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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2015

Open to Public Inspection

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

Name of foundation THE HEXBERG FAMILY FOUNDATION		A Employer identification number 91-2172555	
Number and street (or P O box number if mail is not delivered to street address) 921 EMERALD BAY		B Telephone number (see instructions) (714) 236-4800	
City or town, state or province, country, and ZIP or foreign postal code LAGUNA BEACH, CA 92651		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address 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"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), 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			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 17,837,048		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) . . . . .	1,347,935			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	162	162		
	4 Dividends and interest from securities . . . . .	275,728	275,728		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	338,722			
	b Gross sales price for all assets on line 6a 2,277,403				
	7 Capital gain net income (from Part IV, line 2) . . .		338,722		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total.Add lines 1 through 11 . . . . .	1,962,547	614,612		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule). . . . .				
	b Accounting fees (attach schedule). . . . .	9,500	9,500		0
	c Other professional fees (attach schedule) . . . . .	15,000	0		15,000
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .	33,799	33,799		0
	19 Depreciation (attach schedule) and depletion . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings. . . . .	738	0		738
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .	75,442	74,397		1,045
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	134,479	117,696		16,783
	25 Contributions, gifts, grants paid . . . . .	713,250			713,250
	26 Total expenses and disbursements.Add lines 24 and 25	847,729	117,696		730,033
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,114,818			
	b Net investment income (if negative, enter -0-)		496,916		
	c Adjusted net income(if negative, enter -0-) . . .				

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 . . . . .	1,591,925	2,025,185	2,025,185
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	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) . . . . .			
	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) . . . . .	12,613,033	13,163,039	15,811,863
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)		14,204,958	15,188,224	17,837,048
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 ▶ _____)	65	0	
	23	Total liabilities(add lines 17 through 22) . . . . .		65	0
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	11,538,342	11,538,342	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	2,666,551	3,649,882	
30	Total net assets or fund balances(see instructions) . . . . .		14,204,893	15,188,224	
31	Total liabilities and net assets/fund balances(see instructions) . . . . .		14,204,958	15,188,224	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1 14,204,893
2	Enter amount from Part I, line 27a . . . . .	2 1,114,818
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3 . . . . .	4 15,319,711
5	Decreases not included in line 2 (itemize) ▶ _____	5 131,487
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6 15,188,224

Part IV

Capital Gains and Losses for Tax on Investment Income

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

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

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

2	Capital gain net income or (net capital loss)	<div><div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div></div>	2	338,722
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) <div>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . .</div>		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	590,500	14,493,482	0 040742
2013	534,322	12,177,842	0 043877
2012	460,930	10,694,159	0 043101
2011	386,738	9,379,360	0 041233
2010	278,000	7,794,460	0 035666

2	Total of line 1, column (d). . . . .	2	0 204619
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 040924
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	17,072,877
5	Multiply line 4 by line 3. . . . .	5	698,690
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	4,969
7	Add lines 5 and 6. . . . .	7	703,659
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	730,033

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 VIExcise 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 ☐ 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 ☒ and enter 1% 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-)

2

0

3

Add lines 1 and 2. . . . .

3

4,969

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

0

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

5

4,969

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

10,920

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

10,920

8

Enter any penalty for underpayment of estimated tax. Check here ☐ 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

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .

10

5,951

11

Enter the amount of line 10 to be Credited to 2015 estimated tax ☒ 5,951 Refunded ☒

11

0

Part VII-AStatements 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? ☒ . . . . .

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 ☒ \$ 0 (2) On foundation managers ☒ \$ 0

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☒ \$ 0

2

Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .  
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

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

Form 990-PF (2015)

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 ▶FROSTAD WARD AN ACCOUNTANCY CORP Located at ▶4281 KATELLA AVE SUITE 127 LOS ALAMITOS CA Telephone no ▶(714) 236-4800 ZIP+4 ▶90720			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15	0	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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 <b>any</b> 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)? . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		
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? . . . . . <input type="checkbox"/>	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 <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i> ) . . . . . <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

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

☐ Yes ☒ No

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

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☒ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

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

☐ Yes ☒ No

5b

6b

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 (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
GREGORY HEXBERG 921 EMERALD BAY LAGUNA BEACH, CA 92651	TRUSTEE 1 00	0	0	0
JILL HEXBERG 10732 ORANGE PARK BLVD ORANGE, CA 92869	TRUSTEE 0 10	0	0	0
DEBORAH L HEXBERG 921 EMERALD BAY LAGUNA BEACH, CA 92651	TRUSTEE 0 10	0	0	0

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

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

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

0

## Part VIII

**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		

<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .	0
--	---

## Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments See instructions	
<b>3</b>	

[illegible]



**Part X**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	14,991,166
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	1,074,777
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	1,266,927
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	17,332,870
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	17,332,870
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	259,993
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	17,072,877
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	853,644

**Part XI**

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	853,644
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	4,969
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	4,969
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	848,675
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	848,675
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	848,675

**Part XII**

**Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	730,033
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	730,033
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	4,969
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	725,064

**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				848,675
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			712,268	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .				
b From 2011. . . . .				
c From 2012. . . . .				
d From 2013. . . . .				
e From 2014. . . . .				
f Total of lines 3a through e. . . . .	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 730,033				
a Applied to 2014, but not more than line 2a			712,268	
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. . . . .				17,765
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				830,910
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .	0			
10 Analysis of line 9				
a Excess from 2011. . . . .				
b Excess from 2012. . . . .				
c Excess from 2013. . . . .				
d Excess from 2014. . . . .				
e Excess from 2015. . . . .				

## Part XIV

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

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

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

• 85% of line 2a . . . . .

Qualifying distributions from Part XII,  
line 4 for each year listed . . . . .

Amounts included in line 2c not used  
directly for active conduct of exempt  
activities . . . . .

e. Qualifying distributions made directly  
for active conduct of exempt activities  
Subtract line 2d from line 2c . . . .

**3** Complete 3a, b, or c for the alternative test relied upon

"Assets" alternative test—enter

**(1)** Value of all assets . . . . .

**(2)** Value of assets qualifying  
under section 4942(j)(3)(B)(i)

• "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

**(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .

**(3)** Largest amount of support from an exempt organization

**(4) Gross investment income**

[illegible]

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

## 1 Information Regarding Foundation Managers:

• 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) )

• 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 email address of the person to whom applications should be addressed

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

**c** Any submission deadlines

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

Part XV

Supplementary Information(continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	713,250
b Approved for future payment				
Total . . . . .			3b	0

## Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)



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

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
STERLING CAPITAL SPECIAL OPP		2012-12-01	2015-07-08
MATTHEW ASIA DIVIDND INST'L		2013-05-08	2015-01-20
MFS INT'L VALUE FC		2013-08-19	2015-11-09
OPPENHEIMER INT'L SMALL CO		2013-10-14	2015-07-08
PIMCO LONG DURATION TOTAL RETURN		2013-03-08	2015-01-20
VANGUARD LONG TERM TREASURY ADMIRAL		2012-05-07	2015-09-11
CAPITAL GAINS DIVIDENDS	P		


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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
436,793		417,350	19,443
159,914		163,419	-3,505
590,774		537,215	53,559
281,919		250,472	31,447
220,387		203,805	16,582
360,918		366,420	-5,502
226,698			226,698

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


Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			19,443
			-3,505
			53,559
			31,447
			16,582
			-5,502
			226,698

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)				
<b>a</b> <i>Paid during the year</i>				
ADVENTURE UNLIMITEDDISCOVERY BOUND FOUNDATION 5201 SOUTH QUEBEC STREET GREENWOOD VILLAGE,CO 80111	NONE	501 (C)(3) ORGANIZAT	PROVIDE SPIRTUAL ADVENTURES FOR YOUTH	35,000
AIDS RESEARCH ALLIANCE 1400 S GRAND AVE 701 LOS ANGELES,CA 90015	NONE	501 (C)(3) ORGANIZAT	HELP DEVELOP A CURE FOR HIV/AIDS	5,000
AMERICAN RED CROSS 601 N GOLDEN CIRCLE DRIVE SANTA ANA,CA 92705	NONE	501 (C)(3) PUBLIC CH	FOR GENERAL OPERATING SUPPORT OF CHARITABLE ORGANIZATION	15,000
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (ASPCA) PO BOX 97288 WASHINGTON DC,DC 20090	NONE	501 (C)(3) PUBLIC CH	PREVENTION OF CRUELTY TO ANIMALS	8,500
ANDRE AGASSI FOUNDATION 1120 N TOWN CENTER DRIVE LAS VEGAS,NV 89144	NONE	501 (C)(3) ORGANIZAT	EDUCATION FOR UNDERSERVED YOUTH	5,000
ARMED SERVICES YMCA OF THE USA 6359 WALKER LANE 200 ALEXANDRIA,VA 22310	NONE	501 (C)(3) PUBLIC CH	SUPPORT OF OUR MEN IN THE SERVICE	5,000
BLUE BELL FOUNDATION FOR CATS 20982 LAGUNA CANYON RD LAGUNA BEACH,CA 92651	NONE	501 (C)(3) ORGANIZAT	HELP PROVIDE FOR AND HOUSE RETIRED CATS IN COMMUNITY	6,500
BOY SCOUTS OF AMERICA ORANGE COUNTY COUNCIL 1211 EAST DYER RD SANTA ANA,CA 92705	NONE	501 (C)(3) ORGANIZAT	SUPPORT SCOUTING PROGRAMS	7,000
BOYS & GIRLS CLUB OF LAGUNA BEACH 1085 LAGUNA CANYON ROAD LAGUNA BEACH,CA 92651	NONE	501 (C)(3) PUBLIC CH	HELP PROVIDE A POSITIVE ENVIRONMENT FOR THE CHILDREN	10,000
BOYS AND GIRLS CLUB OF COSTA MESA 2131 TUSTIN AVE COSTA MESA,CA 92651	NONE	501 (C)(3) ORGANIZAT	HELP PROVIDE AN ENRICHING ENVIRONMENT AFTER SCHOOL WHERE YOUTH ARE INSPIRED TO REACH THEIR FULL POTENTIAL	6,000
BOYS HOPE GIRLS HOPE 17701 CROWN 150 IRVINE,CA 92614	NONE	501 (C)(3) ORGANIZAT	HELP PROVIDE AT RISK CHILDREN WITH STABLE HOMES	10,000
CAMFED USA 465 CALIFORNIA STREET SAN FRANCISCO,CA 94104	NONE	501 (C)(3) ORGANIZAT	HELP GIRLS IN IMPOVERISHED RUAL DISTRICTS OF AFRICA	5,000
CASA YOUTH SHELTER 10911 REGAN STREET LOS ALAMITOS,CA 90720	NONE	501 (C)(3) ORGANIZAT	PROVIDE FOOD, SHELTER AND CRISIS COUNSELING TO YOUTH	8,000
CATALINA ISLAND CONSERVANCY PO BOX 2739 AVALON,CA 90704	NONE	501 (C)(3) ORGANIZAT	FOR PROGRAMS IN CONSERVATION AND EDUCATION	7,500
CENTER FOR ENERGY EFFICIENCY AND RENEWABLE TECHNOLOGIES (CEERT) 1100 11TH STREET SUITE 311 SACRAMENTO,CA 95814	NONE	501 (C)(3) ORGANIZAT	DESIGN & FIGHT FOR GLOBAL WARMING SOLUTIONS	5,000
<b>Total . . . . .</b>  <b>3a</b>				713,250



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)				
<b>a</b> Paid during the year				
CHALLENGED ATHLETES FOUNDATION PO BOX 910769 SAN DIEGO,CA 92191	NONE	501 (C)(3) ORGANIZAT	PROVIDE SUPPORT TO PEOPLE WITH PHYSICAL DISABILITIES	7,500
CHILDREN'S DEFENSE FUND 25 E STREET NW WASHINGTON DC,DC 20001	NONE	501 (C)(3) ORGANIZAT	PROTECT & SUPPORT CHILDREN OF AMERICA	6,500
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD 29 LOS ANGELES,CA 90027	NONE	501 (C)(3) PUBLIC CH	SUPPLY FUNDING FOR A VARIETY OF CHILDREN'S NEEDS	14,000
CHILDREN'S SCHOLARSHIP FUND  80 WEST 38TH STREET 9TH FLOOR NEW YORK,NY 10018	NONE	501 (C)(3) ORGANIZAT	PAY FOR SCHOLARSHIPS FOR NEEDY CHILDREN	7,500
CHOC CHILDREN'S FOUNDATION 455 SOUTH MAIN ST ORANGE,CA 92868	NONE	501 (C)(3) ORGANIZAT	TO NURTURE, ADVANCE AND PROTECT THE HEALTH AND WELL BEING OF CHILDREN	8,500
CROSSROADS MINISTRY PO BOX 6246 OAKRIDGE,TN 37830	NONE	501 (C)(3) PUBLIC CH	ASSIST SINGLE MOTHER'S & BABIES WHO HAVE NO HOMES	6,500
CRYSTAL COVE ALLIANCE 3535 E COAST HWY PMB 360 CORONA DEL MAR,CA 92625	NONE	501 (C)(3) ORGANIZAT	RESTORATION,EDUCATION,CONSERVATION OF CRYSTAL COVE	16,000
CUSTER ECONOMIC DEVELOPMENT CORPORATION PO BOX 2739 BROKEN BOW,NE 68822	NONE	501 (C)(3) ORGANIZAT	HELP BUILD AN EDUCATIONAL COMPLEX IN BROKEN BOW, NE	10,000
DIRECT RELIEF INTERNATIONAL 27 S LA PATERA LANE SANTA BARBARA,CA 93117	NONE	501 (C)(3) PUBLIC CH	PROVIDE MEDICAL ASSISTANCE AND SUPPLIES	50,000
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR NEW YORK,NY 10001	NONE	501 (C)(3) PUBLIC CH	TO ASSIST IN PROVIDING MEDICAL CARE AROUND THE WORLD	10,000
EQUALITY NOW 250 WEST 57 STREET 1527 NEW YORK,NY 10107	NONE	501 (C)(3) ORGANIZAT	END VIOLENCE AND DISCRIMINATION AGAINST WOMEN/GIRLS	5,500
FEEDING AMERICA'S HUNGRY CHILDREN PO BOX 83775 PHOENIX,AZ 85071	NONE	501 (C)(3) ORGANIZAT	FEED AMERICA'S HUNGRY CHILDREN	6,000
FISHER HOUSE FOUNDATION INC 1401 ROCKVILLE PIKE 600 ROCKVILLE,MA 20850	NONE	501 (C)(3) ORGANIZAT	FOR THE BENEFIT OF OUR MILITARY SERVICE MEN & WOMEN	5,000
FLAGSTAFF MARINE LEAGUE CHARITIES 2536 E MADISON STREET PHOENIX,AZ 85034	NONE	501 (C)(3) ORGANIZAT	SUPPORT CHARITIES ORGANIZED TO ASSIST CHILDREN OF NORTHERN AZ	1,500
FOODBANK OF SOUTHERN CALIFORNIA 1444 SAN FRANCISCO AVE LONG BEACH,CA 90813	NONE	501 (C)(3) ORGANIZAT	ASSIST IN FEEDING HUNGRY PEOPLE IN THE COMMUNITY	7,500
<b>Total . . . . .</b>  <b>3a</b>				713,250

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)				
<b>a</b> <i>Paid during the year</i>				
FREEDOM ALLIANCE 22570 MARKEY COURT DULLES,VA 20166	NONE	501 (C)(3) ORGANIZAT	PROVIDE EDUCATIONAL SCHOLARSHIP TO CHILDREN	16,500
FRIENDS OF THE SANTA ANA ZOO 1801 E CHESTNUT AVE SANTA ANA,CA 92701	NONE	501 (C)(3) ORGANIZAT	SUPPORT ZOO	5,000
FRIENSHIP SHELTER PO BOX 4252 LAGUNA BEACH,CA 92652	NONE	501 (C)(3) ORGANIZAT	HELP HOMELESS ADULTS ACHIEVE SELF-SUFFICIENCY AND BECOME MORE PRODUCTIVE MEMBERS OF THE COMMUNITY	5,000
GIRLS INCORPORATED OF SANTA BARBARA PO BOX 236 SANTA BARBARA,CA 93102	NONE	501 (C)(3) ORGANIZAT	ENCOURAGE GIRLS TO BE STRONG, SMART AND BOLD	7,500
GLENNWOOD HOUSING FOUNDATION 2130 S COAST HIGHWAY LAGUNA BEACH,CA 92651	NONE	501 (C)(3) ORGANIZAT	PROVIDE HOUSING & LIFE SKILLS FOR ADULTS WITH DEVELOPMENTAL DISABILITIES	7,500
GLOBAL GRINS 18101 VON KARMAN 330 IRVINE,CA 92612	NONE	501 (C)(3) ORGANIZAT	DELIVER TOOTHBRUSHES TO PEOPLE AROUND THE WORLD	6,000
GOODWILL OF ORANGE COUNTY 410 NORTH FAIRVIEW SANTA ANA,CA 92703	NONE	501 (C)(3) PUBLIC CH	HELP PROVIDE SUPPORT TO PEOPLE WITH DISABILITIES AND OTHER BARRIERS	5,000
HABITAT FOR HUMANITY-ORANGE COUNTY 2200 SOUTH RITCHEY SANTA ANA,CA 92705	NONE	501 (C)(3) PUBLIC CH	BUILDING FUND	6,500
HEAL THE BAY 1444 9TH STREET SANTA MONICA,CA 90401	NONE	501 (C)(3) PUBLIC CH	PROTECT OUR COASTAL WATERS AND MARINE LIFE	6,500
LAGUNA COLLEGE OF ART-DESIGN 2222 LAGUNA CANYON ROAD LAGUNA BEACH,CA 92651	NONE	501 (C)(3) ORGANIZAT	CONTRIBUTION TO COLLEGE SCHOLARSHIP FUND	4,000
LAGUNA FOOD PANTRY 20652 LAGUNA CANYON ROAD LAGUNA BEACH,CA 92651	NONE	501 (C)(3) ORGANIZAT	PROVIDE LOW-INCOME FAMILIES WITH BALANCED, NUTRITIOUS FOOD CHOICES	3,500
LEROY HAYNES FOUNDATION 233 WEST BASELINE ROAD BOS 400 LA VERNE,CA 91750	NONE	501 (C)(3) ORGANIZAT	HELP STRENGTHEN THE MIND AND SPIRIT OF CHILDREN WITH EMOTIONAL, SPECIAL LEARNING DIFFICULTIES AND DEVELOPMENTAL NEEDS BY PROVIDING SPECIALIZED PROGRAMS IN A NURTURING, CARING AND THERAPEUTIC ENVIRONMENT N	5,000
NATIONAL BRAIN TUMOR SOCIETY 124 WASHINGTON ST SUITE 3H WATERTOWN,MA 02472	NONE	501 (C)(3) ORGANIZAT	BRAIN TUMOR RESEARCH AND SUPPORTIVE PATIENT SERVICES	6,500
HARDWOOD FOREST FOUNDATION PO BOX 34518 MEMPHIS,TN 38184	NONE	501 (C)(3) ORGANIZAT	SUPPORT PROGRAMS AT PARTICIPATING COLLEGES FOR PURPOSE OF EDUCATION	3,500
ORANGE COUNTY RESCUE MISSION 1 HOPE DRIVE TUSTIN,CA 92782	NONE	501 (C)(3) PUBLIC CH	FOR THE GENERAL OPERATING SUPPORT OF CHARITY	7,000
<b>Total . . . . .</b>				713,250

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)				
<b>a</b> Paid during the year				
ORANGEWOOD CHILDREN'S FOUNDATION 1575 E 17TH ST SANTA ANA,CA 92705	NONE	501 (C)(3) ORGANIZAT	PREVENTION AND INTERVENTION PROGRAMS FOR ABUSED AND NEGLECTED CHILDREN, YOUNG ADULTS	6,500
PACIFIC AVIATION MUSEUM-PEARL HARBOR PO BOX 29988 HONOLULU,HI 96820	NONE	501 (C)(3) PUBLIC CH	RESTORATION OF HISTORIC AIRFIELD CONTROL TOWER	5,000
PACIFIC MARINE MAMMAL CENTER LAGUNA CANYON ROAD LAGUNA BEACH,CA 92651	NONE	501 (C)(3) PUBLIC CH	ASSIST IN RESCUING AND REHABILITATING MARINE MAMMALS	10,000
PEDIATRIC BRAIN TUMOR FOUNDATION 302 RIDGEFIELD ASHVILLE,NC 28806	NONE	501 (C)(3) ORGANIZAT	CANCER RESEARCH	7,500
PRINCIPIA COLLEGE 13201 CLAYTON ROAD ST LOUIS,MO 63131	NONE	501 (C)(3) PUBLIC CH	COLLEGE ATHLETIC COMPLEX FUND	75,000
PUP LAGUNA BEACH PO BOX 104 LAGUNA BEACH,CA 92652	NONE	501 (C)(3) ORGANIZAT	SUPPORT THE LAGUNA BEACH ANIMAL SHELTER PROGRAM	10,000
RED BUCKET EQUINE RESCUE 2885 ENGLISH ROAD CHINO HILLS,CA 91709	NONE	501 (C)(3) ORGANIZAT	SAVING & REHABILITATING HORSES, FINDING THEM APPROPRIATE ADOPTIVE HOMES	5,000
SALVATION ARMY 10200 PIONEER ROAD TUSTIN,CA 92782	NONE	501 (C)(3) PUBLIC CH	ASSIST THE MEN, WOMEN AND CHILDREN IN NEED IN ORANGE COUNTY	4,500
SANTA MARIA VALLEY HUMANE SOCIETY PO BOX 8246 SANTA MARIA,CA 93456	NONE	501 (C)(3) ORGANIZAT	SUPPORT NEW ANIMAL CARE COMPLEX	7,500
SCHOOL POWER LAGUNA BEACH EDUCATION FOUNDATION 733 ST ANNS DR LAGUNA BEACH,CA 92651	NONE	501 (C)(3) ORGANIZAT	LAGUNA BEACH HIGH SCHOOL SPORTS PROGRAM	35,000
SECOND HARVEST FOOD BANK 8014 MARINE WAY IRVINE,CA 92618	NONE	501 (C)(3) ORGANIZAT	ASSIST IN ELIMINATING HUNGER IN ORANGE COUNTY CALIF	6,500
SHARE OUR STRENGTH 1730 M STREET NW 700 WASHINGTON DC,DC 20036	NONE	501 (C)(3) ORGANIZAT	WORK TO END CHILD HUNGER IN THE U S	6,500
SURFRIDER FOUNDATION PO BOX 6010 SAN CLEMENTE,CA 92673	NONE	501 (C)(3) ORGANIZAT	PROGRAMS TO PROTECT LOCAL BEACHES,KEEP WATER CLEAN	7,500
SUSAN G KOMEN FOR THE CURE 3191-A AIRPORT LOOP COSTA MESA,CA 92626	NONE	501 (C)(3) PUBLIC CH	GENERAL OPERATING SUPPORT OF CHARITABLE ORGANIZATION	7,000
THE AARON DIAMOND AIDS RESEARCH CENTER 455 FIRST AVENUE NEW YORK,NY 10016	NONE	501 (C)(3) ORGANIZAT	ASSIST WITH RESEARCH TO FIND A CURE FOR AIDS/HIV	5,500
<b>Total . . . . .</b>				713,250

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)				
<b>a</b> Paid during the year				
THE BILLFISH FOUNDATION 2161 E COMMERCIAL BLVD FORT LAUDERDALE,FL 33308	NONE	501 (C)(3) ORGANIZAT	ASSIST IN FIGHT AGAINST IRRESPONSIBLE FISHING	5,000
THE CAMBELL CENTER 6512 SAN FERNANDO ROAD GLENDALE,CA 91201	NONE	501 (C)(3) ORGANIZAT	MULTI-CULTURAL PROGRAM TO EMPOWER ADULTS WITH DEVELOPMENTAL DISABILITIES	5,000
THE CHILDREN'S HEALTH FUND 215 WEST 125TH STREET NEW YORK,NY 10027	NONE	501 (C)(3) ORGANIZAT	HELP PROVIDE HEALTH CARE SERVICES TO CHILDREN	6,500
THE DISTINGUISHED FLYING CROSS SOCIETY PO BOX 530250 SAN DIEGO,CA 92153	NONE	501 (C)(3) ORGANIZAT	GENERAL OPERATING SUPPORT OF CHARITABLE ORGANIZATION	5,000
THE ECOLOGY CENTER 32701 ALIPAZ ST SAN JUAN CAPISTRANO,CA 92675	NONE	501 (C)(3) ORGANIZAT	EDUCATE AND PRESERVE THE COMMUNITY	10,750
THE FOREST FOUNDATION 853 LINCOLN WAY 208 AUBURN,CA 95603	NONE	501 (C)(3) PUBLIC CH	HELP EDUCATE ON THE IMPORTANCE OF CARING FOR FORESTS	5,000
THE HUMANE SOCIETY OF THE UNITED STATES 2100 L STREET NW WASHINGTON DC,DC 20037	NONE	501 (C)(3) PUBLIC CH	TO ASSIST IN PROTECTING ANIMALS FROM CRUELTY & ABUSE	7,500
THE JOYFUL CHILD FOUNDATION PO BOX 12680 WESTMINSTER,CA 92685	NONE	501 (C)(3) ORGANIZAT	PREVENT CHILD SEXUAL ABUSE & ABDUCTION THROUGH VARIOUS PROGRAMS IN THE COMMUNITY	6,000
THE MAMMOTH LAKE FOUNDATION 100 COLLEGE PARKWAY MAMMOTH LAKES,CA 93546	NONE	501 (C)(3) ORGANIZAT	HELP DEVELOP EXHIBITIONS & EDUCATIONAL PROGRAMS	7,500
UCLA MEDICAL CENTER 757 WESTWOOD PLAZA SUITE 1320 LOS ANGELES,CA 90095	NONE	501 (C)(3) ORGANIZAT	HELP HEAL AMEERICA'S MOST SEVERLY INJURED SERVICEMEN	7,500
UNICEF 125 MAIDEN LANE NEW YORK,NY 10038	NONE	501 (C)(3) PUBLIC CH	PROVIDE HEALTH CARE- EMERGENCY RELIEF FOR CHILDREN	7,500
USO PO BOX 96860 WASHINGTON DC,DC 20077	NONE	501 (C)(3) PUBLIC CH	TO HELP SUPPORT OUR MEN & WOMEN IN THE ARMED SERVICE	5,000
WOUNDED WARRIOR PROJECT 7020 AD SKINNER PARKWAY 100 JACKSONVILLE,FL 32256	NONE	501 (C)(3) PUBLIC CH	ASSIST INJURED SERVICEMEN AND WOMEN	6,500
YWCA OF GLENDALE 735 EAST LEXINGTON DRIVE GLENDALE,CA 91206	NONE	501 (C)(3) ORGANIZAT	ASSIST WITH DOMESTIC VIOLENCE PROGRAM	3,500
YWCA WINGS SHELTER 517 HOLLOWAVE WEST COVINA,CA 91790	NONE	501 (C)(3) ORGANIZAT	PROVIDE SHELTER FOR WOMEN AND CHILDREN VICTIMS OF VIOLENCE	4,000
<b>Total . . . . .</b>				713,250

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)				
<b>a</b> <i>Paid during the year</i>				
ONE SAVE PLACE 2280 BENTON DRIVE SUITE A REDDING,CA 96003	NONE	501 (C)(3) ORGANIZAT	SUPPORT SERVICES AND SHELTER FOR MEN, WOMEN, AND CHILDREN SUFFERING FROM DOMETIC AND SEXUAL ABUSE	5,000
VANGUARD UNIVERSITY FOUNDATION 55 FAIR DRIVE COSTA MESA,CA 92626	NONE	501 (C)(3) ORGANIZAT	MEN'S BASKETBALL PROGRAM	5,000
SURFING HERITAGE AND CULTURE CENTER 110 CALLE IGLESIA SAN CLEMENTE,CA 92672	NONE	501 (C)(3) ORGANIZAT	PRESERVING AND PROMOTING SURFING'S HERITAGE AND EDUCATION	2,500
COSTA MESA POP WARNER EAGLES 2973 HARBOR BLVD SUITE 738 COSTA MESA,CA 92626	NONE	501 (C)(3) ORGANIZAT	TO INSPIRE YOUTH REGARDLESS OF RACE, RELIGION OR NAT'L ORIGIN AND TO PRACTICE IDEALS OF SPORTSMANSHIP SCHOLARSHIP AND PHYSICAL FITNESS	2,500
OPEN HOUSE MINISTRIESPORTLAND HOO-HOO CLUB PO BOX 17130 PORTLAND,OR 97217	NONE	501 (C)(3) ORGANIZAT	TO PROVIDE AND BRING TO THE FAMILIES OF THE HOMELESS THE SPIRIT OF CHRISTMAS	2,500
YMCA OF ORANGE COUNTY 2300 UNIVERSITY DRIVE NEWPORT BEACH,CA 92660	NONE	501 (C)(3) ORGANIZAT	PLAYPEN PROGRAM	6,500
NEWPORT BAY CONSERVANCY PO BOX 10804 NEWPORT BEACH,CA 92658	NONE	501 (C)(3) ORGANIZAT	SUPPORT SCHOOL TOURS, RESTORATION PROGRAM, MULTIPLE PROGRAMS OFFERED TO THE PUBLIC	2,500
<b>Total . . . . .</b>				713,250

TY 2015 Accounting Fees Schedule

**Name:** THE HEXBERG FAMILY FOUNDATION

**EIN:** 91-2172555

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	9,500	9,500		0

**TY 2015 ExplanOfLegisPoliticalActvts****Name:** THE HEXBERG FAMILY FOUNDATION**EIN:** 91-2172555**Explanation:** NONE

**TY 2015 Investments - Other Schedule****Name:** THE HEXBERG FAMILY FOUNDATION**EIN:** 91-2172555

<b>Category / Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
WELLS FARGO ADVISORS	FMV	4,576,708	6,930,599
FIDELITY SECURITIES	FMV	8,029,872	7,450,381
PARTNERSHIP INVESTMENT CWS STRATEGIC APARTMENT FUND LC	FMV	154,551	442,246
CWS SAF III LLC (2.07%)	FMV	109,734	130,672
CWS SAF II LLC	FMV	13,179	270,984
RANGEFORE RESOURCES INC-PRIVATE PLACEMENT	FMV	100,000	71,222
CWS SAF III LLC (.3658%)	FMV	21,083	231,046
CWS SAF V LLC	FMV	151,259	191,979
CWS WIND UP AVA LLC	FMV	6,653	92,734



TY 2015 Other Decreases Schedule

**Name:** THE HEXBERG FAMILY FOUNDATION

**EIN:** 91-2172555

Description	Amount
PASSIVE LOSSES FROM DEBT FINANCED PARTNERSHIPS	131,487

**TY 2015 Other Expenses Schedule****Name:** THE HEXBERG FAMILY FOUNDATION**EIN:** 91-2172555

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISOR FEES	73,944	73,944		0
WIRE FEE	25	25		0
OFFICE SUPPLIES	614	307		307
BUSINESS REGISTRATION FEE	26	26		0
MISCELLANEOUS	95	95		0
MEETINGS WITH CHARITABLE ORGANIZATIONS	738	0		738

**TY 2015 Other Liabilities Schedule**

**Name:** THE HEXBERG FAMILY FOUNDATION

**EIN:** 91-2172555

Description	Beginning of Year - Book Value	End of Year - Book Value
AMERICAN EXPRESS PAYABLE	65	0

TY 2015 Other Professional Fees Schedule

**Name:** THE HEXBERG FAMILY FOUNDATION

**EIN:** 91-2172555

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTANT	15,000	0		15,000

TY 2015 Substantial Contributors  
Schedule

**Name:** THE HEXBERG FAMILY FOUNDATION

**EIN:** 91-2172555

Name	Address
THE HEXBERG CHARITABLE LEAD TRUST	921 EMERALD BAY LAGUNA BEACH, CA 92651

**TY 2015 Taxes Schedule****Name:** THE HEXBERG FAMILY FOUNDATION**EIN:** 91-2172555

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	13,043	13,043		0
FRANCHISE TAX BOARD	3,310	3,310		0
REGISTRY OF CHARITABLE TRUSTS	150	150		0
FEDERAL TAX ON INVESTMENT INCOME	15,348	15,348		0
GEORGIA STATE TAX	1,948	1,948		0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>THE HEXBERG FAMILY FOUNDATION</div>	<div>Employer identification number</div> <div>91-2172555</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> 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></div>
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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 33<sup>1</sup>/<sub>3</sub>% 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 THE HEXBERG FAMILY FOUNDATION	Employer identification number 91-2172555
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person <input checked="" type="checkbox"/>
	THE HEXBERG CHARITABLE LEAD TRUST 921 EMERALD BAY	\$ 1,347,935	Payroll <input type="checkbox"/>
	LAGUNA BEACH, CA 92651		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )



<b>Employer identification number</b>
91-2172555

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

[illegible]

<b>Name of organization</b> THE HEXBERG FAMILY FOUNDATION	<b>Employer identification number</b> 91-2172555
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Part III

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

Use duplicate copies of Part III if additional space is needed

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