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

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▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

**2015**

Open to Public Inspection

For calendar year 2015, or tax year beginning , 2015, and ending

ROBERTA FREEMAN COX  
CHARITABLE FOUNDATION  
P O BOX 9938  
NEWPORT BEACH, CA 92658

**A** Employer identification number  
**33-0936915**

**B** Telephone number (see instructions)

**C** If exemption application is pending, check here ▶

**D 1** Foreign organizations, check here ▶

**2** Foreign organizations meeting the 85% test, check here and attach computation ▶

**E** If private foundation status was terminated under section 507(b)(1)(A), check here ▶

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶

**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

**H** Check type of organization

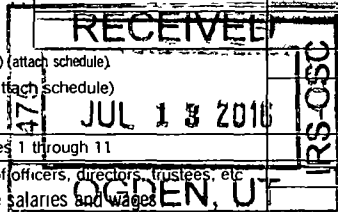
Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, column (c), line 16)  
▶ \$

**J** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis)

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, etc. received (attach schedule)	20,000.			
	<b>2</b> Ck <input type="checkbox"/> if the foundation is not required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	1.	1.	1.	
	<b>4</b> Dividends and interest from securities	25,758.	25,758.	25,758.	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	41,098.			
	<b>b</b> Gross sales price for all assets on line 6a	80,419.			
	<b>7</b> Capital gain net income (from Part IV, line 2)		41,098.		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	86,857.	66,857.	25,759.		
<b>ADMINISTRATIVE AND EXPENSES</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	0.			
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach sch) See St 1	650.			
	<b>c</b> Other prof fees (attach sch)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule)(see instrs)				
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule) See Statement 2	245.			
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	895.			
	<b>25</b> Contributions, gifts, grants paid Stmt 3	167,605.			167,605.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	168,500.	0.	0.	167,605.	
<b>27 Subtract line 26 from line 12.</b>					
<b>a Excess of revenue over expenses and disbursements</b>	-81,643.				
<b>b Net investment income</b> (if negative, enter -0-)		66,857.			
<b>c Adjusted net income</b> (if negative, enter -0-)			25,759.		



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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		44,093.	11,206.	
	2	Savings and temporary cash investments		19,622.	7,950.	
	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 sch) ▶				
		Less allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges			463.	
	10a	Investments – US and state government obligations (attach schedule)				
		b Investments – corporate stock (attach schedule)			433,242.	393,921.
		c Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis ▶				
	Less: accumulated depreciation (attach schedule) ▶					
12	Investments – mortgage loans					
13	Investments – other (attach schedule)					
14	Land, buildings, and equipment basis ▶					
	Less: accumulated depreciation (attach schedule) ▶					
15	Other assets (describe ▶ )					
16	<b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)			496,957.	413,540.	0.
LIABILITIES	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶ )			437.	
23	<b>Total liabilities</b> (add lines 17 through 22)			437.	0.	
NET ASSETS OR FUND BALANCES	<b>Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.</b> <input type="checkbox"/>					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input checked="" type="checkbox"/>					
	27	Capital stock, trust principal, or current funds			496,520.	413,540.
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
30	<b>Total net assets or fund balances</b> (see instructions)			496,520.	413,540.	
31	<b>Total liabilities and net assets/fund balances</b> (see instructions)			496,957.	413,540.	

**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	496,520.
2	Enter amount from Part I, line 27a	2	-81,643.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	414,877.
5	Decreases not included in line 2 (itemize) ▶ See Statement 4	5	1,337.
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	413,540.

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a 305 JOHNSON & JOHNSON	P	Various	6/18/15
b 486 JOHNSON & JOHNSON	P	Various	12/15/15
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 30,347.		15,162.	15,185.
b 50,072.		24,159.	25,913.
c			
d			
e			

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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			15,185.
b			25,913.
c			
d			
e			

2 Capital gain net income or (net capital loss)	[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]	2	41,098.
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	0.

**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) N/A

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 the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014			
2013			
2012			
2011			
2010			

2 Total of line 1, column (d)	2	
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	
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4	8	

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 instructions)**

<b>1 a</b> 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 instrs)		
<b>b</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	<b>1</b>	1,337.
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0.
<b>3</b> Add lines 1 and 2	<b>3</b>	1,337.
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0.
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	1,337.
<b>6</b> Credits/Payments.		
<b>a</b> 2015 estimated tax prmts and 2014 overpayment credited to 2015	<b>6 a</b>	1,800.
<b>b</b> Exempt foreign organizations – tax withheld at source	<b>6 b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6 c</b>	
<b>d</b> Backup withholding erroneously withheld	<b>6 d</b>	
<b>7</b> Total credits and payments. Add lines 6a through 6d	<b>7</b>	1,800.
<b>8</b> Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>9</b>	0.
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>10</b>	463.
<b>11</b> Enter the amount of line 10 to be: Credited to 2016 estimated tax <b>463.</b> Refunded	<b>11</b>	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1 a</b> 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?		X
<b>1 b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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>		X
<b>1 c</b> Did the foundation file Form 1120-POL for this year?		X
<b>d</b> 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.		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers $\$$ 0.		
<b>2</b> 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>		X
<b>3</b> 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>		X
<b>4 a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>4 b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
<b>6</b> 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?		X
<b>7</b> 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>	X	
<b>8 a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) N/A		
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
<b>9</b> 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>		X
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

**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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	13	X	
14	The books are in care of <b>ROBERTA COX</b> Telephone no <b>(949) 494-1513</b> Located at <b>PO BOX 9938 NEWPORT BEACH CA</b> ZIP + 4 <b>92658</b>			
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 <b>N/A</b>	15		N/A
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country	16		X

**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
1 a	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)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	N/A
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?	1 c	X
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 <b>20__ , 20__ , 20__ , 20__</b>		
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)	2 b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <b>20__ , 20__ , 20__ , 20__</b>		
3 a	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? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)	3 b	N/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4 b	X

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

**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)?  Yes  No

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) N/A

**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?  Yes  No

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?  Yes  No

	<b>5 b</b>	N/A
	<b>6 b</b>	X
	<b>7 b</b>	N/A

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERTA F. COX PO BOX 9938 NEWPORT BEACH, CA 92658	Foundation M 0	0.	0.	0.
CAROL DAVIS HAMILTON PO BOX 9938 NEWPORT BEACH, CA 92658	Treasurer 0	0.	0.	0.
RONALD LEIFER NAYMARK PO BOX 9938 NEWPORT BEACH, CA 92658	Secretary 0	0.	0.	0.
-----				

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				
-----				
-----				
-----				
-----				

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



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

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

**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.)

<b>1</b> Minimum investment return from Part X, line 6	<b>1</b>	
<b>2 a</b> Tax on investment income for 2015 from Part VI, line 5	<b>2 a</b>	1,337.
<b>b</b> Income tax for 2015 (This does not include the tax from Part VI)	<b>2 b</b>	
<b>c</b> Add lines 2a and 2b	<b>2 c</b>	1,337.
<b>3</b> Distributable amount before adjustments Subtract line 2c from line 1	<b>3</b>	-1,337.
<b>4</b> Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b> Add lines 3 and 4	<b>5</b>	-1,337.
<b>6</b> Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7 Distributable amount</b> as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	0.

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

<b>1</b> Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
<b>a</b> Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	<b>1 a</b>	167,605.
<b>b</b> Program-related investments – total from Part IX-B	<b>1 b</b>	
<b>2</b> Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	<b>2</b>	
<b>3</b> Amounts set aside for specific charitable projects that satisfy the		
<b>a</b> Suitability test (prior IRS approval required)	<b>3 a</b>	
<b>b</b> Cash distribution test (attach the required schedule)	<b>3 b</b>	
<b>4 Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	167,605.
<b>5</b> 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)	<b>5</b>	
<b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	167,605.

**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
<b>1</b> Distributable amount for 2015 from Part XI, line 7				0.
<b>2</b> Undistributed income, if any, as of the end of 2015:				
<b>a</b> Enter amount for 2014 only			0.	
<b>b</b> Total for prior years: 20 __, 20 __, 20 __		0.		
<b>3</b> Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010	100,220.			
<b>b</b> From 2011	89,065.			
<b>c</b> From 2012	107,985.			
<b>d</b> From 2013	121,667.			
<b>e</b> From 2014	131,400.			
<b>f</b> Total of lines 3a through e	550,337.			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4: \$ 167,605.				
<b>a</b> Applied to 2014, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required – see instructions)	0.			
<b>d</b> Applied to 2015 distributable amount				0.
<b>e</b> Remaining amount distributed out of corpus	167,605.			
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	717,942.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b Taxable amount – see instructions		0.		
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
<b>f</b> Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
<b>7</b> 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.			
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	100,220.			
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	617,722.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2011	89,065.			
<b>b</b> Excess from 2012	107,985.			
<b>c</b> Excess from 2013	121,667.			
<b>d</b> Excess from 2014	131,400.			
<b>e</b> Excess from 2015	167,605.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon.					
<b>a</b> 'Assets' alternative test – enter					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> 'Support' alternative test – enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
None

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  
None

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

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

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

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

**Part XV Supplementary Information** (continued)

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

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





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Name of the organization **ROBERTA FREEMAN COX  
CHARITABLE FOUNDATION**

Employer identification number  
**33-0936915**

**Organization type** (check one).

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)( ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 33-1/3% 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 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

Name of organization

Employer identification number

ROBERTA FREEMAN COX

33-0936915

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERTA FREEMAN COX PO BOX 9938 NEWPORT BEACH, CA 92658	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
---	---	\$ ---	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
---	---	\$ ---	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
---	---	\$ ---	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
---	---	\$ ---	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
---	---	\$ ---	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)



Name of organization <b>ROBERTA FREEMAN COX</b>	Employer identification number <b>33-0936915</b>
--	---

**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) ▶ \$ \_\_\_\_\_ **N/A**  
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
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

6/28/16

09.35AM

**Statement 1**  
**Form 990-PF, Part I, Line 16b**  
**Accounting Fees**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACCOUNTING FEES	\$ 650.			
Total	\$ 650.	\$ 0.	\$ 0.	\$ 0.

**Statement 2**  
**Form 990-PF, Part I, Line 23**  
**Other Expenses**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ANNUAL FEE	\$ 150.			
BANKING FEES	60.			
FILING FEES	35.			
Total	\$ 245.	\$ 0.	\$ 0.	\$ 0.

**Statement 3**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Cash Grants and Allocations

Donee's Name:	AMERICAN SEXUAL HEALTH ASSOC		
Donee's Address:	PO BOX 13824 RESEACH TRIANGLE PAR NC 27709		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:		\$	200.
Donee's Name:	BOYS AND GIRLS CLUB OF LAGUNA BEACH		
Donee's Address:	1085 LAGUNA CANYON RD LAGUNA BEACH CA 92561		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			1,000.
Donee's Name:	BROTHERHOOD ORGANIZATION OF A NEW DESTIN		
Donee's Address:	PO BOX 35090 LOS ANGELES CA 90035		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			200.
Donee's Name:	COLORADO MOUNTAIN COLLEGE FOUNDATION		
Donee's Address:	901 S HWY 24 LEADVILLE CO 80461		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			1,000.

ROBERTA FREEMAN COX  
CHARITABLE FOUNDATION

33-0936915

6/28/16

09 35AM

**Statement 3 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Donee's Name:	AIDS WALK OF ORANGE COUNTY	
Donee's Address:	17982 SKY PARK CIRCLE STE J IRVINE CA 92614	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		\$ 1,000.
Donee's Name:	BENEFIT MATT SCHWIRTZ "HAVE A HEART"	
Donee's Address:	1183 SOUTH COAST HWY LAGUNA BEACH CA 92651	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		500.
Donee's Name:	HACKENSACK AREA FIRE & RESCUE	
Donee's Address:	231 1ST ST N HACKENSACK MN 56452	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		200.
Donee's Name:	IRVINE BARCLAY THEATER	
Donee's Address:	PO BOX 5646 IRVINE CA 92616	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		10,000.
Donee's Name:	LAGUNA BEACH PATRIOTS DAY PARADE	
Donee's Address:	PO BOX 5147 LAGUNA BEACH CA 92652	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		500.
Donee's Name:	LAGUNA BOARD OF REALTORS (LBRCF)	
Donee's Address:	939 GLENNEYRE ST LAGUNA BEACH CA 92651	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		1,300.
Donee's Name:	LAGUNA COLLEGE OF ART & DESIGN	
Donee's Address:	2222 LAGUNA CANYON RD LAGUNA BEACH CA 92251	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		15,000.
Donee's Name:	LAGUNA OUTREACH FOR COMMUNITY ART	
Donee's Address:	PO BOX 430 LAGUNA BEACH CA 92652	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		1,000.
Donee's Name:	LAGUNA PLAYHOUSE	

6/28/16

09 35AM

**Statement 3 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Donee's Address:	606 LAGUNA CANYON RD LAGUNA BEACH CA 92651	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		\$ 10,000.
Donee's Name:	LAGUNA ART MUSEUM	
Donee's Address:	307 CLIFF DR LAGUNA BEACH CA 92651	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		10,000.
Donee's Name:	PEAPACK GLADSTONE EMS	
Donee's Address:	1 ST LKES AVE GLADSTONE NJ 07934	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		200.
Donee's Name:	PROBATION COMMUNITY ASSISTANCE ASSOC	
Donee's Address:	18627 BROOKHURST ST #425 FOUNTAIN VALLEY CA 92708	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		1,000.
Donee's Name:	R STAR FOUNDATION	
Donee's Address:	PO BOX 4183 LAGUNA BEACH CA 92652	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		10,000.
Donee's Name:	ROTARY FOUNDATION INTL	
Donee's Address:	PO BOX 2 LAGUNA BEACH CA 92652	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		500.
Donee's Name:	SALVATION ARMY OF ORANGE COUNTY	
Donee's Address:	10200 PIONEER RD TUSTIN CA 92782	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		2,000.
Donee's Name:	SEGERSTROM CENTER FOR THE ARTS	
Donee's Address:	600 TOWN CENTER DR COSTA MESA CA 92626	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c) 3	
Amount Given:		25,000.
Donee's Name:	SHERMAN LIBRARY AND GARDENS	
Donee's Address:	2647 EAST COAST HWY	

6/28/16

09.35AM

**Statement 3 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Relationship of Donee:	CORONA DEL MAR CA 92625		
Organizational Status of Donee:	NONE		
Amount Given:	501(c)3	\$	1,000.
Donee's Name:	THOROUGHbred RETIREMENT FOUNDATION		
Donee's Address:	PO BOX 834		
	SARATOGA SPRINGS NY 12866		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			500.
Donee's Name:	TUCSON ARIZONA BOYS CHORUS		
Donee's Address:	5770 E PIMA ST		
	TUCSON AZ 85712		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			500.
Donee's Name:	THE WOODEN FLOOR ( ST JOSEPHS BALLET )		
Donee's Address:	1810 N MAIN ST		
	SANTA ANA CA 92706		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			5,000.
Donee's Name:	ALBORADO SPANISH DANCE		
Donee's Address:	860 KING GEORGES POST RD UNIT 5		
	FORDS NJ 08863		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			475.
Donee's Name:	CRYSTAL COVE ALLIANCE		
Donee's Address:	5 CRYSTAL COVE		
	NEWPORT COAST CA 92657		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			500.
Donee's Name:	COMMUNITY ARTS PROJECT		
Donee's Address:	PO BOX 4066		
	LAGUNA BEACH CA 92652		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			500.
Donee's Name:	EMANUEL AFRICAN METHODIST EPISCOPAL CHUR		
Donee's Address:	110 CALHOUN ST		
	CHARLESTON SC 29401		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			1,000.
Donee's Name:	AMERICAN LEGION AUXILLARY		
Donee's Address:	215 E 15TH ST		
	NEWPORT BEACH CA 92663		

6/28/16

09:35AM

**Statement 3 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Relationship of Donee:	NONE	
Organizational Status of Donee:	501 (c) 3	
Amount Given:		\$ 1,300.
Donee's Name:	GOUCHER COLLEGE DANCE	
Donee's Address:	1021 DULANEY VALLEY RD BALTIMORE MD 21204	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 (c) 3	
Amount Given:		500.
Donee's Name:	ARMED SERVICES YMCA	
Donee's Address:	BOX 555028 BLDG 16144, A STREET CAMP PENDLETON CA 92055	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 (c) 3	
Amount Given:		200.
Donee's Name:	BALTIMORE MUSEUM OF ART	
Donee's Address:	10 ART MUSEUM DR BALTIMORE MD 21218	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 (c) 3	
Amount Given:		1,200.
Donee's Name:	BLUE BELL FOUNDATION FOR CATS	
Donee's Address:	20982 LAGUNA CANYON RD LAGUNA BEACH CA 92651	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 (c) 3	
Amount Given:		500.
Donee's Name:	INTERFAITH FOOD PANTRY	
Donee's Address:	2 EXECUTIVE DR MORRIS PLAINS NJ 07950	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 (c) 3	
Amount Given:		500.
Donee's Name:	GOVAN'S PRESBYTERIAN CHURCH	
Donee's Address:	5928 YORK RD BALTIMORE MD 21212	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 (c) 3	
Amount Given:		5,000.
Donee's Name:	FESTIVAL BALLET THEATER	
Donee's Address:	9527 GARFIELD AVE FOUNTAIN VALLEY CA 92708	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 (c) 3	
Amount Given:		5,000.
Donee's Name:	HOAG HOSPITAL FOUNDATION	
Donee's Address:	330 PLACENTIA AVE STE 100 NEWPORT BEACH CA 92663	
Relationship of Donee:	NONE	

6/28/16

09 35AM

**Statement 3 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Organizational Status of Donee:	501(c)3		
Amount Given:		\$	5,000.
Donee's Name:	K-JAZZ 88.1		
Donee's Address:	1500 COTNER AVE LOS ANGELES CA 90033		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			300.
Donee's Name:	KX 93.5		
Donee's Address:	1833 S COAST HWY #200 LAGUNA BEACH CA 92651		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			1,060.
Donee's Name:	NATIONAL CHOREOGRAPHERS INITIATIVE		
Donee's Address:	3334 EAST COAST HWY #276 CORONA DEL MAR CA 92625		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			20,000.
Donee's Name:	LAGUNA BEACH SENIORS		
Donee's Address:	380 THIRD ST LAGUNA BEACH CA 92651		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			200.
Donee's Name:	LAGUNA BEACH LIVE		
Donee's Address:	PO BOX 9336 LAGUNA BEACH CA 92652		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			1,000.
Donee's Name:	MISSION HOSPITAL FOUNDATION		
Donee's Address:	27700 MEDICAL CENTER RD MISSION VIEJO CA 92691		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			5,000.
Donee's Name:	MISSION SAN JUAN CAPISTRANO		
Donee's Address:	26801 ORTEGA HWY SAN JUAN CAPISTRANO CA 92675		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			500.
Donee's Name:	MORRISTOWN MEMORIAL HOSPITAL FOUNDATION		
Donee's Address:	475 SOUTH ST MORRISTOWN NJ 07960		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		

6/28/16

09 35AM

Statement 3 (continued)  
Form 990-PF, Part I, Line 25  
Contributions, Gifts, and Grants

Amount Given:		\$	2,000.
Donee's Name:	NRA FOUNDATION		
Donee's Address:	11250 WAPLES MILL RD FAIRFAX VA 22030		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			1,000.
Donee's Name:	LAGUNA BEACH ROTARY FOUNDATION		
Donee's Address:	PO BOX 2 LAGUNA BEACH CA 92652		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			800.
Donee's Name:	PACIFIC JUSTICE INSTITUTE		
Donee's Address:	PO BOX 11630 SANTA ANA CA 92711		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			5,000.
Donee's Name:	PACIFIC MARINE MAMMAL INST		
Donee's Address:	20612 LAGUNA CANYON RD LAGUNA BEACH CA 92651		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			1,000.
Donee's Name:	PBS BROADCASTING SOCAL		
Donee's Address:	PO BOX 33816 LOS ANGELES CA 90033		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			200.
Donee's Name:	SAN CLEMENTE MILITARY FAMILY OUTREACH		
Donee's Address:	2001 CALLEFRONTERA SAN CLEMENTE CA 92673		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			300.
Donee's Name:	VFW CAMP PENDLETON		
Donee's Address:	33282 STREET OF THE GOLDEN LANTERN DANA POINT CA 92629		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		
Amount Given:			1,000.
Donee's Name:	WOODBURY CROSSING		
Donee's Address:	925 STABLERSVILLE RD PARKTON MD 21120		
Relationship of Donee:	NONE		
Organizational Status of Donee:	501(c)3		

6/28/16

09 35AM

**Statement 3 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Amount Given:		\$ 1,000.
Donee's Name:	LAGUNA DANCE FESTIVAL	
Donee's Address:	PO BOX 897 LAGUNA BEACH CA 92652	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c)3	
Amount Given:		2,500.
Donee's Name:	NEW JERSEY HIGHLANDS COALITION	
Donee's Address:	508 MAIN ST BOONTON NJ 07005	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c)3	
Amount Given:		5,000.
Donee's Name:	OCEAN INSTITUTE	
Donee's Address:	24200 DANA POINT HARBOR DR DANA POINT CA 92629	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c)3	
Amount Given:		100.
Donee's Name:	TEN MILE LAKE ASSOCIATION	
Donee's Address:	PO BOX 412 HACKENSACK MN 56452	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(c)3	
Amount Given:		370.
		Total \$ <u>167,605.</u>

**Statement 4**  
**Form 990-PF, Part III, Line 5**  
**Other Decreases**

FEDERAL TAXES PAID		\$ 1,337.
		Total \$ <u>1,337.</u>