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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation OARSMEN FOUNDATION		A Employer identification number 33-0754362	
Number and street (or P O box number if mail is not delivered to street address) 25550 HAWTHORNE BLVD NO 310		Room/suite	B Telephone number (see instructions) (310) 791-3343
City or town, state or province, country, and ZIP or foreign postal code TORRANCE, CA 90505		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 28,187,645		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	4,777,007			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	17,391	17,391	17,391	
	4 Dividends and interest from securities	498,869	498,869	498,869	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	2,699,267			
	b Gross sales price for all assets on line 6a 12,188,659				
	7 Capital gain net income (from Part IV , line 2)		2,699,267		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	7,992,534	3,215,527	516,260	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	12,065	12,065	0	0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	86,953	9,754	0	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	130,239	128,748	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	229,257	150,567	0	0
	25 Contributions, gifts, grants paid	878,150			878,150
	26 Total expenses and disbursements. Add lines 24 and 25	1,107,407	150,567	0	878,150
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursement	6,885,127			
	b Net investment income (if negative, enter -0-)		3,064,960		
	c Adjusted net income (if negative, enter -0-)			516,260	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	206,929	35,352	35,352
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ 265,006 Less allowance for doubtful accounts ▶ _____ 0	270,887	265,006	265,006
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)	0	108,355	116,045
	b	Investments—corporate stock (attach schedule)	13,883,624	20,791,956	27,676,436
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	102,009	94,806
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	14,361,440	21,302,678	28,187,645	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)	0	56,111	
	23	Total liabilities(add lines 17 through 22)	0	56,111	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	14,361,440	14,361,440	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	0	6,885,127	
	30	Total net assets or fund balances(see instructions)	14,361,440	21,246,567	
31	Total liabilities and net assets/fund balances(see instructions)	14,361,440	21,302,678		

Part III Analysis of Changes in Net Assets or Fund Balances				
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	14,361,440	
2	Enter amount from Part I, line 27a	2	6,885,127	
3	Other increases not included in line 2 (itemize) ▶ _____	3	0	
4	Add lines 1, 2, and 3	4	21,246,567	
5	Decreases not included in line 2 (itemize) ▶ _____	5	0	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	21,246,567	

Part IV Capital Gains and Losses for Tax on Investment Income

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)	Date sold (d) (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

(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)
a	See Additional Data Table		
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a	See Additional Data Table		
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	<div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div>	2	2,699,267
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	433,319

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	797,956	14,361,438	0 055562
2013	736,868	14,050,684	0 052444
2012	530,328	11,436,413	0 046372
2011	506,031	10,936,125	0 046272
2010	407,685	10,253,185	0 039762

2	Total of line 1, column (d).	2	0 240412
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 048082
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	19,697,998
5	Multiply line 4 by line 3.	5	947,119
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	30,650
7	Add lines 5 and 6.	7	977,769
8	Enter qualifying distributions from Part XII, line 4.	8	878,150

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	61,299
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	61,299
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	61,299
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	9,500
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868).	6c	56,000
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	65,500
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	224
9	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 overpaid ▶	10	3,977
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 3,977 Refunded ▶	11	0

Part VII-A **Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
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			
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? <i>If "Yes," attach a detailed description of the activities</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
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	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	Yes	
14 The books are in care of ► <u>GL SCHULER</u> Telephone no ► <u>(310) 791-3343</u> Located at ► <u>25550 HAWTHORNE BLVD SUITE 310 TORRANCE CA</u> ZIP+4 ► <u>90505</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year	15		0
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ►	16	Yes	No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(6) Agree to pay money or property to a government official? (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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b				
Organizations relying on a current notice regarding disaster assistance check here. ►				
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 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))				
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____				
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). 2b				
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i>). 3b				
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a			No
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b			No

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here. ►

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No
If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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
See Additional Data Table				

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

[illegible]

Total number of other employees paid over \$50,000.	0
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Part VIII

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

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

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

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	19,876,828
b	Average of monthly cash balances.	1b	121,140
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	19,997,968
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	19,997,968
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	299,970
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	19,697,998
6	Minimum investment return. Enter 5% of line 5.	6	984,900

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

1	Minimum investment return from Part X, line 6.	1	984,900
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	61,299
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	61,299
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	923,601
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	923,601
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	923,601

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	878,150
b	Program-related investments—total from Part IX-B.	1b	0
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		
a	Suitability test (prior IRS approval required).	3a	
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	878,150
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	878,150

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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				923,601
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 878,150				
a Applied to 2014, but not more than line 2a			0	
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 2015 distributable amount.				878,150
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015 (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	0			
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 amount—see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				45,451
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				
d Excess from 2014.				
e Excess from 2015.				

Part XIV

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b

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV

1

a

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2

Check here ☐ if you received this unsolicited request without any other conditions.

a

b

C

d

Part XV

Supplementary Information(continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total</div>			<div>3a</div>	878,150
<div>b Approved for future payment</div>				
<div>Total</div>			<div>3b</div>	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.		1a(1)	No
(2) Other assets.		1a(2)	No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.		1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)	No
(3) Rental of facilities, equipment, or other assets.		1b(3)	No
(4) Reimbursement arrangements.		1b(4)	No
(5) Loans or loan guarantees.		1b(5)	No
(6) Performance of services or membership or fundraising solicitations.		1b(6)	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c	No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Signature of officer or trustee</div>	<div style="text-align: center;">2016-11-11</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Date</div>	<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Title</div>

May the IRS discuss this return with the preparer shown below?
 (see instr.)? ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name ROSS H O'BRIEN	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00965565
	Firm's name <input type="checkbox"/> SERVATIUS O'BRIEN & FONG LLP			Firm's EIN <input type="checkbox"/> 45-5514068	
	Firm's address <input type="checkbox"/> 2980 COLUMBIA STREET TORRANCE, CA 90503			Phone no <input type="checkbox"/> (310) 539-9400	

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

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)
FIDELITY 740	P		
FIDELITY 740	P		
MORGAN STANLEY 019517052	P		
MORGAN STANLEY 019517052	P		
MORGAN STANLEY 019517052	P		
FIDELITY 842	P		
FIDELITY 842	P		
WELLS FARGO 0368	P		
WELLS FARGO 0368	P		
WELLS FARGO 8758	P		

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
857		854	3
5,014		36	4,978
197,345		191,110	6,235
16,577		15,971	606
1,122,607		749,613	372,994
4,642,307		4,400,609	241,698
1,869,334		942,590	926,744
17,459		18,117	-658
127,538		86,078	41,460
219,140		218,410	730

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			3
			4,978
			6,235
			606
			372,994
			241,698
			926,744
			-658
			41,460
			730

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

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)
WELLS FARGO 8758	P		
WELLS FARGO 8758	P		
WHITTIER TRUST (ACTAVIS PLCSHS)	P		
WHITTIER TRUST (SYNCHRONY FINLCOM)	P		
WHITTIER TRUST (ALLERGAN INCCOM)	P		
MORGAN STANLEY 019492052	P		
MORGAN STANLEY 019492052	P		
MORGAN STANLEY 019492052	P		
MORGAN STANLEY 019492052	P		
G/L ON PARTNERSHIPS	P		

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
267,814		222,286	45,528
13,568		6,758	6,810
178		166	12
11		7	4
294,478		35,479	258,999
1,076,974		909,921	167,053
169,436		152,070	17,366
1,598,912		1,237,300	361,612
548,836		302,017	246,819
274			274

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			45,528
			6,810
			12
			4
			258,999
			167,053
			17,366
			361,612
			246,819
			274

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
GL SCHULER	25550 HAWTHORNE BLVD 310 TORRANCE,CA 90505	VICE PRESIDENT 0 00	0	0	0
ROSALIE T SCHULER	25550 HAWTHORNE BLVD 310 TORRANCE,CA 90505	SECRETARY 0 00	0	0	0
HUNT SCHULER	10490 SW 136TH PLACE BEAVERTON,OR 97008	VICE PRESIDENT 0 00	0	0	0
SCOTT D SCHULER	285 W 6TH STREET 518 SAN PEDRO,CA 90731	VICE PRESIDENT 0 00	0	0	0
KIMBERLY S WHITCOMBE	2800 VIA SEGOVIA PALOS VERDES ESTATES,CA 90274	PRESIDENT 0 00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ALPINE CAMP CONFRENCE CENTER 415 CLUB HOUSE DRIVE BLUE JAY,CA 92317	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
ASIAN ACCESS 2214 W TORRANCE BOULEVARD TORRANCE,CA 90501	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	20,000
BETHANY CHRISTIAN FELLOWSHIP 792 W 10TH STREET SAN PEDRO,CA 90731	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
BIOLA UNIVERSITY 13800 BIOLA AVENUE LA MIRADA,CA 90639	NONE	UNIVERSITY	FUNDS FOR CHARITY	10,000
BIRTH CHOICE 92 ARGONART SUITE 205 ALISO VIEJO,CA 92656	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
BOY SCOUTS OF AMERICA 2333 SCOUT WAY LOS ANGELES,CA 90026	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	15,000
CALIFORNIA HIGHWAY PATROL 2244 NORTH STATE COLLEGE BOULEVARD FULLERTON,CA 92831	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	2,000
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO,FL 32862	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	30,000
CHILD HOPE INTERNATIONAL 1970 S PROSPECT SUITE 3 REDONDO BEACH,CA 90277	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
CHRYSLIS 1857 LINCOLN BLVD SANTA MONICA,CA 90404	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
CHURCH FOR THE NATION 1015 N CENTRAL GLENDALE,CA 91202	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
COMMUNITY'S CHILD PO BOX 367 HARBOR CITY,CA 90710	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE 2ND FLOOR NEW YORK,NY 10001	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	15,000
DOORS OF HOPE WOMEN'S SHELTERFLATWA 525 BROAD AVENUE WILMINGTON,CA 90744	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	15,000
DOWNTOWN BIBLE CLASS PO BOX 19191 PORTLAND,OR 97280	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	7,000
Total ▶ 3a				878,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
EVERY NATION MINISTRIES PO BOX 1787 BRENTWOOD,TN 37024	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
FELLOWSHIP OF CHRISTIAN ATHLETES 415 W TORRANCE BLVD CARSON,CA 90745	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	7,000
FOR OUR CHILDREN PO BOX 7000-375 REDONDO BEACH,CA 90277	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
GEORGE FOX UNIVERSITY 414 N MERIDIAN ST 6256 NEWBERG,OR 97132	NONE	UNIVERSITY	FUNDS FOR CHARITY	3,000
GOOD NEIGHBORS WATER FOR LIFE 2301 E 7TH STREET A-248 LOS ANGELES,CA 90023	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
HABITAT FOR HUMANITY 17700 S FIGUEROA STREET LOS ANGELES,CA 90248	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	4,000
HAND IN PAW RESCUE 2598 STARCREST DRIVE DUARTE,CA 91010	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	2,000
HEALTHCARE ELDER LAW PROGRAM HELP 1404 CRAVENS AVENUE TORRANCE,CA 90501	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
HELP THE HOMELESS HELP THEMSELVES PO BOX 3363 PALOS VERDES,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	2,000
HIS NESTING PLACE 350 EAST MARKET STREET LONG BEACH,CA 90805	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
HOMEBOY INDUSTRIES 130 W BRUNO STREET LOS ANGELES,CA 90012	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	15,000
HOPE FOR THE WARRIORS 5101C BACKLICK ROAD ANNANDALE,VA 22003	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	15,000
INTERNATIONAL CARE MINISTRIES 30 HIDDEN VALLEY ROAD ROLLING HILLS ESTATE,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
INTERNATIONAL JUSTICE MISSION PO BOX 969611 WASHINGTON,DC 20090	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
JACKSON HOLE LAND TRUST PO BOX 2897 JACKSON,WY 83001	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	500
Total ▶ 3a				878,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
JANE'S HOUSE PO BOX 167 PORT ORCHARD,WA 98366	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
KINDRED IMAGE 5200 W CENTURY BOULEVARD 718 LOS ANGELES,CA 90045	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
LITTLE SISTERS OF THE POOR 2100 SOUTH WESTERN AVE SAN PEDRO,CA 90732	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
LONG BEACH RESCUE MISSION 1430 PACIFIC AVENUE LONG BEACH,CA 90801	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
LOS ANGELES BIOMED 1124 WEST CARSON ST BLDG N- 14RM21 TORRANCE,CA 90502	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
LOS ANGELES MISSION 303 EAST 5TH STREET LOS ANGELES,CA 90013	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
LUIS PALAU EVANGELISTIC ASSOC PO BOX 50 PORTLAND,OR 97207	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2440 S SEPULVEDA BLVD STE 115 LOS ANGELES,CA 90064	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
OCEANSIDE CHRISTIAN FELLOWSHIP 343 CORAL CIRCLE EL SEGUNDO,CA 90245	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
OHSU MS CENTER OF OREGON 1121 SW SALMON STREET 200 PORTLAND,OR 97205	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	20,000
OPERATION GRATITUDE PO BOX 260257 ENCINO,CA 91426	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	25,000
PALOS VERDES ART CENTER 550 DEEP VALLEY DRIVE ROLLING HILLS ESTATE,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	35,000
PALOS VERDES GOLF CLUB 3301 VIA CAMPESINA PVE,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	1,000
PALOS VERDES PERFORMING ARTS 27570 NORRIS CENTER DRIVE ROLLING HILLS ESTATE,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	2,500
PENINSULA COMMITTEE CHILDREN HOSPIT PO BOX 801 ROLLING HILLS ESTATE,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	35,000
Total ▶ 3a				878,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
PENINSULA EDUCATION FOUNDATION PO BOX 2632 PALOS VERDES PENINSU,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
PENINSULA FRIENDS OF THE LIBRARY PO BOX 2361 PALOS VERDES ESTATES,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	1,000
PENNINSULA SYMPHONY ASSOC PO BOX 2602 PALOS VERDES PENNISU,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	1,000
POINT LOMA NAZARENE UNIVERSITY 3900 LOMALAND DRIVE SAN DIEGO,CA 92106	NONE	UNIVERSITY	FUNDS FOR CHARITY	10,000
PROJECT MEXICO 7 EL PORTAL PALOS VERDES ESTATES,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
PROVIDENC TRINITYCARE HOSPICE FOUND 2601 AIRPORT DRIVE SUITE 230 TORRANCE,CA 90505	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	6,000
PROVIDENCE LITTE COMPANY OF MARY FO 4101 TORRANCE BLVD TORRANCE,CA 90503	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	35,000
PV HIGH SCHOOL BOOSTER CLUB PO BOX 818 PALOS VERDES ESTATES,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
PV PENINSULA LAND CONSERVANCY 916 SILVER SPUR ROAD 207 ROLLING HILLS ESTATE,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
REALITY LA PO BOX 931625 LOS ANGELES,CA 90093	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
ROLLING HILLS CONVENANT CHURCH 2222 PALOS VERDES DRIVE NORTH ROLLING HILL ESTATES,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	69,000
SAMARITAN'S PURSE PO BOX 3000 BOONE,NC 28607	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	30,000
SOLID ROCK 10500 SW NIMBUS AVE PORTLAND,OR 97008	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
SONSHINE SPECIALIZED CAMPING MINIST PO BOX 1527 WOODBIDGE,CA 95258	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	15,000
SOUTH BAY LACROSSE ASSOCIATION 1500 CHELSEA ROAD PVE,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	500
Total ▶ 3a				878,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SOWERS INTERNATIONAL PO BOX 2260 ORANGE,CA 92859	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE NE WASHINGTON,DC 20002	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	6,000
THE HOOVER INSTITUTION 326 GALVEZ STREET STANFORD,CA 94305	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
TORRANCE MEMORIAL MEDICAL CEN 3330 LOMITA BLVD TORRANCE,CA 90505	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	33,250
TORRANCE-SOUTH BAY YMCA 2900 W SEPULVEDA BLVD TORRANCE,CA 90505	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
UNION RESCUE MISSION 545 S SAN PEDRO STREET LOS ANGELES,CA 90013	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
USC NORRIS CANCER CENTER PO BOX 80220 LOS ANGELES,CA 90080	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	1,000
VILLAGE ENTERPRISE 751 LAUREL STREET PMB 222 SAN CARLOS,CA 94070	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	15,000
VISTAS FOR CHILDREN PO BOX 7000-251 REDONDO BEACH,CA 90277	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	2,500
WAGS AND WALKS 871 SANTA MONICA BOULEVARD 344 WEST HOLLYWOOD,CA 90069	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	1,000
WESTSIDE GERMAN SHEPHERD RESCUE 3016 S HILL STREET LOS ANGELES,CA 90007	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	1,000
WORLD VISION PO BOX 70200 TACOMA,WA 98481	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
YOUNG LIFE PO BOX 520 COLORADO SPRINGS,CO 80901	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	20,000
ST FRANCIS 2200 VIA ROSA PALOS VERDES,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	1,500
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE,MI 49242	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	1,000
Total ▶ 3a				878,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PBS PO BOX 33816 LOS ANGELES,CA 90033	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	50
BEACH CITIES SYMPHONY PO BOX 248 REDONDO BEACH,CA 90277	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	250
AFTER HOURS MINISTRY PO BOC 93275 LOS ANGELES,CA 90093	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
IGLESIA CRISTIANA 25606 SOUTH NORMANDIE HARBOR CITY,CA 90710	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	2,000
JOAN MOE LEGACY FUND 27570 NORRIS CENTER DRIVE ROLLING HILL ESTATES,CA 90274	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
USC ASSOCIATES 635 CHILDS WAY LOS ANGELES,CA 90089	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	40,000
DESERT COMMUNITY FOUNDATION 75-105 MERLE DR PALM DESERT,CA 92211	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	100
SOUTH BAY CHILDREN'S HEALTH 4105 S CAMINO REAL REDONDO BEACH,CA 90277	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
RIVER CHURCH OF THE SOUTH BAY 3525 LOMITA BLVD TORRANCE,CA 90505	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	10,000
WYCLIFFE BIBLE TRANSLATION PO BOX 628200 ORLANDO,FL 35862	NONE	PUBLIC CHARITY	FUNDS FOR CHARITY	5,000
Total ▶ 3a				878,150

TY 2015 Accounting Fees Schedule**Name:** OARSMEN FOUNDATION**EIN:** 33-0754362

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	12,065	12,065	0	0

TY 2015 Investments Corporate Stock Schedule**Name:** OARSMEN FOUNDATION**EIN:** 33-0754362

Name of Stock	End of Year Book Value	End of Year Fair Market Value
FIDELITY INVESTMENTS #114740	0	0
WELLS FARGO #0368	480,879	483,042
WELLS FARGO #8758	692,882	781,431
THE WHITTIER TRUST	10,342,374	17,117,644
FIDELITY INVESTMENTS #477842-1	3,914,509	3,868,893
UNIONBANC INVESTMENT WBB-021326	0	0
MORGAN STANLEY #019492	3,508,013	3,492,566
MORGAN STANLEY #019517	1,453,299	1,504,060
PREFERRED STOCK	400,000	428,800

TY 2015 Investments Government Obligations Schedule**Name:** OARSMEN FOUNDATION**EIN:** 33-0754362**US Government Securities - End of
Year Book Value:**

108,355

**US Government Securities - End of
Year Fair Market Value:**

116,045

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2015 Investments - Other Schedule

Name: OARSMEN FOUNDATION

EIN: 33-0754362

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ENERGY TRANSFER LP	AT COST	102,009	94,806

TY 2015 Other Expenses Schedule**Name:** OARSMEN FOUNDATION**EIN:** 33-0754362

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	128,748	128,748	0	0
LICENSE FEES	190	0	0	0
PENALTIES	1,301	0	0	0

TY 2015 Other Liabilities Schedule**Name:** OARSMEN FOUNDATION**EIN:** 33-0754362

Description	Beginning of Year - Book Value	End of Year - Book Value
FEDERAL TAX PAYABLE	0	56,111

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

**TY 2015 Other
Notes/Loans Receivable
Long Schedule**

Name: OARSMEN FOUNDATION
EIN: 33-0754362

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
BF&O PROPERTIES LLC	UNRELATED	280,000	265,006	2013-04	2023-03	10 YEARS 5 5% INTEREST	550 0000000000 %	DEED OF TRUST	PURCHASE OF REAL ESTATE	CASH	0

TY 2015 Taxes Schedule**Name:** OARSMEN FOUNDATION**EIN:** 33-0754362

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	9,754	9,754	0	0
STATE TAXES	59	0	0	0
FEDERAL TAX	77,140	0	0	0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>OARSMEN FOUNDATION</div>	<div>Employer identification number</div> <div>33-0754362</div>
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

Name of organization OARSMEN FOUNDATION	Employer identification number 33-0754362
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Part I **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

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

Name of organization OARSMEN FOUNDATION	Employer identification number 33-0754362
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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
_____	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
_____		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____

Name of organization OARSMEN FOUNDATION	Employer identification number 33-0754362
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

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

Additional Data

Software ID:
Software Version:
EIN: 33-0754362
Name: OARSMEN FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 164,029	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
2	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 265,453	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
3	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 87,462	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
4	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 201,245	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
5	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 91,745	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
6	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 74,703	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 44,259	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contribution)
8	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 59,100	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contribution)
9	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 131,679	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contribution)
10	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 222,872	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contribution)
11	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 112,038	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contribution)
12	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 44,506	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 188,009	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
14	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 134,881	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
15	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 242,706	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
16	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 114,123	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
17	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 110,420	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
18	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 391,284	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 120,738	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
20	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 12,677	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
21	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 143,180	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
22	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 278,532	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
23	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 14,277	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
24	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 37,298	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 144,795	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
26	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 18,471	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
27	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 21,646	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
28	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 195,568	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
29	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 86,498	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
30	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505	\$ 95,299	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310	\$ 124,975	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	TORRANCE, CA 90505		
32	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310	\$ 49,686	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	TORRANCE, CA 90505		
33	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310	\$ 209,932	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	TORRANCE, CA 90505		
34	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310	\$ 227,734	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	TORRANCE, CA 90505		
35	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310	\$ 56,063	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	TORRANCE, CA 90505		
36	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310	\$ 259,124	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	TORRANCE, CA 90505		

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
<u>1</u>	4602 AMERICAN INTL GROUP INC COM NEW	<u>\$ 279,808</u>	<u>2015-11-04</u>
<u>2</u>	2193 SHARES OF AVALONBAY CMHTYS INC COM	<u>\$ 390,594</u>	<u>2015-11-04</u>
<u>3</u>	2808 SHARES OF GENERAL MILLS INC	<u>\$ 160,885</u>	<u>2015-11-04</u>
<u>4</u>	7736 SHARES OF INTEL CORP	<u>\$ 264,198</u>	<u>2015-11-04</u>
<u>5</u>	2183 SHARES OF JP MORGAN CHASE & CO	<u>\$ 143,742</u>	<u>2015-11-04</u>
<u>6</u>	1225 SHARES OF MCDONALDS CORP	<u>\$ 137,721</u>	<u>2015-11-04</u>
<u>7</u>	1174 SHARES OF MERCK & CO INC NEW COM	<u>\$ 65,190</u>	<u>2015-11-04</u>
<u>8</u>	2216 SHARES OF US BANCORP DEL COM NEW	<u>\$ 94,442</u>	<u>2015-11-04</u>
<u>9</u>	2523 SHARES OF AMERICAN INTL GROUP	<u>\$ 153,391</u>	<u>2015-11-04</u>
<u>10</u>	1420 SHARES OF AVALONBAY CMNTY	<u>\$ 252,902</u>	<u>2015-11-04</u>

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
<u>11</u>	1000 SHARES OF BERKSHIRE HATHAWAY	<u>\$ 137,430</u>	<u>2015-11-04</u>
<u>12</u>	10000 SHARES OF BT D CO H	<u>\$ 64,190</u>	<u>2015-11-04</u>
<u>13</u>	1424 SHARES OF COSTCO WHOLESALE	<u>\$ 223,709</u>	<u>2015-11-04</u>
<u>14</u>	2500 SHARES OF DU PONT E I DE	<u>\$ 160,675</u>	<u>2015-11-04</u>
<u>15</u>	4000 SHARES OF FACEBOOK INC COM	<u>\$ 415,760</u>	<u>2015-11-04</u>
<u>16</u>	521 SHARES OF FIDELITY SELECT BIOTECHNOLOGY	<u>\$ 128,115</u>	<u>2015-11-04</u>
<u>17</u>	2032 SHARES OF FOOT LOCKER INC	<u>\$ 138,956</u>	<u>2015-11-04</u>
<u>18</u>	15628 SHARES OF GENERAL ELECTRIC	<u>\$ 461,659</u>	<u>2015-11-04</u>
<u>19</u>	1328 SHARES OF HONEYWELL INTL INC	<u>\$ 137,311</u>	<u>2015-11-04</u>
<u>20</u>	378 SHARES OF JACK IN THE BOX	<u>\$ 28,859</u>	<u>2015-11-04</u>

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
<u>21</u>	6117 SHARES OF KIMCO REALTY CORP	<u>\$ 164,538</u>	<u>2015-11-04</u>
<u>22</u>	8016 SHARES OF SOUTHWEST AIRLINES	<u>\$ 373,870</u>	<u>2015-11-04</u>
<u>23</u>	153 SHARES OF MCKESSON CORP	<u>\$ 27,815</u>	<u>2015-11-04</u>
<u>24</u>	507 SHARES OF NIKE INC CLASS B	<u>\$ 66,048</u>	<u>2015-11-04</u>
<u>25</u>	4171 SHARES OF NATIONAL RETAIL PPTYS INC	<u>\$ 159,870</u>	<u>2015-11-04</u>
<u>26</u>	226 SHARES OF PEPSICO INC	<u>\$ 22,729</u>	<u>2015-11-04</u>
<u>27</u>	612 SHARES OF STARBUCKS CORP	<u>\$ 37,926</u>	<u>2015-11-04</u>
<u>28</u>	6000 SHARES OF TOLL BROTHERS INC	<u>\$ 214,620</u>	<u>2015-11-04</u>
<u>29</u>	1537 SHARES OF SELECT SECTOR SP	<u>\$ 111,111</u>	<u>2015-11-04</u>
<u>30</u>	2871 SHARES OF ABBVIE	<u>\$ 166,646</u>	<u>2015-02-13</u>

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
31	1 SHARE OF BERKSHIRE HATHAWAY INC DEL CLASS A	\$ 222,555	2015-02-13
32	619 SHARES OF BERKSHIRE HATHAWAY INC DEL CLASS B	\$ 91,822	2015-02-13
33	3482 SHARES OF COSTCO	\$ 512,268	2015-02-13
34	14710 SHARES OF CSX CORP	\$ 530,753	2015-02-13
35	6358 SHARES OF DDR CORP COM	\$ 123,413	2015-02-13
36	8918 SHARES OF WELLS FARGO & CO	\$ 493,458	2015-02-13