EXPENSES PER BOOKS  8,060.  OTHER E  (A) EXPENSES PER BOOKS  34,375. 2,861. 5,488.  11,607. 8,512. 14,151. 26,867.  29,155. 1,302. 313. 3,400. 0.	(A) (B) EXPENSES NET INVEST- MENT INCOME  8,060. 0.  8,060. 0.  OTHER EXPENSES  (A) (B) EXPENSES NET INVEST- MENT INCOME  34,375. 0. 2,861. 0. 5,488. 0.  11,607. 0. 8,512. 0. 14,151. 0. 26,867. 0.  29,155. 0. 1,302. 0. 313. 0. 31400. 0. 0. 0.	(A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME  8,060. 0. 0.  0. 0.  (A) (B) NET INCOME  OTHER EXPENSES  (A) (B) ADJUSTED PER BOOKS NET INVEST- PER BOOKS MENT INCOME  34,375. 0. 0. 2,861. 0. 0. 5,488. 0. 0.  11,607. 0. 0. 8,512. 0. 0. 14,151. 0. 0. 26,867. 0. 0.  29,155. 0. 0. 29,155. 0. 0. 1,302. 0. 0. 313. 0. 0. 313. 0. 0. 3,400. 0. 0. 0. 0.		

FORM 990-PF, PAGE 5, PART VII-B, LINE 1A(3):

THE FOUNDATION RECEIVES SERVICES AND RENT FREE OF CHARGE FROM ARBONNE.

FORM 990-PF		BSTANTIAL CONTRIBUTORS VII-A, LINE 10	STATEMENT	4
NAME OF CONTRIBUTOR		ADDRESS		
SPIRIT WINGS NATIONAL,	INC.	691 S GREEN BAY RD #209 NEENAH, WI 54659		

FORM 990-PF	PART VIII - LIST TRUSTEES AND	STATEMENT 5			
NAME AND ADDRESS		TITLE AND AVRG HRS/WI		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KAY NAPIER 9400 JERONIMO ROAI IRVINE, CA 92618	)	PRESIDENT 1.00	0.	0.	0.
ASHLEY GOOD 9400 JERONIMO ROAI IRVINE, CA 92618	)	SECRETARY 1.00	0.	0.	0.
GEOFFREY PANKAU 9400 JERONIMO ROAI IRVINE, CA 92618	)	TREASURER 1.00	0.	0.	0.
HEATHER CHASTAIN 9400 JERONIMO ROAI IRVINE, CA 92618	)	DIRECTOR 1.00	0.	0.	0.
STIAN MORCK 9400 JERONIMO ROAI IRVINE, CA 92618	ó	DIRECTOR 1.00	0.	0.	0.
COURTNEY JANES 9400 JERONIMO ROAI IRVINE, CA 92618	)	EXECUTIVE D	IRECTOR 0.	0.	0.
TOTALS INCLUDED ON	1 990-PF, PAGE 6,	PART VIII	0.	0.	0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

6

#### ACTIVITY ONE

TO PROVIDE SUPPORT FOR PROGRAMS AND OPPORTUNITIES THAT PROMOTE THE DEVELOPMENT OF CONFIDENCE AND SELF-ESTEEM IN TEENAGE GIRLS AND BOYS. THIS SUPPORT MAY BE IN THE NATURE OF PERSONAL CARE PRODUCT DONATIONS OR GRANTS TO TAX-EXEMPT ORGANIZATIONS CLASSIFIED AS PUBLIC CHARITIES, AND VOLUNTEER SERVICES.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 1

160,915.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient TEEN LIVING PROGRAMS NONE PC FUND PROGRAMMING THAT 162 W HUBBARD, SUITE 400 SUPPORTS CHICAGO, IL 60654 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. BIG BORTHERS BIG SISTER OF MONMOUTH & NONE PC FUND PROGRAMMING THAT MIDDLESIX COUNTIES SUPPORTS 305 BOND STREET SELF-CONFIDENCE AND ASBURY PARK, NJ 7712 SELF-ESTEEM IN TEENS 5,000. OSU KIDSPIRIT NONE PC FUND PROGRAMMING THAT 3180 CENTER STREET NE SUPPORTS SALEM, OR 97301 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 1,500. YOUTH MENTORING CONNECTION NONE PC FUND PROGRAMMING THAT 1818 S WESTERN AVENUE SUITE 505 SUPPORTS LOS ANGELES, CA 90006 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. BIG BROTHERS BIG SISTERS OF THE NONE PC FUND PROGRAMMING THAT 101 W VENICE AVENUE SUITE 34 SUPPORTS VENICE, CA 34285 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. WORKING WARDROBES NONE PC FUND PROGRAMMING THAT 3030 ULLMAN STREET STE A SUPPORTS COSTA MESA, CA 92626 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 7,500. JEWISH BIG BROTHERS BIG SISTERS OF NONE PC FUND PROGRAMMING THAT LOS ANGELES SUPPORTS 6505 WILSHIRE BLVD 6TH FLOOR SELF-CONFIDENCE AND LOS ANGELES, CA 90048 SELF-ESTEEM IN TEENS 5,000. COMMUNITY SERVICE LINE NONE PC FUND PROGRAMMING THAT 1550 MICHAEL LANE SUPPORTS PACIFIC PALISADES, CA 90277 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. LATIN AMERICAN WOMEN'S ASSOC NONE PC FUND PROGRAMMING THAT 7810 BALLANTYNE COMMONS PARKWAY SUITE SUPPORTS CHARLOTTE, NC 28277 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 3,500. WINGS PROGRAM INC NONE PC FUND PROGRAMMING THAT PO BOX 95615 SUPPORTS PALATINE, IL 60095 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 1,008. Total from continuation sheets 137,387.

**Supplementary Information** Grants and Contributions Paid During the Year (Continuation) Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient JOPLIN YOUNG LIFE NONE PC FUND PROGRAMMING THAT PO BOX 814 SUPPORTS JOPLIN, MO 64802 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. FORT BEND INDEPENDENT SCHOOL NONE PC FUND PROGRAMMING THAT 16431 LEXINGTON BLVD SUPPORTS SUGAR LAND, TX 77479 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. YESENIA'S HUMANITARIAN FUND NONE PC FUND PROGRAMMING THAT 1702 N MAIN STREET, SUITE 201 SUPPORTS SANTA ANA, CA 92706 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. THE COMMUNITY YMCA NONE PC FUND PROGRAMMING THAT 170 PATTERSON AVE SUPPORTS SHREWSBURY, NJ 7702 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. PINK RIBBON CLUB FOUNDATION NONE PC FUND PROGRAMMING THAT 3334 EAST COAST HWY #250 SUPPORTS CORONA DEL MAR, CA 92625 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 1,000. BREAKTHOUGH MIAMI NONE PC FUND PROGRAMMING THAT 3250 SW THIRD AVENUE SIXTH FLOOR SUPPORTS MIAMI, FL 33129 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 1,607. CAMP CHALLENGE INC NONE PC FUND PROGRAMMING THAT 510 DONALDSON DRIVE SUPPORTS DEBARY, FL 32713 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. HOUSE OF NEW BEGINNINGS INC NONE PC FUND PROGRAMMING THAT PO BOX 7107 SUPPORTS BALTIMORE, MD 21218 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. PREVENTION EDUCATION INC NONE PC FUND PROGRAMMING THAT 231 LAWRENCEVILLE ROAD SUPPORTS LAWRENCEVILLE, NJ 8648 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. NEWBERG SCHOOL DISTRICT NONE PC FUND PROGRAMMING THAT 714 E 6TH STREET SUPPORTS NEWBERG, OR 97132 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 6,400. Total from continuation sheets

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor AHWATUKEE FOOTHILLS FAMILY YMCA NONE PC FUND PROGRAMMING THAT 1030 E LIBERTY LANE SUPPORTS PHOENIX, AZ 85048 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. CHEHALEM YOUTH & FAMILY SERVICES NONE PC FUND PROGRAMMING THAT PO BOX 636 SUPPORTS NEWBERG, OR 97132 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 4,372. URBAN PEAK COLORADO SPRINGS NONE PC FUND PROGRAMMING THAT 730 21ST STREET SUPPORTS DENVER, CO 80205-2813 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. ORANGE COUNTY BAR FOUNDATION NONE PC FUND PROGRAMMING THAT 313 N BIRCH STREET 2ND FLOOR SUPPORTS SANTA ANA, CA 92701 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. MOUNT HOREB YOUTH CENTER INC NONE PC FUND PROGRAMMING THAT 105 N GROVE ST SUPPORTS MOUNT HOREB, WI 53572 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. FRESH START SURGICAL GIFTS NONE PC FUND PROGRAMMING THAT 2011 PALOMAR AIRPORT RD, STE 206 SUPPORTS CARLSBAD, CA 92011 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 3,000. BOYS & GIRLS CLUBS OF THE MISSISSIPPI NONE PC FUND PROGRAMMING THAT DELTA SUPPORTS SELF-CONFIDENCE AND PO BOX 1617 YAZOO CITY, MS 39134 SELF-ESTEEM IN TEENS 5,000. HUMAN OPTIONS INC NONE PC FUND PROGRAMMING THAT PO BOX 53745 SUPPORTS IRVINE, CA 92619 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 7,500. OUR NEIGHBORHOOD HOMEWORK HOUSE NONE PC FUND PROGRAMMING THAT 231 LAWRENCE ROAD SUPPORTS LAWRENCEVILLE NJ 8648 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. NONE SAVE THE CHILDREN FEDERATION ₽C FUND PROGRAMMING THAT 777 MAIN STREET SUPPORTS HARTFORD CT 6103 SELF-CONFIDENCE AND SELF-ESTEEM IN TEENS 5,000. Total from continuation sheets

Forml 886	68 (Rev. 1-2014)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check thi	s box		► X
-	ly complete Part II if you have already been granted an a				8868.	<b>,</b> —
• If you a	are filing for an Automatic 3-Month Extension, complet	te only Pa	art I (on page 1)			
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no co	opies need	ed).
			Enter filer's	identifyir	ng number, s	ee instructions
Type or	Name of exempt organization or other filer, see instru-	ctions.				n number (EIN) or
print						
File by the	ARBONNE CHARITABLE FOUNDATION				45-5136989	
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions.  9400 JERONIMO ROAD			Social se	cial security number (SSN)	
instructions						
Enter the	Return code for the return that this application is for (file	a senara	te application for each return)			[0]4]
Lines the	Treatment of the retain that this application is for the	o a ocpaia	to application for each return,			رغلغا
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01				
Form 990	·BL	02	Form 1041-A			08
Form 472	(Individual)	03	Form 4720 (other than individual)			09
Form 990	ŀPF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
STOP! Do	o not complete Part II if you were not already granted		matic 3-month extension on a prev	iously file	ed Form 8868	3
	GEOFFREY PANKAU					
	poks are in the care of > 9400 JERONIMO I	ROAD	- IRVINE, CA 92618			<del></del>
-	none No. ► 949-460-1357		Fax No			<b></b>
	organization does not have an office or place of business					<b>&gt;</b>
	is for a Group Return, enter the organization's four digit	1				
box ▶ l				f all memb	ers the exten	sion is for.
	· —		BER 17, 2014			
	calendar year 2013 , or other tax year beginning					<del></del>
6 If th	ne tax year entered in line 5 is for less than 12 months, c	heck reas	on: LInitial return L	Final r	return	
7 Ch	☐ Change in accounting period					
	te in detail why you need the extension IE TAXPAYER RESPECTFULLY REQU	TESTS	ADDITIONAL TIME T	О ОВТ	ATN THE	ē.
	FORMATION NECESSARY TO FILE					
		1212	00111 2212 121 11000111		101411	<del></del>
8a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any			
	nrefundable credits. See instructions.	, 0, 0000,	onto the tornative tax, loss any	8a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and estimated	<u> </u>		
	payments made. Include any pnor year overpayment all	•	•			
	eviously with Form 8868.		a crock and any amount paid	8b	\$	0.
	ance due. Subtract line 8b from line 8a. Include your pa	vment wit	th this form, if required, by using	1	<u> </u>	<del></del>
	IPS (Electronic Federal Tax Payment System). See instru	•	,,	8c	\$	0.
			st be completed for Part II			
Under pena it is true, co	alties of perjury, I declare that I have examined this form, includi orrect, and complete, and man ham author zet 10) prepare this fo	ing accomp orm.	panying schedules and statements, and to	o the best o	f my knowledge	e and belief,
Signature				Date	•	

Form 8868 (Rev. 1-2014)