



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Name of foundation ARMROD CHARITABLE FOUNDATION		A Employer identification number 68-0370503	
Number and street (or P O box number if mail is not delivered to street address) 4020 SIERRA COLLEGE BLVD		Room/suite	B Telephone number (see instructions) (916) 624-6200
City or town, state or province, country, and ZIP or foreign postal code ROCKLIN, CA 95677		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 18,061,711		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	16,615,640			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	24,614	24,614	24,614	
	4 Dividends and interest from securities	6,442	6,442	6,442	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	 305,114			
	12 Total. Add lines 1 through 11	16,951,810	31,056	31,056	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).	 743			743
	b Accounting fees (attach schedule).	 2,785			2,785
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	 2,208			2,208
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	 2,833			2,483
	24 Total operating and administrative expenses. Add lines 13 through 23	8,569	0		8,219
	25 Contributions, gifts, grants paid	1,889,000			1,889,000
	26 Total expenses and disbursements. Add lines 24 and 25	1,897,569	0		1,897,219
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	15,054,241			
	b Net investment income (if negative, enter -0-)		31,056		
	c Adjusted net income (if negative, enter -0-)			31,056	

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			
	2	Savings and temporary cash investments	2,047,983	17,693,807	17,693,807
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	111,512		
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ 38,710 Less allowance for doubtful accounts ▶ _____ 38,710	468,350		
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	179,626	167,904	167,904
	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 ▶ _____ 200,000 Less accumulated depreciation (attach schedule) ▶ _____	200,000	200,000	200,000
	15	Other assets (describe ▶ _____)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	3,007,471	18,061,711	18,061,711
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)	1		
	23	Total liabilities (add lines 17 through 22)	1	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	3,007,470	18,061,711	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	3,007,470	18,061,711	
	31	Total liabilities and net assets/fund balances (see instructions)	3,007,471	18,061,711	

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	3,007,470
2	Enter amount from Part I, line 27a	2	15,054,241
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	18,061,711
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	18,061,711

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
a			
b			
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	
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	

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	276,528	1,086,109	0 25460
2013	276,918	1,025,826	0 26995
2012	991,015	1,732,683	0 57195
2011	71,776	2,090,748	0 03433
2010	239,066	2,151,508	0 11112

2	Total of line 1, column (d).	2	1 241950
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 248390
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	3,491,164
5	Multiply line 4 by line 3.	5	867,170
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	311
7	Add lines 5 and 6.	7	867,481
8	Enter qualifying distributions from Part XII, line 4.	8	1,897,219

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 VII

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

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	311
c		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3		Add lines 1 and 2.		3	311
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	311
6		Credits/Payments			
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	
7		Total credits and payments. Add lines 6a through 6d.		7	
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	311
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-A

Statements Regarding Activities

1a		During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			Yes	No
		1a				No
b		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 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		1b		No
c		Did the foundation file Form 1120-POL for this year?		1c		No
d		Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ (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 \$				
2		Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		2		No
3		Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		No
4a		Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		No
b		If "Yes," has it filed a tax return on Form 990-T for this year?		4b		No
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		5		No
6		Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6	Yes	
7		Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	Yes	
8a		Enter the states to which the foundation reports or with which it is registered (see instructions) CA				
b		If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .		8b	Yes	
9		Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		No
10		Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ DONALD TROWBRIDGE Telephone no ▶ (916) 624-6200 Located at ▶ 4020 SIERRA COLLEGE BLVD200 ROCKLIN CA ZIP+4 ▶ 956773906			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country ▶	16	Yes No	No No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?		5b		No
Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>			
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945–5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		No

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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MARTIN A HARMON 4020 SIERRA COLLEGE BLDV200 ROCKLIN, CA 95677	PRESIDENT 0 00	0		
ROBERT MEAGLIA 4020 SIERRA COLLEGE BLVD 200 ROCKLIN, CA 95677	CFO 0 00	0		
DONALD T TROWBRIDGE 4020 SIERRA COLLEGE BLVD200 ROCKLIN, CA 95677	SECRETARY 0 00	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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

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

Part VIII

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

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

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

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

Part IX-A

Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

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

Part X Minimum Investment Return

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	180,048
b	Average of monthly cash balances.	1b	3,164,281
c	Fair market value of all other assets (see instructions).	1c	200,000
d	Total (add lines 1a, b, and c).	1d	3,544,329
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	3,544,329
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	53,165
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,491,164
6	Minimum investment return. Enter 5% of line 5.	6	174,558

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

1	Minimum investment return from Part X, line 6.	1	174,558
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	311
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	311
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	174,247
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	174,247
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	174,247

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	1,897,219
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	1,897,219
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	311
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,896,908

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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				174,247
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.	132,805			
b From 2011.				
c From 2012.	904,835			
d From 2013.	226,711			
e From 2014.	222,769			
f Total of lines 3a through e.	1,487,120			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 1,897,219				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				174,247
e Remaining amount distributed out of corpus	1,722,972			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,210,092			
b Prior years' undistributed income Subtract line 4b from line 2b.				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				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).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	132,805			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	3,077,287			
10 Analysis of line 9				
a Excess from 2011. . . .				
b Excess from 2012. . . .	904,835			
c Excess from 2013. . . .	226,711			
d Excess from 2014. . . .	222,769			
e Excess from 2015. . . .	1,722,972			

Part XIV

--

b Check box to indicate whether the organization

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

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

Part XV

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))

MARTIN A HARMON

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

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

MARTIN A HARMON
4020 SIERRA COLLEGE BLVD 200
ROCKLIN,CA 95677
(916) 624-6200

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

LETTER REQUEST FOR FUNDS, TO INCLUDE AMOUNT, INTENDED USE, AND DOCUMENTARY VERIFICATION OF EXEMPT/CHARITABLE STATUS OF RECIPIENT

c. Any submission deadlines

NONE

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

NONE

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)				
a Paid during the year See Additional Data Table				
Total			▶ 3a	1,889,000
b Approved for future payment				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

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

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

(1) Cash.

(2) Other assets.

- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

b If "Yes," complete the following schedule

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

* * * * *

Title

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name RONALD L STALLINS	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01381173
	Firm's name <input type="checkbox"/> Tenney and Company			Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/> 1528 Starr Drive Suite A Yuba City, CA 95993			Phone no. (530) 674-4211	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
OAKLAND MILITARY INSTITUTE 2269 CHESTNUT STREET SUITE 500 OAKLAND,CA 94123	N/A	PC	SCHOLARSHIP FUNDING	10,000
SENIORS FIRST 11566 D AVE AUBURN,CA 95603	N/A	PC	EDUCATION FOR SENIOR SERVICES	5,000
CHILD ADVOCATES OF PLC CTY PO BOX 701 AUBURN,CA 95604	N/A	PC	SUPPORT FOSTER CARE PROGRAMS	5,000
AUBURN SYMPHONY 808 LINCOLN WAY AUBURN,CA 95603	N/A	PC	COMMUNITY BETTERMENT THROUGH CULTURAL ACTIVITIES	3,000
AUBURN COMMUNITY CANCER ENDOWMENT F 11899 EDGEWOOD ROAD SUITE X AUBURN,CA 95603	N/A	PC	CANCER AWARENESS AND RESEARCH	7,000
PLACER COMMUNITY FOUNDATION PO BOX 9207 AUBURN,CA 95604	N/A	PC	NONPROFIT LEADERSHIP SUMMIT	1,500
SACRAMENTO VALLEY TEEN CHALLENGE IN PO BOX 276737 SACRAMENTO,CA 95827	N/A	PC	TO PROVIDE YOUTH, ADULTS AND FAMILIES CHRISTIAN-BASED SOLUTIONS TO LIFE CONTROLLING DRUG AND ALCOHOL PROBLEMS	50,000
NEXT TOWN FOUNDATION 8635 CALLAGHAN SAN ANTONIO,TX 78230	N/A	PC	HOME OF HOPE ORPHANAGE	65,000
COMMUNITY RECOVERY RESOURCES 180 SIERRA COLLEGE DRIVE GRASS VALLEY,CA 95945	N/A	PC	WELLNESS AND RECOVERY SERVICES	125,000
ROCKLIN KIWANIS FOUNDATION PO BOX 76 ROCKLIN,CA 95677	N/A	PC	COMMUNITY BETTERMENT	1,000
UNION GOSPEL MISSION 400 BANNON STREET SACRAMENTO,CA 95811	N/A	PC	HELPING THE NEEDY AND HOMELESS	50,000
CLEAN AND SOBER INC PO BOX 2604 SACRAMENTO,CA 95812	N/A	PC	SUPPORT AND TREATMENT OF SUBSTANCE ABUSE	25,000
FULL GOSPEL SHIELD OF FAITH 21280 NORTH 4 MILE ROAD HULBERT,OK 74441	N/A	PC	COMMUNITY/YOUTH PROGRAMS	12,000
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA,GA 30303	N/A	GROUP	CANCER AWARENESS AND RESEARCH	3,500
CARING HEARTS SOCIETY AUBURN 15055 MCELORY ROAD MEADOW VISTA,CA 95722	N/A	PC	COMMUNITY BETTERMENT	1,000
Total ▶ 3a				1,889,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD BETHESDA, MD 20814	N/A	GROUP	MEDICAL RESEARCH	5,000
FOUNDATION FOR AFRICAN AMERICAN MED 4553 CRIMSONWOOD DRIVE REDDING, CA 96001	N/A	PC	ADVANCING PATIENT CARE IN RURAL AFRICA	2,500
JOHN BURTON FOUNDATION 235 MONTGOMERY STREET SAN FRANCISCO, CA 94104	N/A	PC	IMPROVE THE QUALITY OF LIFE FOR CALIFORNIA'S FOSTER, FORMER FOSTER AND HOMELESS CHILDREN	2,500
KVIE 2030 WEL CAMINO AVENUE SACRAMENTO, CA 95833	N/A	PC	FUND PUBLIC TELEVISION	2,000
PLACER LAND TRUST 11661 BLOCKER DRIVE 110 AUBURN, CA 95603	N/A	PC	LAND CONSERVATION AND PRESERVATION	1,000
SIERRA COLLEGE FOUNDATION 5000 ROCKLIN ROAD ROCKLIN, CA 95677	N/A	PC	SCHOLARSHIP FUNDING	142,500
SUTTER AUBURN FAITH FOUNDATION 11815 EDUCATION STREET AUBURN, CA 95602	N/A	PC	FUNDS HEALTH CARE SERVICES AND PROGRAMS	11,000
TANZANIA CHILDREN'S FUND 2 ATLANTIC AVENUE 4TH FLOOR BOSTON, MA 02110	N/A	PC	IMPROVING EDUCATION, INCREASE ACCESS TO HEALTH CARE AND CREATING ECONOMIC OPPORTUNITIES	10,000
THE GATHERING INN PO BOX 297 ROSEVILLE, CA 95678	N/A	PC	PROVIDE PHYSICAL, MENTAL AND SPIRITUAL RESTORATION FOR HOMELESS WOMEN, MEN AND CHILDREN	12,000
THE SIERRA FUND 206 SACRAMENTO STREET STE 101 NEVADA CITY, CA 95959	N/A	PC	LAND CONSERVATION AND PRESERVATION	5,000
ACTIVE 20-30 CLUB PO BOX 214933 SACRAMENTO, CA 95821	N/A	PC	COMMUNITY BETTERMENT	1,000
ALLEGiant GIVING CENTER 4465 GRANITE DRIVE STE 800 ROCKLIN, CA 95677	N/A	PC	SUPPORT VETERANS, STUDENTS, AND ATHLETES	10,000
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	N/A	PC	HEALTHY LIVING AWARENESS AND RESEARCH	2,000
ANCIENT PROMIST MINSTRIES 2945 BELL ROAD STE 295 AUBURN, CA 95603	N/A	PC	TRAINING AND SUPPORT OF MISSIONARIES	2,500
FRIENDS OF VINH SON MONTAGNARD ORPH PO BOX 9322 AUBURN, CA 95604	N/A	PC	SUPPORT FOR VIETNAMESE ORPHANAGE	3,000
Total ▶ 3a				1,889,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AUBURN AREA RECREATION 471 MAIDU DRIVE AUBURN,CA 95603	N/A	SOUNK	MAINTAINING AUBURN PARKS & PROVIDING RECREATION TO RESIDENTS	2,000
AUBURN PLACER PERFORMING ARTS 985 LINCOLN WAY STE 104 AUBURN,CA 95603	N/A	PC	ENHANCE CULTURAL AND ECONOMIC ENVIRONMENT OF AUBURN	1,000
BLACKBERRY CREEK FARM 1170 PINECROFT ROAD COLFAX,CA 95713	N/A	PC	PROVIDE CARE FOR RESCUED ANIMALS, EDUCATE HUMANE CARE OF ANIMALS	1,500
CHABAD OF ROSEVILLE 4410 DOUGLAS BLVD GRANITE BAY,CA 95746	N/A	PC	YOUTH PROGRAMS	1,500
CHARITY VISION 1282 E CAMBRIDGE COURT PROVO,UT 84604	N/A	PC	PROVIDING EYE CARE IN DEVELOPING COUNTRIES	335,000
CHILDRENS FUTURE INTERNATIONAL 1031 33RD STREET STE 174 DENVER,CO 80205	N/A	PC	SUPPORT FOR CAMBODIAN CHILDREN	1,500
CHURCH DIVINITY SCHOOL 2451 RIDGE ROAD BERKELEY,CA 94709	N/A	PC	SCHOLARSHIP FUNDING	1,500
HANCOCK COMMITTEE FOR THE STATES 106 EAST 6TH STREET STE 200 AUSTIN,TX 78701	N/A	PC	CONVENTION OF THE STATES	200,000
CONGREGATION B'NAI ISRAEL 3600 RIVERSIDE BLVD SACRAMENTO,CA 95818	N/A	PC	COMMUNITY PROGRAMS	1,000
CRISTO REY HIGH SCHOOL 8475 JACKSON ROAD SACRAMENTO,CA 95826	N/A	PC	GENERAL SUPPORT FOR EDUCATIONAL PROGRAMS	10,000
DART PO BOX 711 ELK GROVE,CA 95759	N/A	PC	SUPPORT TRAINING FOR DROWNING RESCUE TEAM	1,500
FEED THE HUNGRY 11850 KEMPER ROAD AUBURN,CA 95603	N/A	PC	FUNDS FOOD, CLOTHING, EDUCATION, AND OTHER SERVICES FOR FAMILIES IN NEED	1,500
FREEDOM HOUSE 3852 PALOS VERDES STE 40 LAS VEGAS,NV 89119	N/A	PC	PROVIDE PEOPLE IN RECOVERY HOUSING WHILE THEY TRANSITION BACK TO COMMUNITY	5,000
GOLDEN EMPIRE COUNCIL 251 COMMERCE CIRCLE SACRAMENTO,CA 95815	N/A	PC	YOUTH MENTORSHIP	2,500
KIDS FIRST 124 MAIN STREET ROSEVILLE,CA 95678	N/A	PC	SUPPORT PROGRAM TO END CHILD ABUSE AND NEGLECT	1,000
Total ▶ 3a				1,889,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LEONARDO DA VINCI PTC 4701 SAN JOAQUIN WAY SACRAMENTO,CA 95822	N/A	PC	FUNDING FOR ELEMENTARY SCHOOL PROGRAMS	1,500
LOAVES AND FISHES 1351 N C STREET SACRAMENTO,CA 95811	N/A	PC	FOOD & BASIC NECESSITIES FOR HOMELESS	5,000
MAKE A WISH FOUNDATION 3841 N FREEWAY BLVD STE 185 SACRAMENTO,CA 95834	N/A	PC	GRANTING WISHES FOR SICK CHILDREN	10,000
MARANATHA VOLUNTEERS INTERNATIONAL 990 RESERVE DRIVE STE 100 ROSEVILLE,CA 95678	N/A	PC	FUNDS VOLUNTEERS TO BUILD STRUCTURES IN AREAS OF NEED WORLDWIDE	10,000
MERCY FOUNDATION 3400 DATA DRIVE RANCHO CORDOVA,CA 95670	N/A	SUPPORTIN	FUND MEDICAL TREATMENTS AND SUPPORTING THE UNDERSERVED	20,000
NATIONAL TAX LIMITATION 151 N SUNRISE AVE STE 90 ROSEVILLE,CA 95661	N/A	PC	PROVIDE NATIONAL LEADERSHIP TO ACHIEVE THE OPTIMAL SIZE AND FUNCTIONS OF GOVERNMENT AND PROMOTE CANDIDATES AND INITIATIVES THAT SUPPORT THESE GOALS	20,000
NUESTRA AYUDA 1624 POOLE BLVD STE E YUBA CITY,CA 95993	N/A	PC	SUPPORT UNDERPRIVILEGED HEALTH PATIENT AND SCHOOL CHILDREN IN COSTA RICA	5,000
OUR LA 2454 LYRIC AVE LOS ANGELES,CA 90027	N/A	PC	TO PROVIDE SUPPORT FOR DEVELOPING EDUCATIONAL AND HISTORICAL DOCUMENTARY FILM	9,000
PLACER COUNTY LAW ENFORCEMENT CHAPL 671 NEWCASTLE RD STE 2 NEWCASTLE,CA 95658	N/A	PC	CHAPLAINCY TRAINING PROGRAM	2,500
PRIDE INDUSTRIES FOUNDATION 10030 FOOTHILLS BLVD ROSEVILLE,CA 95747	N/A	PC	SUPPORT PROGRAMS FOR PEOPLE WITH DISABILITIES	100,000
ROCKLIN HIGH SCHOOL PARENT 521 VICTORY DR ROCKLIN,CA 95765	N/A	PC	SUPPORTING EDUCATIONAL PROGRAMS	1,000
ROCKLIN POLICE OFFICER ASSOCIATION PO BOX 907 ROCKLIN,CA 95677	N/A	PC	COMMUNITY BETTERMENT	1,000
SACRAMENTO TREE FOUNDATION 191 LATHROP WAY STE D SACRAMENTO,CA 95814	N/A	PC	WORKING TO BUILD HEALTHY, LIVABLE COMMUNITIES IN THE SACRAMENTO REGION BY GROWING THE BEST URBAN FOREST IN THE NATION	1,500
SHRINER'S HOSPITAL 2900 N ROCKY POINT DRIVE TAMPA,FL 33607	N/A	PC	SUPPORT CHILDREN'S HOSPITAL	500,000
ST BALDRICK'S FOUNDATION 1333 S MAYFLOWER AVE STE 400 MONROVIA,CA 91016	N/A	PC	SUPPORT CHILDREN'S CANCER RESEARCH	1,000
Total ▶ 3a				1,889,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SUPPORTING THE TAYLOR HOUSE PO BOX 853 ROSEVILLE,CA 95678	N/A	PC	TEACHING ESSENTIAL LIFE SKILLS AND OFFERING AFFORDABLE RENTS TO TRANSITIONING FOSTER GIRLS AGE 18-21	1,500
SUTTER ROSEVILLE MEDICAL CENTER FOU ONE MEDICAL PLAZA ROSEVILLE,CA 95661	N/A	PC	FUNDS HEALTH CARE SERVICES AND PROGRAMS	2,000
THE BRIDGE FOUNDATION 3406 GOSHEN RD NEWTOWN SQUARE,PA 19073	N/A	PC	RECOVERY SUPPORT SERVICES AND TREATMENT FOR YOUNG ADULTS	10,000
THE CITY OF AUBURN-LNF 1225 LINCOLN WAY AUBURN,CA 95603	N/A	PC	CULTURAL EVENTS FOR HISTORICAL EDUCATION	1,000
THE LUSTGARTEN FOUNDATION 1111 STEWART AVE BETHPAGE,NY 11714	N/A	PC	PANCREATIC CANCER RESEARCH	1,000
THE PROMISES FOUNDATION 510 20TH STREET SANTA MONICA,CA 90402	N/A	PC	SUPPORT SUBSTANCE ABUSE PREVENTION AND PROVIDE BEHAVIORAL HEALTH SERVICES TO LOW INCOME WOMEN AND THEIR FAMILIES	10,000
UC DAVIS REGENTS ONE SHIELDS AVE DAVIS,CA 95616	N/A	PC	SUPPORT EDUCATIONAL PROGRAMS	1,500
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON,CA 95211	N/A	PC	SUPPORT EDUCATIONAL PROGRAMS	5,000
UNIVERSITY OF THE SOUTH 4202 E FOWLER AVE ALC 100 TAMPA,FL 33620	N/A	PC	SUPPORT EDUCATIONAL PROGRAMS	1,000
VOLUNTEERS OF AMERICA 3813 N CAUSEWAY BLVD METAIRIE,LA 70002	N/A	GROUP	STRIVING TO END HOMELESSNESS, REBUILD LIVES AND STRENGTHEN COMMUNITIES	25,000
WESTERN SIERRA MEDICAL 844 OLD TUNNEL RD GRASS VALLEY,CA 95945	N/A	PC	SERVING THE COMMUNITIES MEDICAL, DENTAL, AND BEHAVIORAL HEALTH NEEDS THROUGH INNOVATIVE PATIENT CENTERED CARE	1,000
Total ▶ 3a				1,889,000

TY 2015 Accounting Fees Schedule**Name:** ARMROD CHARITABLE FOUNDATION**EIN:** 68-0370503**Software ID:** 15000324**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FORM 990 TAX PREP FEES	2,785	0	0	2,785

TY 2015 Investments Corporate Stock Schedule**Name:** ARMROD CHARITABLE FOUNDATION**EIN:** 68-0370503**Software ID:** 15000324**Software Version:** 2015v2.0

Name of Stock	End of Year Book Value	End of Year Fair Market Value
10,560 SH UMPQUA HOLDING CORP	167,904	167,904

**TY 2015 Land, Etc.
Schedule****Name:** ARMROD CHARITABLE FOUNDATION**EIN:** 68-0370503**Software ID:** 15000324**Software Version:** 2015v2.0

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land	200,000		200,000	200,000

TY 2015 Legal Fees Schedule**Name:** ARMROD CHARITABLE FOUNDATION**EIN:** 68-0370503**Software ID:** 15000324**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	743	0	0	743

TY 2015 Other Expenses Schedule**Name:** ARMROD CHARITABLE FOUNDATION**EIN:** 68-0370503**Software ID:** 15000324**Software Version:** 2015v2.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	461			461
CA FTB ANNUAL FILING FEE	10			10
OTHER DUES (LOT 138)	2,155			1,805
POSTAGE AND FREIGHT	57			57
REGISTRY OF CHARITABLE ORGANIZATION FEE	150			150

TY 2015 Other Income Schedule**Name:** ARMROD CHARITABLE FOUNDATION**EIN:** 68-0370503**Software ID:** 15000324**Software Version:** 2015v2.0

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
BAD DEDT RECOVERY	305,114		

TY 2015 Substantial Contributors Schedule

Name: ARMROD CHARITABLE FOUNDATION

EIN: 68-0370503

Software ID: 15000324

Software Version: 2015v2.0

Name	Address
MARTIN A HARMON	4020 SIERRA COLLEGE BLVD STE 200 ROCKLIN,CA 95677
PLUM HEALTHCARE GROUP LLC	4020 SIERRA COLLEGE BLVD STE 190 ROCKLIN,CA 95677
JENQ CHEN	10906 BELLAGIO RD BEL AIR,CA 90077
MARK BALLIF	1180 LORENZO DR FALLBROOK,CA 92028
PAUL HUBBARD	6232 VIA DOS VALLES RANCHO SANTA FE,CA 92067

TY 2015 Taxes Schedule**Name:** ARMROD CHARITABLE FOUNDATION**EIN:** 68-0370503**Software ID:** 15000324**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FED TAXES	273			273
PLACER COUNTY TAX 058045014000	1,935			1,935

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>	<div>OMB No 1545-0047</div> <div>2015</div>
---	--	---

<div>Name of the organization</div> <div>ARMROD CHARITABLE FOUNDATION</div>	<div>Employer identification number</div> <div>68-0370503</div>
---	---

Organization type (check one)

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

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

General Rule

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

Special Rules

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

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

Name of organization ARMROD CHARITABLE FOUNDATION	Employer identification number 68-0370503
---	---

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARTIN A HARMON	\$ 15,000,000	Person <input checked="" type="checkbox"/>
	4020 SIERRA COLLEGE BLVD 200		Payroll <input type="checkbox"/>
	ROCKLIN, CA 95677		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	PLUM HEALTHCARE GROUP LLC	\$ 1,000,000	Person <input checked="" type="checkbox"/>
	4020 SIERRA COLLEGE BLVD 190		Payroll <input type="checkbox"/>
	ROCKLIN, CA 95677		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	JENQ CHEN	\$ 100,000	Person <input checked="" type="checkbox"/>
	10906 BELLAGIO RD		Payroll <input type="checkbox"/>
	BEL AIR, CA 90077		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	MARK BALLIF	\$ 250,000	Person <input checked="" type="checkbox"/>
	1180 LORENZO DR		Payroll <input type="checkbox"/>
	FALLBROOK, CA 92028		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	PAUL HUBBARD	\$ 250,000	Person <input checked="" type="checkbox"/>
	6232 VIA DOS VALLES		Payroll <input type="checkbox"/>
	RANCHO SANTA FE, CA 92067		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)

Employer identification number
68-0370503

(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	

Name of organization ARMROD CHARITABLE FOUNDATION	Employer identification number 68-0370503
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed

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