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EXTENDED TO AUGUST 15, 20 Return of Private Foundation 2016

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

▶ Do not enter social security numbers on this form as it may be made public.

mation about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

Depar	tment	of the Treasury enue Service		social security numbers on m 990-PF and its separate i			90pf.	Open to Public Insp	ection .
		dar year 2015 or tax year b			, and ending			T Open to 1 doile map	<u>zocuon</u>
		foundation			,	A Employer	identification	number	
		MER FAMILY FO	OUNDATTON			, c zp.o,o.			
		WILMINGTON		NY, 107720-0	0.0	38-7	107022		
		nd street (or P O box number if r			Room/suite	B Telephone			
1	1 0 (N MARKET S'	T. DE3-C07	0		· ·	-636-85	07	
		wn, state or province, cour				1		ending, check here	•
-		MINGTON, DE	19701-0001				· spp maaman to pe	,	
			Initial return		rmer public charity	D 1. Foreign	n organizations	, check here	▶ □
			Final return	Amended return					
		$\overline{\mathbf{x}}$	Address change	X Name change		2 Foreign check hi	organizations mee are and attach co	eting the 85% test, mputation	
H C	heck			kempt private foundation		F If private t	foundation stat	tus was terminated	
	Sec	ction 4947(a)(1) nonexemp	ot charitable trust	Other taxable private founda	ition			(A), check here	▶ □
1 Fa	ır ma	rket value of all assets at er	nd of year J A <u>ccou</u> nti	ng method: X Cash	Accrual	F If the four	ndation is in a f	60-month terminatio	on
(fr	om F	Part II, col. (c), line 16)		ther (specify)				(B), check here	-
	\$			mn (d) must be on cash l	pasis.)				
Pa	rt I	Analysis of Revenue and (The total of amounts in colum necessarily equal the amounts	Expenses ins (b), (c), and (d) may not s in column (a))	(a) Revenue and expenses per books	(b) Net investment income		usted net come	(d) Disbursemen for charitable purpo (cash basis only	oses
	1	Contributions, gifts, grants	s, etc., received			N/	'A		
	2	Check X if the foundation							
	3	Interest on savings and tempora	ary	188.	188			STATEMENT	1 1
	4	Dividends and interest from	n securities	177,289.	177,289	,		STATEMENT	<u> </u>
	5a	Gross rents						5	
	b	Net rental income or (loss)	····				DECE	MED	
Ð	6a	Net gain or (loss) from sale of as		1,762,566.		<u> </u>	71.05		
nua	b	Gross sales price for all assets on line 6a	<u>3,764,572.</u>			1 1		5 7118 191	
Revenue	7	Capital gain net income (from P	art IV, line 2)		1,762,566		AUG -	197 anns	
_	8	Net short-term capital gain	1						
	9	Income modifications Gross sales less returns				 }-	-ocdi	-N. O.	1
		and allowances				1 1			
		Less Cost of goods sold				-			
	11	Gross profit or (loss) Other income		133,751.	133,751			STATEMENT	ר ז
	12	Total. Add lines 1 through	111	2,073,794.	2,073,794			DIAIBMENT	
	13	Compensation of officers, direct		29,779.	14,889			14,8	390.
	14	Other employee salaries ar		23,77,30	21/005	1		/-	<u>, , , , , , , , , , , , , , , , , , , </u>
		Pension plans, employee t	•			†		1	
es	1	Legal fees				†		1	
ens	ı	Accounting fees	STMT 4	1,000.	500			Ē	500.
Administrative Expenses	1	Other professional fees	STMT 5	75,393.	75,393				0.
Ve (17	Interest							
rati	18	Taxes	STMT 6	113,903.	1,653				0.
ist (19	Depreciation and depletion	1		<u> </u>				
<u> </u>	20	Occupancy						ļ	
> ₹	21	Travel, conferences, and n	neetings						
and	22	Printing and publications						ļ	
3 6	23	Other expenses						ļ	
rati	24	Total operating and admi							
Operating		expenses. Add lines 13 th		220,075.	92,435	-		15,3	
	25	Contributions, gifts, grants		506,000.				506,0	<u>, 00.</u>
Ž,	26	Total expenses and disbu	ırsements	706 075	^^ 435			F	200
Ç	-	Add lines 24 and 25	40.	726,075.	92,435	•		521,3	<u> </u>
กั				1 247 710					
•	1	Excess of revenue over expens		1,347,719.	1,981,359	1		 	
	ſ	Net investment income (f			1,301,339		/A	1	
5235		Adjusted net income (if ne	gative, enter -U-)	<u> </u>	<u> </u>	<u> </u>	2 6	000 PE	- (0045

KRAMER FAMILY FOUNDATION

Form 9	90-PF (2015) C/O WILMINGTON TRUST CO		000 38-	-7107022	Page 2
Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year	
		(a) Book Value	(b) Book Value	(c) Fair Market	Value
	Cash - non-interest-bearing		<797,580	·> <797	<u>,580.</u>
	Savings and temporary cash investments	705,943.	863,989	. 863	<u>,989.</u>
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				
7	Other notes and loans receivable				
	Less: allowance for doubtful accounts				
र्घ 8	Inventories for sale or use				
Assets	Prepaid expenses and deferred charges				
¥ 10a	Investments - U.S. and state government obligations				
1	Investments - corporate stock	1,508,665.			
	Investments - corporate bonds				
11	Investments - land, buildings, and equipment basis				
	Less accumulated depreciation	1			
12	Investments - mortgage loans				
13	Investments - other STMT 8	0.	3,486,532	8,282	.918.
14	Land, buildings, and equipment: basis ►		0,100,001	7,202	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
' '	Less accumulated depreciation	1			
15	Other assets (describe >				
i	Total assets (to be completed by all filers - see the			+	
."	instructions. Also, see page 1, item I)	2,214,608.	3,552,941	8,349	327
17	Accounts payable and accrued expenses	2,214,000.	J,JJZ,JEI	, 0,343	. 341.
18	Grants payable		*	+	
	Deferred revenue			4	
Liabilities 50 51 50 51				=	
ii	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			4	
	Other liabilities (describe)	 		-	
-	Other Habilities (describe			4	
23	Total liabilities (add lines 17 through 22)	0.	0		
1	Foundations that follow SFAS 117, check here	0.		4	
	and complete lines 24 through 26 and lines 30 and 31				
S 24	Unrestricted				
DI 25	Temporarily restricted	<u> </u>		4	
26 Balk			,	-	
פַ ע	Foundations that do not follow SFAS 117, check here			┥	
2	and complete lines 27 through 31.				
გ 27	· · · · · · · · · · · · · · · · · · ·	2,214,608.	3 552 041		
#	Capital stock, trust principal, or current funds	2,214,608.	3,552,941		
28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0	⊣	
¥ 29	Retained earnings, accumulated income, endowment, or other funds		0,	-	
ž 30	Total net assets or fund balances	2,214,608.	3,552,941	•	
	Table Calculation and a second of the second	2 214 600	2 550 041		
31	· · · · · · · · · · · · · · · · · · ·	2,214,608.	3,552,941	<u>, </u>	
Part	Analysis of Changes in Net Assets or Fund B	Balances		_	
1 Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30	Ï	T	
	st agree with end-of-year figure reported on prior year's return)			2 21 4	609
-	er amount from Part I, line 27a			1 2 2 2 2	
	er increases not included in line 2 (itemize)	משם משא	TEMENT 7		
	lines 1, 2, and 3	SEE STA			<u>,492.</u>
	reases not included in line 2 (itemize) > 2016 MUTUAL FU	ממינים או און און און און און	4		
	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c				<u>,878.</u>
0 1018	i not assets of fund paramets at the Offyear (line 4 fillings line 5) - Part II, C	ownin (b), line 30	6	3,552	

Part IV Capita	l Gains and L	osses for Tax on In	vestment	Income						
		kind(s) of property sold (e.g. e; or common stock, 200 shs			l , b	How ac - Purcl - Dona	liase	c) Date acquir (mo., day, yr.	ed)	(d) Date sold (mo., day, yr.)
1a PUBLICLY	TRADED SE	ECURITY					P V	ARIOUS		VARIOUS
b PUBLICLY							P V	ARIOUS		VARIOUS
C										
d										
е					<u> </u>					
(e) Gross sales p	rice (f) Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (e) plus (f) m)
	,000.			<u>1,750,00</u>						0.
b 2,014	,572.			252,00	6.				1	,762,566.
<u>d</u>										
е										
Complete only for as	sets showing gain i	n column (h) and owned by	the foundation	on 12/31/69				Gains (Col. (h)		
(i) F.M.V. as of 12/	21/60	(j) Adjusted basis		cess of col. (I)				k), but not les Losses (from		
(1) F.IW. V. as OI 12/	3 1/09	as of 12/31/69	over	col. (j), if any					COI. (11,	
a										0.
b									1	,762,566.
C										
d										
e										
	•	∫ If gain, also enter	ın Part I line		٦				-	_
2 Capital gain net incon	ne or (net capital los				 	2			1	,762,566.
1 Not about form conita	Lacin or (loca) so de									
If gain, also enter in F		efined in sections 1222(5) an	iu (o).		٦					
If (loss), enter -0- in I		(0).			P	3		N	I/A	
		Section 4940(e) for	Reduced	Tax on Net	Inv		nent Inco		.,	
(For optional use by dom	estic private founda	itions subject to the section 4	4940(a) tax on	net investment in	ncome	e.)				
(i or optional too by don	ioono privato ioonac	mono dabject to the occion	1010(a) tax on	THE HITCHING		.,				
If section 4940(d)(2) app	olies, leave this part	blank.								
Was the foundation liable	e for the caction AQA	12 tax on the distributable am	nount of any ve	ar in the hace no	rınd?				ſ	Yes X No
		er section 4940(e). Do not co	, ,	•	nou:					163 [AL] NO
		lumn for each year; see the ii			entries					
(a)	, amount in each co	/L\	1311 40110113 50	ioro making any c						<u>d)</u>
Base perió	d years	Adjusted qualifying dis	tributions	Net value of no	(c) ncha		use assets	(00) (Distribu	d) tion ratio led by col. (c))
Calendar year (or tax	, ,									.052422
2014		54	6,129.		TO	, 03	6,326.	 		.052422
2013								 	** **	
2012			-	-				 		
2011								<u> </u>		
2010		1	·					 		
										050400
2 Total of line 1, colum					_			2		.052422
-	=	pase period - divide the total (on line 2 by 5,	or by the number	of ye	ears				
the foundation has be	een in existence if le	ss than 5 years						3		.052422
4 Enter the net value of	noncharitable-use a	assets for 2015 from Part X,	line 5					4	9	<u>,108,931.</u>
5 Multiply line 4 by line	: 3							5		477,508.
										-
6 Enter 1% of net inves	stment income (1%	of Part I. line 27b)						6		19,814.
	(, , ,	,								
7 Add lines 5 and 6								7		497,322.
. 1100 111100 0 4114 0										
8 Enter qualifying distr	ibutions from Part Y	II line 4						8		521,390.
			1h cod	lata that ac≠c =		0/ ****	rata			<u> </u>
See the Part VI instru		check the box in Part VI, line	io, and comp	nete that part usir	iga 1	% (ax	rate.			

KRAMER FAMILY FOUNDATION C/O WILMINGTON TRUST COMPANY, 107720-000 38-7107022 Form 990-PF (2015) Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here
and enter 'N/A' on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domèstic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 19,814. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 58,470. a 2015 estimated tax payments and 2014 overpayment credited to 2015 6a **b** Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 58,470. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 54. 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 38,602. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 20,000 . Refunded ▶ Enter the amount of line 10 to be: Credited to 2016 estimated tax 18,602. Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b 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 X c Did the foundation file Form 1120-POL for this year? 1c 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. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X Х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? **4a** N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5

Form **990-PF** (2015)

X

7

8b

If "Yes," attach the statement required by General Instruction T.

By language in the governing instrument, or

remain in the governing instrument?

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

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

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)

year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

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,

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

c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

Form **990-PF** (2015)

X

N/A

N/A

Yes X No

2b

4a

If "Yes," list the years

during the year?

statement - see instructions.)

Form 990-PF (2015) C/O WILMINGTON TRUST COMPANY, 107720-000 38-7107022 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)	
Part VII-b Statements Beuaroing Achymes for Which Form 4770 May be Benjiren (continued)	Page 6
5a During the year did the foundation pay or incur any amount to:	ļ
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any proof on the election (and section 4955) or to post on directly or indirectly.	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,	
àny voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section	
4945(d)(4)(A)? (see instructions)	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for	i
the prevention of cruelty to children or animals?	
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)? N/A 5b	-
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? N/A Yes No	l
If "Yes," attach the statement required by Regulations section 53 4945-5(d).	İ
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on	
a personal benefit contract?	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	x
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?	- }
b if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b	
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.	F
	Expense unt, other
to position enter -0-) compensation allo	wances
	-
SEE STATEMENT 9	0
SEE STATEMENT 9 29,779. 0.	0.
SEE STATEMENT 9 29,779. 0.	0.
SEE STATEMENT 9 29,779. 0.	0.
SEE STATEMENT 9 29,779. 0.	0.
SEE STATEMENT 9 29,779. 0.	0.
SEE STATEMENT 9 29,779. 0.	0.
SEE STATEMENT 9 29,779. 0.	0.
SEE STATEMENT 9 29,779. 0.	0.
	0.
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."	
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average (d) Controlutions to employee benefit plans (e) the property works and average (d) Controlutions to employee benefit plans (e) the property works and average (d) Controlutions to employee benefit plans (e) the property works and average (d) Controlutions to employee benefit plans (e) the property works and average (d) Controlutions to employee benefit plans (e) the property works and average (d) Controlutions to employee benefit plans (e) the property works and average (d) Controlutions to employee benefit plans (e) the property works are the property works and average (e) the property works are the property works and average (e) the property works are the property works and average (e) the property works are the property works.	Fxpense
2 Compensation of five highest-paid employees (other than those included on line 1). 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 paid more than \$50,000 (e) Compensation accordance and deferred devoted to position	
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week (c) Compensation (d) Contributions to employee benefit plans addeferred account of the contributions to employee benefit plans and deferred account of the contributions to employee benefit plans and deferred account of the contributions to employee benefit plans and deferred account of the contributions to employee benefit plans and deferred account of the contributions to employee benefit plans account of the contributions to employee benefit plans and deferred account of the contributions to employee benefit plans account of the contribution of the contributions to employee benefit plans account of the contribution of the	Expense unt, other
2 Compensation of five highest-paid employees (other than those included on line 1). 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 paid more than \$50,000 (e) Compensation accordance and deferred devoted to position	Expense unt, other
2 Compensation of five highest-paid employees (other than those included on line 1). 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 paid more than \$50,000 (e) Compensation accordance and deferred devoted to position	Expense unt, other
2 Compensation of five highest-paid employees (other than those included on line 1). 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 paid more than \$50,000 (e) Compensation accordance and deferred devoted to position	Expense unt, other
2 Compensation of five highest-paid employees (other than those included on line 1). 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 paid more than \$50,000 (e) Compensation accordance and deferred devoted to position	Expense unt, other
2 Compensation of five highest-paid employees (other than those included on line 1). 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 paid more than \$50,000 (e) Compensation accordance and deferred devoted to position	Expense unt, other
2 Compensation of five highest-paid employees (other than those included on line 1). 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 paid more than \$50,000 (e) Compensation accordance and deferred devoted to position	Expense unt, other

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

KRAMER FAMILY FOUNDATION

orm 990-PF (2015) C/O WILMINGTON TRUST COMPANY, 1	07720-000 38-	7107022 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, ent		
(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		D 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pr	tistical information such as the roduced, etc.	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year of N/A	on lines 1 and 2.	Amount
2		
All other program-related investments. See instructions. 3		

Form **990-PF** (2015)

Total. Add lines 1 through 3

C/O WILMINGTON TRUST COMPANY, 107720-000

38-7107022

Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign found	dations,	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	9,048,800.
b	Average of monthly cash balances	1b	198,846.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	9,247,646.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,247,646.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	138,715.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,108,931.
6	Minimum investment return. Enter 5% of line 5	6	455,447.
Р	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	certaın	
1	Minimum investment return from Part X, line 6	1	455,447.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C		2c	19,814.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	435,633.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	435,633.
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	435,633.
P	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	521,390.
þ	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	521,390.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	19,814.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	501,576.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qu	alifies fo	r the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

C/O WILMINGTON TRUST COMPANY, 107720-000

•				
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7				435,633.
2 Undistributed income, if any, as of the end of 2015			_	
a Enter amount for 2014 only			0.	
b Total for prior years:				
Excess distributions carryover, if any, to 201	15.	0.		
1	10.			
a From 2010 b From 2011				
c From 2012				
d From 2013				
e From 2014 105,78	6.			
f Total of lines 3a through e	105,786.			
4 Qualifying distributions for 2015 from		-		
Part XII, line 4: ▶\$ 521, 39	o.			
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				435,633.
e Remaining amount distributed out of corpus				·····
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	nt 0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	191,543.			
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		<u> </u>		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line	9	-		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount mus	st			
be distributed in 2016				0.
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	0.			
9 Excess distributions carryover to 2016 Subtract lines 7 and 8 from line 6a	191,543.			
10 Analysis of line 9:	131,343.	· · · · · · · · · · · · · · · · · · ·		
a Excess from 2011				
b Excess from 2012	-			
c Excess from 2013				
d Excess from 2014 105, 78	6.			
e Excess from 2015 85.75	7.			

523581 11-24-15

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

c Any submission deadlines:

38-	-7	1	0	7	0	2	2	F

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Part XV Supplementary Information			·	T
3 Grants and Contributions Paid During the Year Recipient	If recipient is an individual	1	· · · · · · · · · · · · · · · · · · ·	
Name and address (home or business)	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
a Paid during the year	or outstantial contributor	, , , , , , , , , , , , , , , , , , , ,		
a raid during the year				
SEE ATTACHED SCHEDULE	NONE	PUBLIC CHARITY	UNRESTRICTED GRANT	E06 000
				506,000,
Total			▶ 3a	506,000.
b Approved for future payment				
NONE				
Total			▶ 3b	0,
19/01				- 000 DE

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Form 990-PF (2015)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
			 -		
b					
cd	1		1 1		
e					
g Fees and contracts from government agencies Membership dues and assessments			 	-	· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash		~~~			
investments			14	100	
			14	188. 177,289.	
4 Dividends and interest from securities			14	1//,289.	
5 Net rental income or (loss) from real estate:			+ +		
a Debt-financed property					
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property				4.00	
7 Other investment income			14	133,751.	
8 Gain or (loss) from sales of assets other					
than inventory			18	1,762,566.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a			<u> </u>		
b			<u> </u>		
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		2,073,794.	0
3 Total. Add line 12, columns (b), (d), and (e)				13	2,073,794
See worksheet in line 13 instructions to verify calculations.	.)				
		maliahmant of E		Dumasas	
Part XVI-B Relationship of Activities	S to the Accor	inpushment of E	kempt	Purposes	
Line No Explain below how each activity for which in	ncome is reported in	column (e) of Part XVI-A	contribu	ted importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other th					
		-			·
					
		····	-		
					<u> </u>
					
					
				<u> </u>	
		···			
					
					.
	_ .				
	 -		_		

C/O WILMINGTON TRUST COMPANY, 107720-000 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

					g with any other organization		ection 501(c) of		Yes	No
	•				7, relating to political organ	izations?				
	insfers from the report	ıng foundatı	ion to a noncharitab	le exempt orç	janization of:					
	Cash							1a(1)		<u>X</u>
٠,,	Other assets							1a(2)		X
	ner transactions:									
	Sales of assets to a n							1b(1)		X X X X X
٠,	Purchases of assets		•	ganization				1b(2)		<u>X</u>
	Rental of facilities, eq		other assets					1b(3)		<u>X</u>
٠.	Reimbursement arrai	•						1b(4)		<u>X</u>
٠,	Loans or loan guarar							1b(5)		<u>X</u>
	Performance of servi			=				1b(6)		_ <u>X</u> _
	aring of facilities, equip		= -		=			1c		_ <u>X</u> _
					• •		r market value of the goods, o		ets,	
					eo iess than tair market valu	ie in any transacti	ion or sharing arrangement, s	now in		
	umn (d) the value of the (b) Amount inv		<u> </u>		exempt organization	(4)		h		
(a) Line r	lo (b) Amount my	Olved	(c) Name of		exempt organization	(u) Descript	tion of transfers, transactions, and s	inaring an	angeme	nts
				N/A						
										
							n'			
										
							·			
						+				
		-								
										
			 							
				····						
			· · · · ·							
					or more tax-exempt organi	zations described	l	_		_
	section 501(c) of the C			(3)) or in sect	ion 527?			Yes	X	No
b If "	Yes," complete the follo					T				
	(a) Na	ame of orga	nization		(b) Type of organization		(c) Description of relationsh	пр		
		N/A								
	,									
					g accompanying schedules and n taxpayer) is based on all inform		May	the IRS	discuss	this
Sign	and belief, it is tiple, com	ect, and domp	/ 1			ation of which prepare	1000	m with th wn below		
Here	$\mathbf{P} / \lambda \Sigma V$	レグ	Juller	ih	7/22/16	TRUS	ree 📗	☐ Yes		Νο
	Signature of officer	or trustee			Date	Title				
	Prynt/Type pre	eparer's nan	ne	Preparer's si	gnature	Date	Check If PTIN			
	V						self- employed			
Paid	1									
Prep		>	<u>_</u> ,				Firm's EIN ▶			
Use (
	Firm's addres	s 🕨								
		=					Phone no.			
								rm 99 0)-PF	(2015)
							, ,	> • •	•	,

FORM 990-PF INTERE	ST ON SAVII	NGS AND TE	MPORARY	CASH :	INVESTMENTS	STATEMENT	1
SOURCE		REV			(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	E
INTEREST			188.		188.		
TOTAL TO PART I, LI	NE 3		188.		188.		
FORM 990-PF	DIVIDENDS	S AND INTE	REST FR	OM SECT	URITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	F	(A) EVENUE ER BOOKS			
DIVIDENDS	177,289	•	0.	177,28	9. 177,28	9.	
TO PART I, LINE 4	177,289	•	0.	177,28	9. 177,28	9.	
FORM 990-PF		OTHER	INCOME		·	STATEMENT	3
DESCRIPTION			(A) REVEN PER BO	IUE	(B) NET INVEST- MENT INCOME		
OTHER INCOME		_	13	33,751.	133,751	•	
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =	13	33,751.	133,751	•	
FORM 990-PF		ACCOUNT	ING FEE	IS		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
TAX PREP FEE		1,000	-	500	•		00.
TO FORM 990-PF, PG	1, LN 16B	1,000	· ·	500	•		00.

	OTHER PROFES	SIONAL FEES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI E PURPOSI		
INVESTMENT MANAGEMENT FEES	75,393.	75,393			0.	
TO FORM 990-PF, PG 1, LN 16C	75,393.	75,393			0.	
FORM 990-PF	TAX	ES		STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI E PURPOSI		
FOREIGN TAXES 2015 EXCISE TAX PAYMENTS	1,653. 56,850.	1,653			0.	
2016 ESTIMATED TAX PAYMENTS	55,400.	0			0.	
TO FORM 990-PF, PG 1, LN 18	113,903.	1,653	- 		0.	
FORM 990-PF OTHER INCREASE	S IN NET ASS	ETS OR FUND I	BALANCES	STATEMENT	7	
DESCRIPTION				AMOUNT		
DESCRIPTION NONDIVIDEND DISTRIBUTIONS/REMISC TAX COST ADJUSTMENTS	TURN OF CAPI	TAL	-	AMOUNT 30 2,11	64. 28.	
NONDIVIDEND DISTRIBUTIONS/RE		TAL	- -	3(28.	
NONDIVIDEND DISTRIBUTIONS/REMISC TAX COST ADJUSTMENTS			- - -	3(2,1:	28.	
NONDIVIDEND DISTRIBUTIONS/REMISC TAX COST ADJUSTMENTS TOTAL TO FORM 990-PF, PART I	OTHER INV	ESTMENTS LUATION	OOK VALUE	2,1: 2,4:	92.	
NONDIVIDEND DISTRIBUTIONS/REMISC TAX COST ADJUSTMENTS TOTAL TO FORM 990-PF, PART I	OTHER INV	ESTMENTS LUATION	OOK VALUE 1,956,660. 1,022,481. 507,391.	30 2,12 2,49 STATEMENT	28. 92. 8	

STATEMENT

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND	FOUNDATION MANAGE	ERS		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
WILMINGTON TRUST N.A. 2710 CENTERVILLE RD., STE 101 WILMINGTON, DE 19808	TRUSTEE 2.00	29,779.	0.	0.
BRANDON HUNT C/O 2710 CENTERVILLE RD., STE 101 WILMINGTON, DE 19808	TRUST PROTECTOR 2.00		0.	0.
WILLIAM CODY C/O 2710 CENTERVILLE RD., STE 101 WILMINGTON, DE 19808	DISTRIBUTION AD		0.	0.
FRANCYNE CODY C/O 2710 CENTERVILLE RD., STE 101 WILMINGTON, DE 19808	VICE PRESIDENT 2.00	0.	0.	0.
MARY JEAN SPALLINO C/O 2710 CENTERVILLE RD., STE 101 WILMINGTON, DE 19808	DIRECTOR 2.00	0.	0.	0.
DAVID R. STRUCK C/O 2710 CENTERVILLE RD., STE 101 WILMINGTON, DE 19808	SECRETARY 2.00	0.	0.	0.
GERI STRUCK C/O 2710 CENTERVILLE RD., STE 101 WILMINGTON, DE 19808	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	29,779.	0.	0.

Kramer Family Foundation 2015 Distribution Made to Date

	2015 Distribution I			
Recipient Name	Address 24300 El Toro Road Building A, 2000	EIN#	1/	29/2015
Age Well Senior Services	Laguna Woods, CA 92637	93-1163563	\$	15,000 00
Community Senior Serv	Angheim, CA 92801 P O Box 6607	95-2771715	\$	7,500 00
David David Savadatas	Westlake Village, CA 91359	05.44777700		15 000 00
Devil Pups Foundation	1201 15th Street NW 8th Floor	95-4173709	\$	15,000 00
FINCA International Inc	Washington, DC 20005	13-3240109	\$	15,000 00
Mission of Our Lady of Mercy dba Mercy Home for Boys and Girls	1140 West Jackson Blvd Chicago, IL 60607	36-2171726	s	10,000 00
	416 Avenida de la Estrella San Clemente, CA 92672			
Pregnancy Resource Center	PMB 257	87-0771027	\$	20,000.00
Project Dignity	Garden Grove, CA 92840-3746 Attn: San Clemente Military Family Outreach	35-0516149	\$	10,000.00
St. Andrews By The Sea United Methodist Church	San Clemente, CA 92673	95-2402620	<u>\$</u>	25,000.00
Think Together	Santa Ana, CA 92705	33-0781751	\$	10,000.00
		Total	\$	127,500.00
Recipient Name	Address	EIN#	4/	23/2015
	18542-B Vandertip Avenue			
Blind Children's Learning Center	Santa Ana, CA 92705	95-6097023	\$	15,000.00
Family Assistance Ministries	San Clemente, CA 92673	33-0864870	\$	15,000 00
Family Promise of Orange County	PO Box 6225 Orange County, CA 92863	27-0660182	s	15,000.00
Edeaths Dessites	6401 Lyons Road		1	
Food for the Poor Inc Internation! Guiding Eyes, Inc. dba Guide Dogs of	Coconut Creek, FL 33073-3602	59-2174510	\$	20,000 00
America	Sylmer, CA 91342	95-1586088	\$	10,000 00
Shepherds Canyon Retreat	3425 E Cherokee St. Phoenix, AZ 85044	26-3930639	\$	15,000 00
South County Outreach	7 Whatney, Suite B Irvine, CA 92630	33-0330233	s	15,000 00
	PO Box 2737			
Thomas House Temporary Shelter	Garden Grove, CA 92842-2737 PO Box 31258	33-0204757	\$	10,000.00
Water Missions International	Charleston, SC 29417	57-1116978 Total	\$	15,000 00 130,000.00
		Previously Distributed	\$	127,500.00
		Total Distributed-To-Date	Š	257,500.00
Recipient Name	Address	EIN#	8	/6/2015
Lutheran High School Association of Sourthern California	13570 Eldridge Avenue Sylmar, CA 91342	95-1904073	\$	20,000.00
Paws for Purple Heart	5860 Labath Road Rohnert Park, CA 94928-2041	45-3342634	s	15,000 00
Perkins School for the Blind	175 North Beacon Street Watertown, MA 02472	04-2103616	s	
	TVI dio towit ive to			15.000.00
Saddleback Memorial Foundation - For specifi use by	24451 Health Center Drive	l		15,000.00
Hospice of Saddle back Valley	Laguna Hills, CA 92653	33-0011887	\$	15,000.00 30,000 00
	Laguna Hills, CA 92653 8014 Marine Way Irvine, CA 92618-2235	33-0011887 32-0362611		
Hospice of Saddle back Valley	Laguna Hills, CA 92653 8014 Marme Way Itvme, CA 92618-2235 501 St. Jude Place	32-0362611	\$	30,000 00 35,000.00
Hospice of Saddle back Valley Second Harvest Food Bank	Laguna Hills, CA 92653 8014 Marine Way Irvine, CA 92618-2235		\$	30,000 00
Hospice of Saddle back Valley Second Harvest Food Bank	Laguna Hills, CA 92653 8014 Marme Way Itvme, CA 92618-2235 501 St. Jude Place	32-0362611 62-0646012 Total Previously Distributed	\$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00
Hospice of Saddle back Valley Second Harvest Food Bank	Laguna Hills, CA 92653 8014 Marme Way Itvme, CA 92618-2235 501 St. Jude Place	32-0362611 62-0646012 Total	\$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00
Hospice of Saddle back Valley Second Harvest Food Bank St Jude Children's Research Hospital	Laguna Hills, CA 92653 8014 Marme Way Irvne, CA 92618-2235 501 St. Jude Place Memphls, TN 38105	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date	\$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00
Hospice of Saddle back Valley Second Harvest Food Bank	Laguna Hills, CA 92653 8014 Marme Way Irvne, CA 92618-2235 501 St. Jude Place Memphls, TN 38105	32-0362611 62-0646012 Total Previously Distributed	\$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00
Hospice of Saddle back Valley Second Harvest Food Bank St Jude Children's Research Hospital Recipient Name	Laguna Hills, CA 92653 8014 Marrne Way tvme, CA 92618-2235 501 St. Jude Place Memphis, TN 38105 Address PO Box 128 Norfolk, AR 72658	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date	\$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care	Laguna Hills, CA 92653 8014 Marme Way Irvne, CA 92618-2235 501 St. Jude Place Memphls, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care	Laguna Hills, CA 92653 8014 Marrne Way hvme, CA 92618-2235 501 St. Jude Place Memphls, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program	Laguna Hills, CA 92653 8014 Marme Way Irvne, CA 92618-2235 501 St. Jude Place Memphls, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date EIN# 58-1881897	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 /23/2015 5,000.00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission	Laguna Hills, CA 92653 8014 Marrne Way hyme, CA 92618-2235 501 St. Jude Place Memphls, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date EINS 58-1881897	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 /23/2015
Hospice of Saddle back Valley Second Harvest Food Bank St Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission	Laguna Hills, CA 92653 8014 Marrne Way hvme, CA 92618-2235 501 St. Jude Place Memphls, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date EINS 58-1881897	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 /23/2015 5,000.00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission	Laguna Hills, CA 92653 8014 Marrne Way hyme, CA 92618-2235 501 St. Jude Place Memphls, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date EINS 58-1881897	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 /23/2015 5,000.00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission Midnight Mission	Laguna Hills, CA 92653 8014 Marme Way tvme, CA 92618-2235 501 St. Jude Place Memphis, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415 700 Light Street Baltimore, MD 21230-3850	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date EINS 58-1881897 13-5562163 95-1691293	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 /23/2015 5,000.00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission Midnight Mission Lutheran World Relief	Laguna Hills, CA 92653 8014 Marrne Way tvme, CA 92618-2235 501 St. Jude Place Memphis, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415 700 Light Street Baltimore, MD 21230-3850	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date EIN# 58-1881897 13-5562163 95-1691293	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 /23/2015 5,000.00 6,000 00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission Midnight Mission Lutheran World Relief Make-A-Wish Foundation of Orange County	Laguna Hills, CA 92653 8014 Marrne Way hvme, CA 92618-2235 501 St. Jude Place Memphis, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415 700 Light Street Baltimore, MD 21230-3850 3230 El Camino Real Irvine, CA 92602 1475 Catalina Bivd	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date EINS 58-1881897 13-5562163 95-1691293	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 723/2015 5,000.00 15,000.00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission Midnight Mission Lutheran World Relief	Laguna Hills, CA 92653 8014 Marrne Way hyme, CA 92618-2235 501 St. Jude Place Memphis, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415 700 Light Street Baltimore, MD 21230-3850 3230 El Camino Real Irvine, CA 92602	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date EINS 58-1881897 13-5562163 95-1691293	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 /23/2015 5,000.00 6,000 00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission Midnight Mission Lutheran World Relief Make-A-Wish Foundation of Orange County Peninsula Shepherd Center	Laguna Hills, CA 92653 8014 Marrne Way hyme, CA 92618-2235 501 St. Jude Place Memphis, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415 700 Light Street Baltimore, MD 21230-3850 3230 El Camino Real irvine, CA 92602 1475 Catalina Blvd San Diego, CA 92107 PO Box 3000	32-0362611 62-0646012 Total Previously Distributed Total Distributed Total Distributed-To-Date EIN# 58-1881897 13-5562163 95-1691293 13-2574963 33-0036556	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 5,000.00 15,000.00 6,000 00 20,000 00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission Midnight Mission Lutheran World Relief Make-A-Wish Foundation of Orange County	Laguna Hills, CA 92653 8014 Marme Way tivme, CA 92618-2235 501 St. Jude Place Memphis, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415 700 Light Street Baltimore, MD 21230-3850 3230 El Camino Real Invine, CA 92602 1475 Catalina Bivd San Diego, CA 92107 PO Box 3000 Boone, NC 28607	32-0362611 62-0646012 Total Previously Distributed Total Distributed-To-Date EIN# 58-1881897 13-5562163 95-1691293 13-2574963 33-0036556	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 5,000.00 15,000.00 6,000 00 20,000 00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission Midnight Mission Lutheran World Relief Make-A-Wish Foundation of Orange County Peninsula Shepherd Center	Laguna Hills, CA 92653 8014 Marrne Way hvme, CA 92618-2235 501 St. Jude Place Memphls, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415 700 Light Street Baltimore, MD 21230-3850 3230 El Camino Real irvine, CA 92602 1475 Cetalina Blvd San Diego, CA 92107 PO Box 3000 Boone, NC 28607 Attrr San Clamente Military Family Outreach	32-0362611 62-0646012 Total Previously Distributed Total Distributed Total Distributed-To-Date EIN# 58-1881897 13-5562163 95-1691293 13-2574963 33-0036556	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 15,000.00 6,000 00 20,000 00 10,000 00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission Midnight Mission Lutheran World Relief Make-A-Wish Foundation of Orange County Peninsula Shepherd Center	Laguna Hills, CA 92653 8014 Marme Way tivme, CA 92618-2235 501 St. Jude Place Memphis, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415 700 Light Street Baltimore, MD 21230-3850 3230 El Camino Real Invine, CA 92602 1475 Catalina Bivd San Diego, CA 92107 PO Box 3000 Boone, NC 28607	32-0362611 62-0646012 Total Previously Distributed Total Distributed Total Distributed-To-Date EIN# 58-1881897 13-5562163 95-1691293 13-2574963 33-0036556	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 15,000.00 6,000 00 20,000 00 10,000 00
Hospice of Saddle back Valley Second Harvest Food Bank St. Jude Children's Research Hospital Recipient Name Food Bank of North Central Arkansas Community Care Program American Leprosy Mission Midnight Mission Lutheran World Relief Make-A-Wish Foundation of Orange County Peninsula Shepherd Center Samantan's Purse	Laguna Hills, CA 92653 8014 Marrne Way hvme, CA 92618-2235 501 St. Jude Place Memphls, TN 38105 Address PO Box 128 Norfolk, AR 72658 One Alm Way Greenville, SC 29601 601 S San Pedro Street Los Angeles, CA 90014-2415 700 Light Street Baltimore, MD 21230-3850 3230 El Camino Real invine, CA 92602 1475 Catalina Bivd San Diego, CA 92107 PO Box 3000 Boone, NC 28607 Attr: San Clemente Military Family Outreach 2001 Calle Frontera	32-0362611 62-0646012 Total Previously Distributed Total Distributed Total Distributed-To-Date EIN# 58-1881897 13-5562163 95-1691293 13-2574963 33-0036556 95-3626528 58-1437002	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 00 35,000.00 50,000 00 165,000.00 257,500.00 422,500.00 723/2015 5,000.00 6,000 00 20,000 00 10,000.00 10,000.00



TT/KRAMER FAMILY FOUNDATION

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QUANTITY DESCRIPTION	MARKET VALUE (M/V) MARKET UNIT PRICE	%M/V	FEDERAL TAX COST AVERAGE UNIT COST	UNREALIZED GAIN(LOSS)	ACCRUED INCOME	ESTIMATED ANNUAL INCOME	YIELD (%) YIM (%)
PRINCIPAL PORTFOLIO(S)						· · · · · · · · · · · · · · · · · · ·	
Equity 485.0000 ACCO BRANDS CORPORATION CUSIP 00081T108 TKR ACCO	\$3,458.05 7 1300	0 04	\$0.00 0.00	\$3,458.05	\$0.00	\$0.00	0.00
20,458,0000 BANK OF AMERICA CORPORATION CUSIP 060505104 TKR BAC	344,308 14 16.8300	3 76	0.00 0.00	344,308 14	0 00	4,091 60	1.19
20,000.0000 BARCLAYS BANK PLC PREFERRED CUSIP 06743Q374	195,300.00 9 7650	2 14	200,000 00 10.00	(4,700.00)	0 00	0 00	0.00
4.0000 BERKSHIRE HATHAWAY INC CLASS A CUSIP 084670108 TKR BRK/A	791,200 00 197,800 0000	8 65	0.00 0.00	791,200.00	0 00	0 00	0.00
1,100 0000 BERKSHIRE HATHAWAY INC DELAWARE CLASS B CUSIP 084670702 TKR BRK/B	145,244.00 132 0400	1 59	0.00	145,244 00	0 00	0 00	0 00
6,664.0000 BOEING CO COM CUSIP 097023105 TKR BA	963,547 76 144 5900	10 53	0.00 0.00	963,547 76	0 00	29,055 04	3 02
5,662.0000 BP PLC SPONSORED ADR CUSIP 055622104 TKR BP	176,994 12 31 2600	1 94	0.00 0.00	176,994.12	0 00	13,475.56	7.61
2,437.0000 CANADIAN PACIFIC RAILWAY LTD CUSIP 13645T100 TKR CP	310,961.20 127 6000	3 40	0.00 0.00	310,961.20	621 39	2,393 13	0.77
8,310.0000 CENOVUS ENERGY INC CUSIP 15135U109 TKR CVE	104,872.20 12 6200	1 15	0.00 0.00	104,872.20	186 36	3,839 22	3.66

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QUANTITY DESCRIPTION	MARKET VALUE (M/V) MARKET UNIT PRICE	%M/V	FEDERAL TAX COST AVERAGE UNIT COST	UNREALIZED GAIN/(LOSS)	ACCRUED INCOME	ESTIMATED ANNUAL INCOME	YIELD (% YIM (%
NCIPAL PORTFOLIO(S)						_	
7 3,252.0000 CHEVRON CORP CUSIP 166764100 TKR CVX	\$292,549 92 89 9600	3 20	\$0.00 0.00	\$292,549 92	\$0 00	\$13,918 56	4.76
10,400 0000 CSX CORP COMMON CUSIP 126408103 TKR CSX	269,880 00 25 9500	2 95	0.00 0.00	269,880.00	0 00	7,488.00	2.77
400.0000 EDISON INTERNATIONAL COM CUSIP 281020107 TKR EIX	23,684 00 59 2100	0 26	0.00 0.00	23,684 00	192 00	768 00	3.24
8,310.0000 ENCANA CORP CUSIP 292505104 TKR ECA	42,297.90 5 0900	0.46	0.00 0.00	42,297.90	1,861 40	2,326.80	5.50
3,000.0000 EXXON MOBIL CORP CUSIP 30231G102 TKR XOM	233,850.00 77 9500	2.56	0 00 0 00	233,850.00	0 00	8,760 00	3.75
1,584.0000 INTERNATIONAL BUSINESS MACHINES CO CUSIP 459200101 TKR IBM	217,990 08 PRP 137.6200	2.38	0.00 0.00	217,990 08	0 00	8,236.80	3.78
4,878.0000 JPMORGAN CHASE & CO CUSIP 46625H100 TKR JPM	322,094 34 66 0300	3 52	0 00 0.00	322,094.34	0 00	8,585 28	2 67
25,000 0000 JPMORGAN CHASE & CO PREFERRED CUSIP 48127H752	38,250 00 1.5300	0 42	250,000 00 10.00	(211,750.00)	0 00	0 00	0.00
25,000,0000 MORGAN STANLEY 9 350% PREFERRED DUE 03/27/2017 CUSIP 617605647	241,625.00 9 6650	2.64	250,000 00 10 00	(8,375 00)	0 00	0 00	0.00

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QUANITTY DESCRIPTION	MARKET VALUE (M/V) MARKET UNIT PRICE	%M/V	FEDERAL TAX COST AVERAGE UNIT COST	UNREALIZED GAIN/(LOSS)	ACCRUED INCOME	ESTIMATED ANNUAL INCOME	YIELD (%
CIPAL PORTFOLIO(S)							
25,000 0000 MORGAN STANLEY PREFERRED DUE 07/03/2017 CUSIP 61761S570	\$211,125 00 8 4450	2.31	\$250,000 00 10 00	(\$38,875 00)	\$0.00	\$0.00	0 00
25,000.0000 MORGAN STANLEY PREFERRED CUSIP 61765G648	215,125 00 8 6050	2.35	250,000 00 10 00	(34,875 00)	0 00	0 00	0.00
25,000.0000 MORGAN STANLEY PREFERRED DUE 10/26/2018 CUSIP 61765R800	254,625.00 10 1850	2 78	250,000 00 10 00	4,625 00	0 00	0 00	0 00
2,500 0000 NORFOLK SOUTHERN CORP CUSIP 655844108 TKR NSC	211,475 00 84,5900	2.31	0 00 0.00	211,475 00	0 00	5,900.00	2 79
25,000,0000 ROYAL BANK OF CANADA PREFERRED CUSIP 78013D425	236,500 00 9 4600	2 59	250,000.00 10 00	(13,500 00)	0 00	0 00	0.00
1,000.0000 SEMPRA ENERGY COM CUSIP 816851109 TKR SRE	94,010 00 94 0100	1.03	0 00 0 00	94,010.00	700 00	2,800 00	2.98
1,888.0000 SUNCOKE ENERGY INC CUSIP 86722A103 TKR SXC	6,551.36 3.4700	0 07	0 00 0 00	6,551 36	0 00	1,132.80	17 29
25,000 0000 UBS AG LONDON PREFERRED DUE 06/30/2017 CUSIP 90272X885	223,000 00 8 9200	2.44	250,000 00 10 00	(27,000.00)	0 00	0 00	0.00

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QUANTITY DESCRIPTION	MARKET VALUE (M/V) MARKET UNIT PRICE	%M/V	FEDERAL TAX COST AVERAGE UNIT COST	UNREALIZED GAIN/(LOSS)	ACCRUED INCOME	ESTIMATED ANNUAL INCOME	YIELD (%) YIM (%)
PRINCIPAL PORTFOLIO(S)	 .				-	<u> </u>	
Equity 6,640,0000 UNITED TECHNOLOGIES CORP COM CUSIP 913017109 TKR UTX	\$637,904 80 96 0700	6 97	\$6,659 52 1.00	\$631,245 28	\$0.00	\$16,998 40	2 66
1,148.0000 WESTROCK CO CUSIP 96145D105 TKR WRK	52,371.76 45.6200	0.57	0 00 0 00	52,371 76	0.00	1,722 00	3 29
TOTAL Equity	6,860,794.63	75.01	1,956,659.52	4,904,135.11	3,561.15	_131,491.19	1.92
Fixed Income 65,109,8010 BLACKROCK HIGH YIELD BOND PORTFOLIO INSTITUTIONAL CLASS CUSIP 091929638 TKR BHYIX	464,232.88 7 1300	5 08	51 2,338 35 7 87	(48,105 47)	0 00	26,369 46	5 68
67,719.5710 LORD ABBETT INVESTMENT TRUST - LOR ABBETT HIGH YIELD FUND CUSIP 54400N508 TKR LHYFX	465,910.65 D 6 8800	5 09	510,143 10 7 53	(44,232.45)	1,068.86	28,848 53	6.19
TOTAL Fixed Income	930,143.53	10.17	1,022,481.45	(92,337.92)	1,068.86	55,217.99	5.94
Cssh & Currency 804,304 0000 CASH	804,304.00 1.0000	8.79	804,304 00 1.00	0.00	0 00	0 00	0 00
10,065.1600 GOLDMAN SACHS FINANCIAL SQUARE PRIME OBLIGATIONS FUND CLASS SV CUSIP 38141W349 TKR FBSXX	10,065 16 1 0000	011	10,065 16 1.00	0.00	0 94	0.00	0.00
49,619 7000 MORGAN STANLEY BANK N.A. CUSIP 991762305 TKR MSBNK	49,619.70 1 0000	0.54	49,61970 100	0.00	0.00	0 00	0.00

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QUANTITY DESCRIPTION	MARKET VALUE (M/V) MARKET UNIT PRICE	%M/V	FEDERAL TAX COST AVERAGE UNIT COST	UNREALIZED GAIN/(LOSS)	ACCRUED INCOME	ESTIMATED ANNUAL INCOME	YIELD (%) YIM (%)
PRINCIPAL PORTFOLIO(S) Cash & Currency					· · ·		
TOTAL Cash & Currency	\$863,988.86	9.45	\$863,988.86	\$0.00	\$0.94	\$0.00	0.00
Other Assets 57,407.1500 DELAWARE DIVERSIFIED INCOME FD CL I #195 CUSIP 246248587 TKR DPFFX	491,979.28 8 5700	5.38	507,391.13 8 84	(15,411 85)	0 00	18,427.69	3 75
TOTAL Other Assets	491,979.28	5.38	507,391.13	(15,411.85)	0.00	18,427.69	3.75
TOTAL PRINCIPAL PORTFOLIO(S)	9,146,906.30	100.00	4,350,520.96	4,796,385.34	4,630.95	205,136.87	7 2.24
ACCRUED INCOME	4,630.95						
MARKET VALUE WITH ACCRUED INCOME	9,151,537.25						
INCOME PORTFOLIO(S) Cash & Currency (797,580.0900) CASH	(797,580.09) 1 0000	100 00	(797,580.09) 1.00	0 00	0 00	000	0.00
TOTAL Cash & Currency	(797,580.09)	100.00	(797,580.09)	0.00	0.00_	0.00	0.00
TOTAL INCOME PORTFOLIO(S)	(797,580.09)	100.00	(797,580.09)	0.00	0.00	0.00	0.00
GRAND TOTAL(S)	8,349,326.21		3,552,940.87	4,796,385.34	4,630.95	205,136.87	2.46
ACCRUED INCOME	4,630.95						
MARKET VALUE WITH ACCRUED INCOME	8,353,957.16						