OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

Open to Public Inspection For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

	e of four	ndation S FOUNDATION		A Employer ide	ntification number
111	E KEVEA	2 LOGINDALION		22-3621474	
Num	ber and	street (or P O box number if mail is not delivered to street address)	Room/suite	BTelephone num	ber (see instructions)
РО	BOX 173	33		(831) 250-5184	
		state or province, country, and ZIP or foreign postal code H, CA 93953		C If exemption a	application is pending, check here 🕨 🦵
G Ch	neck all	I that apply I nitial return I nitial return of a fo Final return A mended return Address change Name change	ormer public charity	2. Foreign org	panizations, check here panizations meeting the 85% here and attach computation
H Ch	eck ty	pe of organization	e foundation	E If private four	ndation status was terminated 507(b)(1)(A), check here
		947(a)(1) nonexempt charitable trust Other taxable			
of y	year <i>(fr</i>	rom Part II, col. (c), \$ 2,672,751 Accounting method Other (specify) (Part I, column (d) must	<u> </u>		507(b)(1)(B), check here
Pa	rt 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))	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach			
		schedule)	5,091,385		
	2	Check \blacktriangleright \sqsubset if the foundation is not required to attach			
		Sch B			
	3	Interest on savings and temporary cash investments	233	233	
	4	Dividends and interest from securities	3,636	3,636	
	5a	Gross rents			
	b	Net rental income or (loss)			
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a	11,265		
Ď		5,321,878			
	7	Capital gain net income (from Part IV, line 2)		11,265	
	8	Net short-term capital gain			
	9 10a	Income modifications			
	ь	allowances Less Cost of goods sold			
	°	Gross profit or (loss) (attach schedule)			
	11	Other income (attach schedule)			
	12	Total.Add lines 1 through 11	5,106,519	15,134	
	13	Compensation of officers, directors, trustees, etc	3,100,319	13,134	
	14	Other employee salaries and wages			
w	15	Pension plans, employee benefits			
Expenses	16a	Legal fees (attach schedule)	9 365	365	
\frac{1}{2}	ь	Accounting fees (attach schedule)		2,850	
Ë	ر ا	Other professional fees (attach schedule)		·	
≙ ≥	17	Interest			
rat	18	Taxes (attach schedule) (see instructions)	1,175	1,175	
₹ -	19	Depreciation (attach schedule) and depletion	- -	, -	
를	20	Occupancy			
and Administrative	20	Travel, conferences, and meetings			
Ē	22	Printing and publications			
	23	Other expenses (attach schedule)	% 441	441	
Operating	24	Total operating and administrative expenses.	-		
ğ		Add lines 13 through 23	4,831	4,831	
ੱ	25	Contributions, gifts, grants paid	3,482,730		3,482,730
	26	Total expenses and disbursements. Add lines 24 and 25	3,487,561	4,831	3,482,730
	27	Subtract line 26 from line 12	-, ,	.,	
	a	Excess of revenue over expenses and disbursements	1,618,958		
	ь	Net investment income (If negative, enter -0-)		10,303	
	С	Adjusted net income(if negative, enter -0 -)			
For F	Paperw	ork Reduction Act Notice, see instructions.		Cat No 11289X	Form 990-PF (2015

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		T year
	1	should be for end-or-year amounts only (see instructions) Cash—non-interest-bearing	(a) Book Value 227,994	(b) Book Value 432,688	(c) Fair Market Value 432,687
		Savings and temporary cash investments	·		
	2		201,130	2,117,555	2,117,333
	3	Accounts receivable			
	_	Less allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts 🟲			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	607,606	105,673	122,711
	С	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	O ther assets (describe 🟲)	11,730	11,730	
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	1,048,486	2,667,444	2,672,751
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě.	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
_	21	Mortgages and other notes payable (attach schedule)			
	22	O ther liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)		C	
		Foundations that follow SFAS 117, check here 🕨 🔽			
ě		and complete lines 24 through 26 and lines 30 and 31.			
ğ	24	Unrestricted	1,048,486	2,667,444	
8	25	Temporarily restricted			
<u> </u>	26	Permanently restricted			
ΞĮ		Foundations that do not follow SFAS 117, check here			
or Fund Balances		and complete lines 27 through 31.			
8	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Ą	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	1,048,486	2,667,444	
_	31	Total liabilities and net assets/fund balances(see instructions)	1,048,486	2,667,444	
Pa	rt III				
1		Total net assets or fund balances at beginning of year—Part II, column	ı (a), line 30 (müst a	aree	
_		with end-of-year figure reported on prior year's return)	, ,,	·	1,048,486
2		Enter amount from Part I, line 27a			1,618,958
3		Other increases not included in line 2 (itemize)		3	
4		Add lines 1, 2, and 3			2,667,444
5		Decreases not included in line 2 (itemize)		5	2,007,114
6		Total net assets or fund balances at end of year (line 4 minus line 5)—			2,667,444

the Part VI instructions

1a See Additional Data Table b c d e (e) Gross sales price (f) (or allowable) (g) plus expense of sale b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Adjusted basis Excess of col (i) Col (k), but not less than -0
c d e (e) Gross sales price Depreciation allowed (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Adjusted basis Excess of col. (i) Col. (k), but not less than -0
d e (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (b) (c) plus expense of sale (h) (e) plus (f) minus (g) b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus (g)) Adjusted basis Excess of col (i) Col (k) but not less than -0
e (e) Gross sales price (f) (or allowable) Depreciation allowed (g) plus expense of sale (h) (e) plus (f) minus (g) c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Adjusted basis Excess of col. (i) Col. (k), but not less than -0
(e) Gross sales price (f) (or allowable) a See Additional Data Table b c d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Adjusted basis Depreciation allowed (cost or other basis (h) (e) plus (f) minus (g) (h) (e) plus (f) minus (g)
(f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) a See Additional Data Table b c d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Adjusted basis Excess of col. (i) Col. (k), but not less than -0
b c d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Adjusted basis Fixess of col. (i) Col. (k), but not less than -0
c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minu Adjusted basis Fixess of col. (i) Col. (k), but not less than -0
d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minu Adjusted basis Fixess of col. (i) Col. (k), but not less than -0
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Adjusted basis Excess of col. (i) Col. (k), but not less than -0
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minu Adjusted basis Excess of col. (i) Col. (k), but not less than -0
Adjusted basis Excess of col. (i) col. (k), but not less than -0
Adjusted basis Excess of col. (i) col. (k), but not less than -0
(i) F M V as of 12/31/69 (j) as of 12/31/69 (k) over col (j), if any (l) Losses (from col (h))
a See Additional Data Table
b
с
d
e
If gain, also enter in Part I, line 7
2 Capital gain net income or (net capital loss) If (loss), enter -0 - in Part I, line 7 2 11
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
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 Yes
1 Enter the appropriate amount in each column for each year, see instructions before making any entries
(2)
Base period years Calendar year (or tax year beginning in) (b) Adjusted qualifying distributions (c) Net value of noncharitable-use assets (col (b) divided by col (c))
2014 584,100 553,602 1 055
2013 268,500 282,997 0 948
2012 840,497 95,213 8 827
2011 1,812,380 176,260 10 282 2010 1,256,200 66,626 18 854
Total of line 1, column (d)
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5
5 Multiply line 4 by line 3
6 Enter 1% of net investment income (1% of Part I, line 27b)
7 Add lines 5 and 6
8 Enter qualifying distributions from Part XII, line 4

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

	990-PF (2015) *t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	1940(e)	. or 4948—s	ee page	e 18 of	the inst	ructio		age 4
1a	Exempt operating foundations described in section 4940(d)(2), check here		, 0	 }					
10	and enter "N/A" on line 1	- 1							
	Date of ruling or determination letter			}					
	(attach copy of letter if necessary–see instructions)	chack	,		4				206
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V here ► and enter 1% of Part I, line 27b	, check)	1				206
c				•					
Ī	All other domestic foundations enter 2% of line 27b Exempt foreign organiz Part I, line 12, col (b)	ations	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable fou	ndation	ns only Othe	ers					
_	enter -0-)				2				
3	Add lines 1 and 2		nc only Oth	• orc	3				206
4	enter -0-)	illuatioi	iis oilly Otli	EIS	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, or	enter - (o- .		5				206
6	Credits/Payments								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		618					
b	Exempt foreign organizations—tax withheld at source	6b							
С	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				618
8 9	Enter any penalty for underpayment of estimated tax. Check here if Form Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .				9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount				10			-	412
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	412	Refunded		11				712
	t VII-A Statements Regarding Activities					<u> </u>			
1a	During the tax year, did the foundation attempt to influence any national, stat	e, or lo	cal legislation	on or di	d			Yes	No
	it participate or intervene in any political campaign?						1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for	politica	al purposes	(see In	structi	ons			
	for definition)?						1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	s and co	opies of any i	materia	ls				
	published or distributed by the foundation in connection with the activities.								
_	Did the foundation file Form 1120-POL for this year?			• •			1 c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) important (1) On the foundation \$\blacktriangle* \$\blacktriangle* \$\blacktriangle* \$\left(2) \text{ On foundation managers} \$\end{array}\$								
e	Enter the reimbursement (if any) paid by the foundation during the year for po	. –			nsed				
_	on foundation managers \$	iicicai c	Apendicure	ux IIIIp	osca				
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in	ıts gov	erning instri	ıment,	article	s			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a con	formed	copy of the c	hanges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more	_					4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b	\sqcup	No
5	Was there a liquidation, termination, dissolution, or substantial contraction du	uring th	e year?				5		No
_	If "Yes," attach the statement required by General Instruction T.	0.45							
6	Are the requirements of section 508(e) (relating to sections 4941 through 49 By language in the governing instrument, or	945)Sa	atisfied eitne	er					
	 By state legislation that effectively amends the governing instrument so the 	hat no r	mandatory d	ırectıo	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year	r? <i>If "Ye</i>	s," complete	Part II,	. col. (c),			
	and Part XV.						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered $% \left(1\right) =\left(1\right) \left(1\right) \left$	(see in:	structions)						
	►CA, DE	_							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9						2.	V	
^	General (or designate) of each state as required by General Instruction G? If				(-)(2)		8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s		_						
	If "Yes," complete Part XIV	Jec 1115			· · · ·		9		No
10	Did any persons become substantial contributors during the tax year? If "Yes	," attacı	h a schedule	lıstına	their n	ames			
	and addresses.			=			10		No

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶NO WEBSITE			
14	The books are in care of ►SCOTT HULME SECRETARY Telephone no ►(831) 250	-5184	
	Located at \$\infty 26615 CARMEL CENTER PLACE STE 203 CARMEL CA ZIP +4 \$\infty 9392386	554		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	م ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			· ·
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) A gree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
ь	If any answer is "Yes" to $1a(1)$ – (6) , did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			110
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
Ī	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2015.)	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Pai	Statements Rega	rding Activities for	· Wr	nich Form 4720	May	Be Required (<i>Cont</i>	tinue	ed)		
5a	During the year did the foundatio	n pay or incurany amoun	t to							
	(1) Carry on propaganda, or othe	rwise attempt to influenc	e leg	ııslatıon (sectıon 49	45(e))?	√ No			
	(2) Influence the outcome of any	specific public election ((see	section 4955), or to	carı	ry				
	on, directly or indirectly, any	voter registration drive?				T Yes 🖟	√ No			
	(3) Provide a grant to an individu	al for travel, study, or otl	ners	ımılar purposes?		┌ Yes रि	√ No			
	(4) Provide a grant to an organiza	ation other than a charita	ble,	etc , organization de	scrib	ped				
	in section 4945(d)(4)(A)? (s	ee instructions)				\ Yes \	√ No			
	(5) Provide for any purpose other	than religious, charitabl	e, sc	ientific, literary, or						
	educational purposes, or for t	he prevention of cruelty	to ch	ıldren or anımals?.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transac	tions	s fail to qualify under	r the	exceptions described in				
	Regulations section 53 4945 or	n a current notice regard	ling d	disaster assistance	(see	instructions)?		5b		No
	Organizations relying on a currer	t notice regarding disast	eras	ssistance check her	e		_			
С	If the answer is "Yes" to question									
	tax because it maintained expend	liture responsibility for th	he gr	ant?		T Yes [√ No			
	If "Yes," attach the statement requ									
6a	Did the foundation, during the yea	ar, receive any funds, dire	ectly	or indirectly, to pay	prer	niums on				
	a personal benefit contract?						- No			
b	Did the foundation, during the yea	ar, pay premiums, directl	y orı	ndirectly, on a perso	onall	benefit contract?		6b		No
	If "Yes" to 6b, file Form 8870.									
7a	At any time during the tax year, v	vas the foundation a part	y to a	a prohibited tax shel	ter tı	ransaction? \(Yes \)	√ No			
b	If yes, did the foundation receive	•	-	•				7b		No
	Information Abou	t Officers, Director						l Emp	loyee	s,
	and Contractors	·		<u>, </u>						
1	List all officers, directors, trustee	s, foundation managers a	nd t	heir compensation (see i	nstructions).				
		Title, and average	(c)	Compensation(If		(d) Contributions to		Evnens		unt
	(a) Name and address	hours per week		not paid, enter	e	mployee benefit plans			e accou Illowanc	
		(b) devoted to position		-0-)		deferred compensation	L`´			
See	Additional Data Table									
		1								
2	Compensation of five highest-paid	l employees (other than	thos	e included on line 1–	-see	instructions). If none, e	nter "	NONE.	,	
	(a)	Title, and aver	.2.00			Contributions to				
Nar	me and address of each employee		_	(c) Compensation	n	employee benefit			se acco	
	more than \$50,000	(b) devoted to pos	ition			plans and deferred (d) compensation	(e)	otnera	illowand	es
NON	IE									
										
							1			
		 								
							-			
.	I mumb an a fact	<u> </u>				<u> </u>	-			
LOTA	I number of other employees paid of	vers50000.	_		_		1			

Part VIII Information About Officers, Directors, Truste and Contractors (continued)	ees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		
Part IX-A Summary of Direct Charitable Activities	·	
List the foundation's four largest direct charitable activities during the tax year. Include releasing anizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1N/A-NONOPERATING FOUNDATION		0
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 t	the tax year on lines 1 and 2	A mount
1		
]
		7
2		
		1
		1
All other program-related investments See instructions		
3		
		1
		1
Total. Add lines 1 through 3		

Form 990-PF (2015) Part X Minimum Investment Return

F (*	(All domestic foundations must complete this part. Foreign foundations, see instructions	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	365,984
b	A verage of monthly cash balances	1b	2,528,273
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,894,257
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,894,257
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	43,414
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,850,843
6	Minimum investment return. Enter 5% of line 5	6	142,542
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► ☐ and do not complete this part.)	taın f	oreign organizations
1	Minimum investment return from Part X, line 6	1	142,542
2a	Tax on investment income for 2015 from Part VI, line 5 2a 206		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	206
3	Distributable amount before adjustments Subtract line 2c from line 1	3	142,336
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	142,336
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	142,336
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	3,482,730
	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		
а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,482,730
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,482,730
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	er the	foundation qualifies for

Р	art XIII Undistributed II	ncome (see instruc	ctions)			
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 fro	om Part XI, line 7				142,336
2	Undistributed income, if any, as o	of the end of 2015				
а	Enter amount for 2014 only					
ь		20, 20				
	Excess distributions carryover, if					
а	From 2010	1,252,869				
b	From 2011	1,803,567				
c	From 2012	835,742				
d	From 2013	254,750				
е	From 2014	557,278				
f	Total of lines 3a through e		4,704,206			
	Qualifying distributions for 2015					
	XII, line 4 🕨 \$					
а	Applied to 2014, but not more the					
	Applied to undistributed income of					
_	(Election required—see instructio					
c	Treated as distributions out of co	rpus (Election	0			
	required—see instructions)					
	Applied to 2015 distributable am		2 242 224			142,336
	Remaining amount distributed out	· —	3,340,394			
5	Excess distributions carryover a	· ·				
	(If an amount appears in column (c same amount must be shown	* *				
6	Enter the net total of each colum	nn as				
	indicated below:		8,044,600			
	Corpus Add lines 3f, 4c, and 4e		8,044,600			
b	Prior years' undistributed income line 4b from line 2b					
_	Enter the amount of prior years' u					
•	income for which a notice of defici					
	been issued, or on which the sect					
	tax has been previously assessed	d				
d	Subtract line 6c from line 6b Tax	able amount				
	—see instructions					
е	Undistributed income for 2014 S					
	4a from line 2a Taxable amount-	-see				
•	Undistributed income for 2016 S	uhtroct				
'	lines 4d and 5 from line 1 This ar					
	be distributed in 2015					0
7	Amounts treated as distributions	out of				
	corpus to satisfy requirements im	· · · · · · · · · · · · · · · · · · ·				
	section 170(b)(1)(F) or 4942(g)(
_	be required - see instructions)					
8	Excess distributions carryover from		1,252,869			
۵	applied on line 5 or line 7 (see ins Excess distributions carryover to					
9	Subtract lines 7 and 8 from line 6		6,791,731			
10	Analysis of line 9					
	Excess from 2011	1,803,567				
	Excess from 2012	835,742				
	Excess from 2013	254,750				
	Excess from 2014	557,278				
е	Excess from 2015	3,340,394				

- 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 If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 3,482,730 **b** Approved for future payment

Related or exem	Part XVI-A Analysis of Income-Produc	ing Activitie	es	1		
Business code Amount Exclusion code Amount instructions) Business code Amount Exclusion code instructions) Business code Amount Exclusion code Amount instructions) Business code Amount Exclusion code instructions) Business code Amount Exclusion code Amount instructions) Business code Amount Exclusion code instructions (See with Continuity Continuity Instructions (See with Continuity Instru	Enter gross amounts unless otherwise indicated					(e) Related or exempt function income
b c c d d d d d d d d d d d d d d d d d	1 Program service revenue					,
g Fees and contracts from government agencies 2 Membership dues and assessments	·					
g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments						
g Fees and contracts from government agencies 2 Membership dues and assessments	e					
3 Interest on savings and temporary cash investments	g Fees and contracts from government agencies					
Solution Property Solution Pro	Interest on savings and temporary cash			14	233	
a Debt-financed property				14	3,636	
7 Other investment income	a Debt-financed property					
Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory 1 Other revenue a b c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). 4 (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	8 Gain or (loss) from sales of assets other than			18	11 265	
b	9 Net income or (loss) from special events			10	11,203	
C d e						
Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)						
Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See						
(See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	Subtotal Add columns (b), (d), and (e)					
Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	(See worksheet in line 13 instructions to verify	calculations)				15,134
	Line No. Explain below how each activity for whithe accomplishment of the foundation's	ich income is re	ported in column	(e) of Part XVI-A co	ontributed importa	
	,					
i de la companya de						

Pair	t XVI.	Noncharitable					Sactio	ns and I	Keiationsnips	with			
		rganization directly or ii	ndırectly (engage	ın any of	the following wi						Yes	No
	ganızal				- (0)(0)	, ga <u>z</u> acio	000	,	relating to politic				
	_	s from the reporting four	ndation to	a noncl	narıtable (exempt organiz	ation of						
		h									1a(1)		No
(2	.) Oth	erassets									1a(2)		No
b 01	ther tra	insactions											
(1	.) Sale	s of assets to a noncha	rıtable ex	empt or	ganızatıo	n					1b(1)		No
		hases of assets from a									1b(2)		No
(3) Rent	tal of facilities, equipme	nt, or othe	erasset	s						1b(3)		No
		nbursement arrangemen									1b(4)		No
		ns or loan guarantees.									1b(5)		No
		rmance of services or m									1b(6)		No
=	=	of facilities, equipment, i		-	=						1c		No
		swer to any of the above										lue	110
of	the go any tra	ods, other assets, or se ansaction or sharing arra (b) Amount involved	rvices giv angement	en by tl , show i	ne reporti n column	ng foundation	If the foo of the go	undation r ods, other	eceived less thai	n fair mark ces receive	et value ed	!	nte
(a) 🖽	ie No	(b) Amount involved	(C) Name	or nonch	antable exe	empt organization	(u)	Description	or transfers, transact	lions, and sin	illiy alla	ngemei	ills
							-						
							-						
							-						
2a Is	the for	undation directly or indi	rectly affil	liated w	ıth. or rela	ated to, one or	more tax	c-exempt	organizations				
de	scribe	d in section 501(c) of th complete the following : (a) Name of organization	ne Code (d schedule		an sectio		rın secti			otion of relati	. 厂Y€ onship	es 🔽	No
Sign	the	der penalties of perjury, best of my knowledge a ormation of which prepar	nd belief,	ıt ıs tru	e, correct					an taxpaye		sed on	all
Her	e	*****				2016-08-09	<u></u> }	*****	: 	returr			
	<u></u>	Signature of officer or t	rustee			Date		Title		below (see	nstr)? 🗸	Yes□I	No
		Print/Type preparer's KIRK W MOERMAN	name	Prepa	rer's Sıgn	ature	Date		Check if self- employed ►✓	PTIN P	01309!	533	
Paid Prep Use	oarer		PA				1		Firm's EIN ▶	1			
Only		Firm's address 🕨		. .									
,	•	7075 N CHESTNUT A 937200356	VE SUIT	E 101 I	FRESNO,	CA			Phone no (559	9)324-840	0 0		
		1											

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
300 AMERICAN AIRLS GROUP INC	D	2013-08-30	2015-01-22
700 AMERICAN AIRLS GROUP INC	D	2013-08-30	2015-06-18
1000 AVIS BUDGET GROUP	D	2012-02-23	2015-09-02
500 GOODYEAR TIRE&RUBBER	D	2010-12-13	2015-09-02
1500 GOODYEAR TIRE&RUBBER	D	2010-12-15	2015-09-02
7234 JD COM INC	D	2009-12-31	2015-01-08
3948 JD COM INC	D	2010-05-12	2015-01-08
407 JD COM INC	D	2012-11-01	2015-01-08
2712 JD COM INC	D	2009-12-31	2015-02-17
1480 JD COM INC	D	2010-05-12	2015-02-17

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
16,492		11,515	4,977
28,104		26,873	1,231
42,975		37,900	5,075
14,424		24,987	-10,563
43,271		20,444	22,827
180,841		170,469	10,372
98,695		93,035	5,660
10,175		9,591	584
73,897		71,882	2,015
40,326		39,227	1,099

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus
(i) F M V as of 12/31/69	A djusted basis (j) as of 12/31/69	Excess of col (1) (k) over col (j), If any	col (k), but not less than -0-) or (I) Losses (from col (h))
			4,977
			1,231
			5,075
			-10,563
			22,827
			10,372
			5,660
			584
			2,015
			1,099

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	(d) Date sold (mo , day, yr)
53 JD COM INC	D	2012-11-01	2015-02-17
20531 JD COM INC	D	2009-12-31	2015-03-19
3369 JD COM INC	D	2010-05-12	2015-03-19
7810 JD COM INC	D	2010-05-12	2015-03-23
1152 JD COM INC	D	2012-11-01	2015-03-23
6529 JD COM INC	D	2009-12-31	2015-04-16
8439 JD COM INC	D	2009-12-31	2015-04-17
8204 JD COM INC	D	2010-05-12	2015-04-17
846 JD COM INC	D	2012-11-01	2015-04-17
7000 JD COM INC	D	2009-12-31	2015-04-29

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
1,444		1,405	39
595,176		585,955	9,221
97,664		96,151	1,513
227,338		222,897	4,441
33,533		32,878	655
219,036		219,097	-61
280,325		261,451	18,874
272,707		254,170	18,537
28,128		26,210	1,918
244,078		244,755	-677

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (1) (k) over col (j), if any	col (k), but not less than -0-) or (I) Losses (from col (h))
			39
-			9,221
			1,513
			4,441
			655
			-61
			18,874
			18,537
			1,918
			-677

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	(d) Date sold (mo , day, yr)
600 JD COM INC	D	2009-12-31	2015-04-30
6377 JD COM INC	D	2009-12-31	2015-05-01
7620 JD COM INC	D	2010-05-12	2015-05-01
785 JD COM INC	D	2012-11-01	2015-05-01
19215 JD COM INC	D	2009-12-31	2015-05-06
3159 JD COM INC	D	2010-05-12	2015-05-06
7314 JD COM INC	D	2010-05-12	2015-05-07
1079 JD COM INC	D	2012-11-01	2015-05-07
27333 JD COM INC	D	2009-12-31	2015-07-06
4763 JD COM INC	D	2010-05-12	2015-07-06

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
20,392		20,979	-587
209,477		222,972	-13,495
250,308		266,433	-16,125
25,786		27,448	-1,662
636,048		646,489	-10,441
104,547		106,285	-1,738
240,916		250,907	-9,991
35,541		37,015	-1,474
870,056		877,509	-7,453
151,650		152,913	-1,263

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus
(i) F M V as of 12/31/69	A djusted basıs (j) as of 12/31/69	Excess of col (1) (k) over col (j), if any	col (k), but not less than -0-) or (I) Losses (from col (h))
			-587
			-13,495
			-16,125
			-1,662
			-10,441
			-1,738
			-9,991
			-1,474
			-7,453
			-1,263

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
294 JD COM INC	D	2012-11-01	2015-07-06
300 BAIDU INC FADR 1 ADR REPS 0 1 ORD SHS	Р	2015-06-18	2015-07-06
800 DIGITALGLOBE INC NEW	Р	2013-11-15	2015-01-08
300 DIGITALGLOBE INC NEW	Р	2014-02-26	2015-01-08
1200 EVERTEC INC F	Р	2013-11-15	2015-01-08
800 WALGREENS BOOTS ALLI	Р	2014-06-05	2015-05-07
4560 PREMIER VALLEY BANK (PREMIER CASH ATN90)	D	2013-12-31	2015-12-04

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
9,361		9,439	-78
56,618		62,628	-6,010
24,434		28,776	-4,342
9,163		9,561	-398
25,791		27,093	-1,302
67,935		59,928	8,007
35,226		53,346	-18,120

Complete only for assets showing gain in column (h) and owned by the foundation on $12/31/69$			Gains (Col (h) gain minus
(i) F M V as of 12/31/69	A djusted basis (j) as of 12/31/69	Excess of col (1) (k) over col (j), if any	col (k), but not less than -0-) or (l) Losses (from col (h))
			-78
			-6,010
			-4,342
			-398
			-1,302
			8,007
			-18,120

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SAMUEL T REEVES	President/Treas	0		
12167 TURTLE BEACH ROAD NORTH PALM BEACH,FL 33408	0 10			
CHARLES SCOTT HULME	SECRETARY	0		
PO BOX 1733 PEBBLE BEACH, CA 93953	0 50			
MICHAEL J DOUGHERTY ESQ	ASSISTANT SEC 0 00	0		
299 PARK AVENUE 16th FL NEW YORK,NY 101713898				
ELIZABETH W REEVES	DIRECTOR	0		
12167 TURTLE BEACH ROAD PALM BEACH GARDENS,FL 33408	0 10			
ELIZABETH R HULME	DIRECTOR	0		
PO BOX 1733 PEBBLE BEACH, CA 93953	0 10			
SANDRA R SPEARS	DIRECTOR	0		
4108 UNIVERSITY BLVD HOUSTON,TX 77005	0 10			
VIRGINIA REEVES APPLE	DIRECTOR	0		
1220 PARK AVENUE APT 13B NEW YORK, NY 10128	0 10			

Form 990PF Part XV Line 1a - 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).

contributed more than \$5/500/i
SAMUELT REEVES
CHARLES SCOTT HULME
ELIZABETH W REEVES
ELIZABETH R HULME
SANDRA R SPEARS
VIDGINIA DEEVES ADDIE

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
ALONGSIDE MINISTRIES INTERNATIONAL PO BOX 13159 OAKLAND,CA 94661	NONE	PC	ONGOING MINISTRIES	5,000
AUDUBON CONNECTICUT 613 RIVERSVILLE ROAD GREENWICH,CT 06831	NONE	PC	AUDUBON CONNECTICUT FLAGSHIP FUND	2,500
BAY AREA LYME FOUNDATION 884 PORTOLA ROAD SUITE A7 PORTOLA VALLEY,CA 94028	NONE	PC	ONGOING RESEARCH AND OPERATIONS	2,500
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA,TN 37405	NONE	PC	ONGOING OPERATIONS (IN MEMORY OF SCOTT L PROBASCO)	2,500
BODHI TREE FOUNDATION 12613 PINNACLE LOOP TRUCKEE,CA 96161	NONE	PC	ONGOING MINISTRIES	10,000
BONE MARROW FOUNDATION 515 MADISON AVENUE SUITE 1130 NEW YORK, NY 10022	NONE	PC	ONGOING OPERATIONS	1,580
BONE MARROW FOUNDATION 515 MADISON AVENUE SUITE 1130 NEW YORK, NY 10022	NONE	PC	SANTA CLAUS SPONSORSHIP	4,400
BOYS GIRLS CLUBS OF AMERICA 1250 BROADWAY 36TH FLOOR NEW YORK,NY 10001	NONE	PC	ONGOING OPERATIONS	5,000
BOYS AND GIRLS CLUB OF GREENWICH 4 HORSENECK LANE GREENWICH,CT 06830	NONE	PC	ANNUAL FUND	5,000
BOYS GIRLS CLUBS OF HENDERSON COUNT PO BOX 1460 HENDERSONVILLE,NC 28793	NONE	PC	ONGOING OPERATIONS (IN HONOR OF SUE FAZIO)	25,000
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH,CT 06830	NONE	PC	CAPITAL CAMPAIGN, SENIOR FUND	55,000
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH,CT 06830	NONE	PC	WICK ANNUAL FUND	10,000
CARMEL PRESBYTERIAN CHURCH PO BOX 846 CARMEL,CA 93921	NONE	PC	ONGOING MINISTRIES	25,000
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET NEW YORK,NY 10022	NONE	PC	ONGOING OPERATIONS	13,600
COMMUNITY FOUND OF GREATER CHATTANO 1270 MARKET STREET CHATTANOOGA,TN 37402	NONE	PC	CHATTANOOGA HEROES FUND	1,000
Total		<u> </u> 	▶ 3a	3,482,730

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
COMMUNITY FOUND OF WESTERN NC	NONE	PC	FOUNDERS LEVEL (WHGC FOUNDATION)	5,000
4 VANDERBILT PARK DRIVE SUITE 300 ASHEVILLE,NC 28803				
COMMUNITY HOSPITAL FOUNDATION 40 RYAN COURT SUITE 200 MONTEREY,CA 93940	NONE	PC	PARTNERS IN CARING	50,000
ESTEBAN TOLEDO FAMILY FOUNDATION 9 LA CANADA IRVINE,CA 92062	NONE	PC	ONGOING OPERATIONS	5,000
EVANGEL HOME 137 NORTH YOSEMITE FRESNO,CA 93701	NONE	PC	ONGOING MINISTRIES	1,000
FOCUS PO BOX 1027 NEW CANAAN,CT 06840	NONE	PC	ANNUAL NATIONAL FUND, FAIRFIELD/WEST- CHESTER ONGOING OPERATIONS	25,000
FOUNTAIN HOUSE 425 WEST 47TH STREET NEW YORK,NY 10036	NONE	PC	ONGOING OPERATIONS	1,200
HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK,NY 10035	NONE	PC	2015 LEADERSHIP	250,000
HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK,NY 10035	NONE	PC	ONGOING OPERATIONS	25,000
HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK,NY 10035	NONE	PC	GEOFF CANADA SCHOLARSHIP FUND	50,000
HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK,NY 10035	NONE	PC	GEOFF CANADA SCHOLARSHIP FUND	10,000
HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK,NY 10035	NONE	PC	ONGOING OPERATIONS	10,000
HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK,NY 10035	NONE	PC	ONGOING OPERATIONS	250,000
HARVARD BUSINESS SCHOOL TEELE HALL SOLDIERS FIELD BOSTON,MA 02163	NONE	PC	ANNUAL CAMPAIGN	30,000
INTERVARSITY CHRISTIAN FELLOWSHIP 697 E 7TH STREET CHICO,CA 95928	NONE	PC	ONGOING MINISTRIES	5,000
JUPITER MEDICAL CENTER FOUNDATION 1210 SOUTH OLD DIXE HWY BLDG 1002E JUPITER, FL 33458	NONE	PC	DEGEORGE PAVILION, FOUNDERS HEALTH NETWORK	100,000
Total				3,482,730

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
LA FELIZ GUILD 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636	NONE	PC	ONGOING OPERATIONS	2,500
LANNA FOUNDATIONITDP INTERNATIONAL PMB 79 1099 E CHAMPLAIN AVE STE A FRESNO,CA 93720	NONE	PC	INTEGRATED TRIBAL DEVELOPMENT PROGRAM	10,000
LOST TREE CHAPEL 11149 TURTLE BEACH ROAD N PALM BEACH,FL 33408	NONE	PC	ONGOING OPERATIONS AND MINISTRIES	50,000
LOST TREE VILLAGE CHARITABLE FOUNDA 8 CHURCH LANE N PALM BEACH,FL 33408	NONE	PC	ONGOING OPERATIONS	3,500
LOST TREE VILLAGE CHARITABLE FOUNDA 8 CHURCH LANE N PALM BEACH,FL 33408	NONE	PC	ONGOING OPERATIONS	5,000
MACEDONIA MINISTRY FOUNDATION 3445 PEACHTREE ROAD NE SUITE 175 ATLANTA, GA 30326	NONE	PC	ONGOING MINISTRIES	500,000
MANHATTAN CHRISTIAN ACADEMY 401 WEST 205TH STREET NEW YORK,NY 10034	NONE	PC	ONGOING OPERATIONS	15,000
NATIONAL FOUND OF SWALLOWING DISORD PO BOX 3725 CARMEL,CA 93921	NONE	PC	ONGOING OPERATIONS AND RESEARCH	2,500
NUS EDUCATION ASSOCIATION 555 EIGHTH AVENUE SUITE 1102 NEW YORK,NY 10018	NONE	PC	ONGOING OPERATIONS	2,500
PAVE ACADEMY CHARTER SCHOOL 732 HENRY STREET BROOKLYN,NY 11231	NONE	PC	GOLDEN BRICK	5,000
REFORMED UNIVERSITY FELLOWSHIP PO BOX 890004 CHARLOTTE,NC 28289	NONE	PC	BRITTON WOOD, STANFORD UNIVERSITY MINISTRY	1,500
RESURRECTION EPISCOPAL DAY SCHOOL 119 EAST 74TH STREET NEW YORK,NY 10021	NONE	PC	ANNUAL FUND	15,000
SALVATION ARMY MONTEREY PENINSULA C PO BOX 1884 MONTEREY,CA 93942	NONE	PC	ONGOING OPERATIONS	5,000
SANTA CATALINA SCHOOL 1500 MARK THOMAS DRIVE MONTEREY,CA 93940	NONE	PC	ONGOING OPERATIONS	15,000
MEMORIAL SLOAN KETTERING CANCER CEN 633 THIRD AVENUE THIRD FLOOR NEW YORK,NY 10017	NONE	PC	ONGOING OPERATIONS AND RESEARCH	5,000
Total				3,482,730

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
	or substantial contributor			
a Paid during the year				
SOCIETY OF MEMORIAL SLOAN KETTERING 1233 YORK AVENUE SUITE B101 NEW YORK,NY 10065	NONE	PC	PEDIATRIC CANCER RESEARCH	700
SPENCE SCHOOL 22 EAST 91ST STREET NEW YORK,NY 10128	NONE	PC	ANNUAL FUND	16,000
STANFORD MEDICAL CENTER DEVELOPMENT 3172 PORTER DRIVE SUITE 210 PALO ALTO,CA 94304	NONE	PC	DR MONTOYA ME/CFS INITIATIVE	5,000
STANFORD UNIVERSITY PO BOX 20466 STANFORD,CA 94309	NONE	PC	SINGLE CHECK DATED NOVEMBER 2,2015 FOR PSYCIATRY RESEARCH FUND, \$100,000, NEUROSURGERY FUND, \$200,000, PROVOST FUND, \$200,000, SQUASH ENDOWMWNT FUND, \$200,000	700,000
STANFORD UNIVERSITY PO BOX 20466 STANFORD,CA 94309	NONE	PC	SQUASH PROGRAM	25,000
STANFORD UNIVERSITY PO BOX 20466 STANFORD,CA 94309	NONE	PC	STANFORD FUND FOR UNDERGRADUATE EDUCATION	15,000
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	NONE	PC	STANFORD INNOVATION PARTNERS FUND	500,000
STANWICH CONGREGATIONAL CHURCH 202 TACONIC ROAD GREENWICH,CT 06831	NONE	PC	ANNUAL OPERATING BUDGET, PROPERTY ACQUISITION	125,000
STANWICH CONGREGATIONAL CHURCH 202 TACONIC ROAD GREENWICH,CT 06831	NONE	PC	ONGOING MINISTRIES	125,000
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN,CT 06513	NONE	PC	ONGOING OPERATIONS	5,000
THE JOHN BURTON FOUNDATION 235 MONTGOMERY STREET SAN FRANCISCO,CA 94104	NONE	PC	ONGOING OPERATIONS	2,500
THE WESTMINSTER SCHOOLS 1424 WEST PACES FERRY ROAD NW ATLANTA, GA 30327	NONE	PC	ANNUAL FUND	5,000
UBUNTU EDUCATION FUND 32 BORADWAY SUITE 414 NEW YORK,NY 10004	NONE	PC	UBUNTU GALA HONORING BILL AND JAMI VOGE	5,000
UCSF FOUNDATIONCARDIOLOGY 555 MISSION BAY BLVD SOUTH 352W SAN FRANCISCO,CA 94158	NONE	PC	CARDIOLOGY COUNCIL	25,000
UNC SCHOOL OF SOCIAL WORK 325 PITTSBORO STREET CHAPEL HILL, NC 27599	NONE	PC	DOCTORAL PROGRAM SUPPORT	250,000
Total			▶ 3a	3,482,730

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	7	recipient	Contribution	
a Paid during the year				
URBAN YOUTH IMPACT 22823 N AUSTRALIAN AVENUE WPALM BEACH,FL 33407	NONE	PC	ONGOING OPERATIONS	5,000
UNIVERSITY OF VIRGINIA FUND PO BOX 400314 CHARLOTTESVILLE,VA 22904	NONE	PC	MCINTIRE ANNUAL FUND, PRESIDENT'S FUND, COLLEGE FOUNDATION, THEOLOGICAL HORIZONS, DART ALS CLINIC, ALUMNI ASSOCIATION	25,000
VALLEY CHILDRENS HOSPITAL FOUNDATIO 9300 VALLEY CHILDRENS PLACE MADERA,CA 93636	NONE	PC	ONGOING OPERATIONS (IN HONOR OF EARL SMITTCAMP)	25,000
WASHINGTON LEE UNIVERSITY 204 EAST WASHINGTON STREET LEXINGTON,VA 24450	NONE	PC	ANNUAL FUND	750
Total			▶ 3a	3,482,730

TY 2015 Accounting Fees Schedule

Name: THE REVEAS FOUNDATION

EIN: 22-3621474

Software ID: 15000324

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX RETURN PREPARATION	2,850	2,850	0	0

TY 2015 General Explanation Attachment

Name: THE REVEAS FOUNDATION

EIN: 22-3621474

Software ID: 15000324

Identifier	Return Reference	Explanation
	General Explanation Supplemental Information for Form 990- PF	PART I, LINE 1CONTRIBUTIONS RECEIVED===================================

Identifier	Return Reference	Explanation
	General Explanation Supplemental Information for Form 990-PF	INVESTMENTS IN CORPORATE STOCK====================================

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491243000046

TY 2015 Investments Corporate Stock Schedule

Name: THE REVEAS FOUNDATION

EIN: 22-3621474

Software ID: 15000324

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PREMIER VALLEY BANK (PVLY)	3,373	1,631
AMERICAN AIRLINES (AAL)	30,712	33,880
INTERACTIVE BROKERS (IBKR)	71,588	87,200

TY 2015 Legal Fees Schedule

Name: THE REVEAS FOUNDATION

EIN: 22-3621474

Software ID: 15000324

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATUATORY REPRESENTATION (DE)	365	365	0	0

TY 2015 Other Assets Schedule

Name: THE REVEAS FOUNDATION

EIN: 22-3621474

Software ID: 15000324

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
ORGANIZATION/FORMATION COSTS	11,730	11,730	

TY 2015 Other Expenses Schedule

Name: THE REVEAS FOUNDATION

EIN: 22-3621474

Software ID: 15000324

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADR MANAGEMENT FEE	292	292		
LICENSES & PERMITS	124	124		
MORGAN STANLEY FEE	25	25		

TY 2015 Taxes Schedule

Name: THE REVEAS FOUNDATION

EIN: 22-3621474

Software ID: 15000324

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CA ATTORNEY GENERAL REGISTRY	150	150		
CA FRANCHISE TAX BOARD	25	25		
U S DEPART OF THE TREASURY	1,000	1,000		

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As Filed Data

DLN: 93491243000046

OMB No 1545-0047

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2015

Employer identification number

THERE	EVEAS FOUNDATIO	N	
			22-3621474
Organ	ization type (check o	one)	
Filers	of:	Section:	
Form 9	90 or 990-EZ	「 501(c)() (enter number) organization	
			1
Form 9	90-PF	▽ 501(c)(3) exempt private foundation	
		☐ 501(c)(3) taxable private foundation	
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule See instructions
Gener	al Rule		
I		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions many one contributor. Complete Parts I and II. See instructions for determining a	
Specia	al Rules		
Γ	under sections 509(a received from any or	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% supply (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part the contributor, during the year, total contributions of the greater of (1) \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	II, line 13, 16a, or 16b, and that
Γ	during the year, total	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions of more than \$1,000 exclusively for religious, charitable, scientific cruelty to children or animals Complete Parts I, II, and III	•
Г	during the year, cont this box is checked, purpose Do not com	described in section $501(c)(7)$, (8) , or (10) filing Form 990 or 990-EZ that receive ributions $exclusively$ for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an $exclusively$ plete any of the parts unless the General Rule applies to this organization becaute, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, ause it received nonexclusively

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

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), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization **Employer identification number** THE REVEAS FOUNDATION 22-3621474 Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed Part I (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution See Additional Data Table Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contribution) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash \$ (Complete Part II for noncash Name of organization
THE REVEAS FOUNDATION

Employer identification number

22-3621474

Part II	Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed		7021474
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	See Additional Data Table	\$	
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

edule B (1 01111 990, ne of organization	990-EZ, or 990-PF) (2015)		Page 4 Employer identification number
REVEAS FOUND	PATION		22-3621474
total more line entry of \$1,000 c	than \$1,000 for the year from any or	tions to organizations describ ne contributor. Complete colu ll, enter the total of <i>exclusivel</i> i nation once. See instructions	ped in section 501(c)(7), (8), or (10) that imns (a) through (e) and the following y religious, charitable, etc., contributions
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· -	Transferee's name, address, and	(e) Transfer of gift ZIP4	Relationship of transferor to transferee
(a) 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	ZIP4	Relationship of transferor to transferee
(a) 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		Relationship of transferor to transferee
(a) From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
-			

Software ID: 15000324 **Software Version:** 2015v2.0

EIN: 22-3621474

Name: THE REVEAS 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
	C SCOTT ELIZABETH R HULME PO BOX 1733	\$ 100,000	Person
	PEBBLE BEACH, CA 93953		(Complete Part II for noncash contribution)
	DAVID VIRGINIA APPLE 1220 PARK AVENUE APT 13B	\$ 75,000	Person F Payroll F
	NEW YORK, NY 101281733	<u> </u>	Noncash (Complete Part II for noncash contribution)
	MACFARLANE CHARITABLE LEAD AN TRUST C/O 7075 N CHESTNUT SUITE 101	\$ 241,920	Person F Payroll F Noncash
	FRESNO, CA 937200356		(Complete Part II for noncash contribution)
	SAMUEL T ELIZABETH W REEVES 12167 TURTLE BEACH ROAD	\$ 682,106	Person F Payroll F Noncash
	PALM BEACH GARDENS, FL334082940		(Complete Part II for noncash contribution)
	SAMUEL T ELIZABETH W REEVES 12167 TURTLE BEACH ROAD	\$ 541,831	Person
	PALM BEACH GARDENS, FL334082940		(Complete Part II for noncash contribution)
	SAMUEL T ELIZABETH W REEVES 12167 TURTLE BEACH ROAD	\$ 782,587	Person ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	PALM BEACH GARDENS, FL334082940		(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
7			Person C
	SAMUEL T ELIZABETH W REEVES		Payroll 🔽
	12167 TURTLE BEACH ROAD	\$ 752,773	Noncash
	PALM BEACH GARDENS, FL334082940		(Complete Part II for noncash contribution)
0			Person _
8	DAVID ANNESLEY MACFARLANE		Payroll 🔽
	2 PHEASANT LANE	\$ 112,514	Noncash
	GREENWICH, CT 06830		
			(Complete Part II for noncash contribution)
9			Person [
	DAVID ANNESLEY MACFARLANE		Payroll 🔽
	2 PHEASANT LANE	\$ 255,775	Noncash
	GREENWICH, CT 06830		(Complete Part II for
			noncash contribution)
10			Person [
	DAVID ANNESLEY MACFARLANE		Payroll i
	2 PHEASANT LANE	\$ 219,097	Noncash
	GREENWICH, CT 06830		(Complete Part II for
			noncash contribution)
11			Person [
	DAVID ANNESLEY MACFARLANE		Payroll 🔽
	2 PHEASANT LANE	\$ 287,922	Noncash
	GREENWICH, CT 06830		,_ , , , - , - , - ,
			(Complete Part II for noncash contribution)
12			Person [
	DAVID ANNESLEY MACFARLANE		Payroll 🔽
	2 PHEASANT LANE	\$ 276,660	Noncash
	GREENWICH, CT 06830		
			(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.

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
DAVID ANNESLEY MACFARLANE 2 PHEASANT LANE GREENWICH, CT 06830	\$ 763,200	Person Payroll Noncash (Complete Part II for
	DAVID ANNESLEY MACFARLANE 2 PHEASANT LANE	Name, address, and ZIP + 4 Total contributions DAVID ANNESLEY MACFARLANE 2 PHEASANT LANE \$ 763,200

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
4	PUBLICLY TRADED SECURITIES 23,900 SHARES OF JD COMAVERAGE HIGH/LOW PRICE	\$ 682,106	2015-03-18
5	PUBLICLY TRADED SECURITIES17,489 SHARES OF JD COMAVERAGE HIGH/LOW PRICE	\$ 541,831	2015-04-07
6	PUBLICLY TRADED SECURITIES22,382 SHARES OF JD COMAVERAGE HIGH/LOW PRICE	\$ 782,587	2015-04-28
7	PUBLICLY TRADED SECURITIES 22,374 SHARES OF JD COMAVERAGE HIGH/LOW PRICE	\$ 752,773	2015-05-15
8	PUBLICLY TRADED SECURITIES4,245 SHARES OF JD COMAVERAGE HIGH/LOW PRICE	\$ 112,514	2015-02-04
9	PUBLICLY TRADED SECURITIES8,962 SHARES OF JD COMAVERAGE HIGH/LOW PRICE	\$ 255,775	2015-03-18
10	PUBLICLY TRADED SECURITIES6,529 SHARES OF JD COMAVERAGE HIGH/LOW PRICE	\$ 219,097	2015-04-16
11	PUBLICLY TRADED SECURITIES8,393 SHARES OF JD COMAVERAGE HIGH/LOW PRICE	\$ 287,922	2015-05-04
12	PUBLICLY TRADED SECURITIES8,390 SHARES OF JD COMAVERAGE HIGH/LOW PRICE	\$ 276,660	2015-05-08
13	PUBLICLY TRADED SECURITIES24,000 SHARES OF JD COMAVERAGE HIGH/LOW PRICE	\$ 763,200	2015-07-06