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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 10-01-2015 , and ending 09-30-2016

Name of foundation DEMARTINI FAMILY FOUNDATION		<b>A Employer identification number</b> 94-6781245	
% <b>SEILER LLP</b>		<b>B</b> Telephone number (see instructions)	
Number and street (or P O box number if mail is not delivered to street address) 8 ELM ROCK ROAD	Room/suite		
City or town, state or province, country, and ZIP or foreign postal code BRONXVILLE, NY 107084203		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> 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		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 8,528,441		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	4,790,434			
	<b>2</b> Check ▶ <input type="checkbox"/> If the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments . . . . .	71	71		
	<b>4</b> Dividends and interest from securities . . . . .	73,697	73,697		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 _____	1,181,534			
	<b>b</b> Gross sales price for all assets on line 6a 2,399,069				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		1,181,534		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .	30,629	10,294		
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	6,076,365	1,265,596		
	<b>13</b> Compensation of officers, directors, trustees, etc . . . . .	0			
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule). . . . .				
	<b>b</b> Accounting fees (attach schedule). . . . .	15,920	7,960	0	7,960
	<b>c</b> Other professional fees (attach schedule) . . . . .	49,399	49,399		
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . . .	31,269	13		
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings . . . . .				
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	250			250
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	96,838	57,372	0	8,210
	<b>25</b> Contributions, gifts, grants paid . . . . .	2,088,900			2,088,900
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	2,185,738	57,372	0	2,097,110
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	3,890,627			
	<b>b Net investment income</b> (if negative, enter -0-)		1,208,224		
	<b>c Adjusted net income</b> (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 . . . . .	531,211	568,898	568,898
	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) . . . . .	2,144,406	4,289,747	7,700,039
	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) . . . . .	302,785	262,045	259,504
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
Liabilities	15	Other assets (describe ▶ _____)			
	16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	2,978,402	5,120,690	8,528,441
	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 ▶ _____)			
	23	Total liabilities(add lines 17 through 22) . . . . .		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 . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	2,978,402	5,120,690	
	30	Total net assets or fund balances(see instructions) . . . . .	2,978,402	5,120,690	
	31	Total liabilities and net assets/fund balances(see instructions) . .	2,978,402	5,120,690	

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 2,978,402
2	Enter amount from Part I, line 27a . . . . .	2 3,890,627
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3 . . . . .	4 6,869,029
5	Decreases not included in line 2 (itemize) ▶ _____	5 1,748,339
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 5,120,690

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 )
1 a	PUBLICLY TRADED SECURITIES	D		
b	UBS DISTRESSED OPPORTUNITIES FUND LLC - CAPITAL GAIN DISTRIBUTION	P		
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 2,384,513		1,217,535	1,166,978
b 14,556			14,556
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			1,166,978
b			14,556
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	1,181,534
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	1,043,630	3,013,017	0 346374
2013	1,091,635	3,570,065	0 305775
2012	1,058,458	3,708,273	0 285432
2011	1,386,087	3,574,008	0 387824
2010	1,476,217	3,349,344	0 440748

2	Total of line 1, column (d). . . . .	2	1 766153
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 353231
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	6,343,340
5	Multiply line 4 by line 3. . . . .	5	2,240,664
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	12,082
7	Add lines 5 and 6. . . . .	7	2,252,746
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	2,097,110

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	1	24,164
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	24,164
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	24,164
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	16,006
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868). . . . .	6c	35,000
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments. Add lines 6a through 6d. . . . .	7	51,006
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	26,842
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> 26,842 <b>Refunded</b> <input type="checkbox"/>	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			No
		1b		No
c	Did the foundation file <b>Form 1120-POL</b> 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 <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
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	Yes	
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b	Yes	
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) <input type="checkbox"/> NY _____			
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		No

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b> 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). . . . .	<b>11</b>	<b>No</b>				
<b>12</b> 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) . . . . .	<b>12</b>	<b>No</b>				
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	<b>13</b>	<b>Yes</b>				
<b>14</b> The books are in care of ► <u>SEILER LLP</u> Telephone no ► <u>(650) 365-4646</u> Located at ► <u>THREE LAGOON DRIVE STE 400 REDWOOD CITY CA</u> ZIP +4 ► <u>940655157</u>						
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>15</b>	<input type="checkbox"/>				
<b>16</b> 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 ►	<b>16</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><b>Yes</b></td> <td style="width:50%; text-align: center;"><b>No</b></td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	<b>Yes</b>	<b>No</b>		
<b>Yes</b>	<b>No</b>					

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

<b>File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.</b>			<b>Yes</b>	<b>No</b>
<b>1a</b> During the year did the foundation (either directly or indirectly)				
<b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
<b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
<b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
<b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
<b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
<b>(6)</b> 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 ). . . . . <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
<b>b</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)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>	<b>1b</b>			
<b>c</b> 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? . . . . .	<b>1c</b>			<b>No</b>
<b>2</b> 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))				
<b>a</b> 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? . . . . . <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If "Yes," list the years ► 20____, 20____, 20____, 20____				
<b>b</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 ). . . . .	<b>2b</b>			
<b>c</b> 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____				
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
<b>b</b> If "Yes," did it have excess business holdings in 2015 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969, <b>(2)</b> 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 <b>(3)</b> 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> ). . . . .	<b>3b</b>			
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>			<b>No</b>
<b>b</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?	<b>4b</b>			<b>No</b>



Part VIII

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

<b>3</b> 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

**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
<b>1</b> NOT APPLICABLE	
<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> NOT APPLICABLE	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . . ▶



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>	5,598,023
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	563,760
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	278,156
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	6,439,939
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<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>	6,439,939
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	96,599
<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>	6,343,340
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	317,167

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>	317,167
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	24,164
<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>	24,164
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	293,003
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	293,003
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<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>	293,003

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>	2,097,110
<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>	0
<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>	0
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	0
<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>	2,097,110
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	2,097,110

**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					293,003
2 Undistributed income, if any, as of the end of 2015					
a Enter amount for 2014 only. . . . .				0	
b Total for prior years 2013 , 2012 , 2011			0		
3 Excess distributions carryover, if any, to 2015					
a From 2010. . . . .					
b From 2011. . . . .	1,012,715				
c From 2012. . . . .	889,664				
d From 2013. . . . .	892,389				
e From 2014. . . . .	897,264				
f Total of lines 3a through e. . . . .		3,692,032			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 2,097,110					
a Applied to 2014, but not more than line 2a				0	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .					
c Treated as distributions out of corpus (Election required—see instructions). . . . .					
d Applied to 2015 distributable amount. . . . .					293,003
e Remaining amount distributed out of corpus		1,804,107			
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		5,496,139			
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. . . . .					
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 . . . . .					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). . .					
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .		5,496,139			
10 Analysis of line 9					
a Excess from 2011. . . .	1,012,715				
b Excess from 2012. . . .	889,664				
c Excess from 2013. . . .	892,389				
d Excess from 2014. . . .	897,264				
e Excess from 2015. . . .	1,804,107				

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

**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. . . . ▶

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

**b** 85% of line 2a . . . . .

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

**d** 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					

**a** "Assets" alternative test—enter

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

**(2)** Value of assets qualifying under section 4942 (1) (3) (B) (i)

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

c "Support" alternative test—enter

**(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**

**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:**

**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) )

RICHARD M DEMARTINI

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

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

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

**a** The name, address, and telephone number or 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	2,088,900
b Approved for future payment				
Total . . . . .			▶ 3b	

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	71	
<b>4</b> Dividends and interest from securities. . . . .			14	73,697	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property . . . . .					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	1,181,534	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>11</b> Other revenue <b>a</b> <u>EXCISE TAX REFUND</u>			01	20,255	
<b>b</b> <u>PARTNERSHIP INCOME</u>	532000	80	01	10,294	
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .		80		1,285,851	
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		1,285,931

(See worksheet in line 13 instructions to verify calculations )

[illegible]

## Part XVII

**a** Transfers from the reporting foundation to a noncharitable exempt organization of

	Yes	No
1a(1)		No
1a(2)		No

<b>1b(1)</b>		<b>No</b>
<b>1b(2)</b>		<b>No</b>
<b>1b(3)</b>		<b>No</b>
<b>1b(4)</b>		<b>No</b>
<b>1b(5)</b>		<b>No</b>
<b>1b(6)</b>		<b>No</b>

1c	No
----	----

market value  
net value  
ed

[illegible]

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

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

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

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No

Phone no (650) 365-4646

**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>				
AFRICAN WILDLIFE FOUNDATION 1400 16th St NW STE 120 WASHINGTON,DC 20036	NONE	PC	UNRESTRICTED	2,000
ANDRUS 1156 NORTH BROADWAY YONKERS,NY 10701	NONE	PC	LIGHT UP THE NIGHT EVENT	500
ASPCA 424 E 92ND ST NEW YORK,NY 10128	NONE	PC	UNRESTRICTED	1,000
AZTEC CLUB PO BOX 488 AZTEC,NM 87410	NONE	PC	UNRESTRICTED	7,500
BOLTON VOLUNTEER FIRE DEPARTMENT INC (BVFD) PO BOX 1365 BOLTON LANDING,NY 12814	NONE	PC	UNRESTRICTED	100
<b>Total . . . . .</b>			<b>▶ 3a</b>	2,088,900

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>				
CANCER RESEARCH INSTITUTE 55 BROADWAY STE 1802 NEW YORK,NY 10006	NONE	PC	UNRESTRICTED	10,000
CASITA MARIA CENTER FOR ARTS AND EDUCATION  928 SIMPSON STREET 6TH FLOOR BRONX,NY 10459	NONE	PC	FIESTA GALA	10,000
COMMUNITY FUND 17 SAGAMORE ROAD BRONXVILLE,NY 10708	NONE	PC	UNRESTRICTED	5,000
COLUMBIA UNIVERSITY 615 WEST 131ST STREET MC 8741 NEW YORK,NY 10027	NONE	PC	PETER WEINBERG	10,000
CORNELIA CONNELLY CENTER FOR EDUCATION 220 EAST 4TH STREET NEW YORK,NY 10009	NONE	PC	UNRESTRICTED	5,000
<b>Total</b> . . . . . ► <b>3a</b>				2,088,900



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				
CURE JM FOUNDATION 836 LYNWOOD DRIVE ENCINITAS,CA 92024	NONE	PC	UNRESTRICTED	5,000
DESTINATION COLLEGE 1075 CENTRAL PARK AVE STE 301 SCARSDALE,NY 10583	NONE	PC	UNRESTRICTED	1,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE 2ND FL NEW YORK,NY 10001	NONE	PC	UNRESTRICTED	25,000
GUTTMACHER INSTITUTE 125 MAIDEN LANE NO 7TH FL NEW YORK,NY 10038	NONE	PC	UNRESTRICTED	10,000
JANSEN HOSPICE PALLIATIVE CARE 69 MAIN STREET TUCKAHOE,NY 10707	NONE	PC	UNRESTRICTED	500
<b>Total . . . . .</b> ► <b>3a</b>				2,088,900

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>				
JEWISH FAMILY SERVICES 3580 WILSHIRE BLVD STE 700 LOS ANGELES,CA 90010	NONE	PC	UNRESTRICTED	1,000
LAWERENCE UNIVERSITY 711 E BOLDT WAY APPLETON,WI 54911	NONE	PC	UNRESTRICTED	1,000
LINCOLN CENTER 72 LINCOLN CENTER PLAZA NEW YORK,NY 10023	NONE	PC	UNRESTRICTED	3,000
MANHATTAN THEATRE CLUB INC 311 WEST 43RD STREET NEW YORK,NY 10036	NONE	PC	UNRESTRICTED	2,500
NARAL PROCHOICE FOUNDATION 1156 15TH STREET SUITE 700 WASHINGTON,DC 20005	NONE	PC	UNRESTRICTED	15,000
<b>Total . . . . . ▶ 3a</b>				2,088,900

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>				
NATIONAL ALLIANCE ON MENTAL ILLNESS OF NYC 505 8TH AVENUE NO 1103 NEW YORK,NY 10018	NONE	PC	UNRESTRICTED	25,000
NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE ARLINGTON,VA 22203	NONE	PC	UNRESTRICTED	1,000
NEW YORK BOTANICAL GARDEN BRONX RIVER PARKWAY AT FORDHAM ROAD BRONX,NY 10458	NONE	PC	UNRESTRICTED	5,000
NEW YORK PRESBYTERIAN FUND INC 525 EAST 68TH STREET NEW YORK,NY 10065	NONE	PC	UNRESTRICTED	50,000
NORTON MUSEUM OF ART 1451 S OLIVE AVENUE WEST PALM BEACH,FL 33401	NONE	PC	IN HONOR OF NICOLA MARCUS & JOEY PEARSON	5,000
<b>Total</b> . . . . . ► <b>3a</b>				2,088,900

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>				
NY PUBLIC RADIO 160 VARICK ST NEW YORK,NY 10013	NONE	PC	UNRESTRICTED	5,000
NEW YORK PUBLIC INTEREST RESEARCH GROUP FUND 9 MURRAY STREET NEW YORK,NY 10007	NONE	PC	UNRESTRICTED	2,000
PAN MASSACHUSETTS CHALLENGE 77 FOURTH AVENUE NEEDHAM,MA 02494	NONE	PC	UNRESTRICTED	1,000
PHYSICIANS FOR REPRODUCTIVE HEALTH INC 55 WEST 39TH STREET 10TH FLOOR NEW YORK,NY 10018	NONE	PC	UNRESTRICTED	10,000
PLANNED PARENTHOOD 434 West 33rd St NEW YORK,NY 10001	NONE	PC	UNRESTRICTED	250,000
<b>Total</b> . . . . . ► <b>3a</b>				2,088,900

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>				
PLANNED PARENTHOOD HUDSON PECONIC INC 4 SKYLINE DRIVE HAWTHORNE,NY 10532	NONE	PC	UNRESTRICTED	40,000
PLANNED PARENTHOOD OF NYC 26 BLEECKER ST NEW YORK,NY 10012	NONE	PC	UNRESTRICTED	253,000
RIVERDALE COUNTRY SCHOOL 5250 FIELDSTON ROAD BRONX,NY 10471	NONE	PC	UNRESTRICTED	5,000
SARATOGA PERFORMING ARTS CENTER 108 AVENUE OF THE PINES SARATOGA SPRINGS,NY 12866	NONE	PC	UNRESTRICTED	1,800
SAVE THE CHILDREN 54 WILTON RD WESTPORT,CT 06880	NONE	PC	UNRESTRICTED	75,000
<b>Total . . . . . ▶ 3a</b>				2,088,900

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>				
SERIOUSFUN CHILDREN'S NETWORK 228 SAUGATUCK AVE WESTPORT,CT 06880	NONE	PC	UNRESTRICTED	10,000
THE BEREAVEMENT CENTER OF WESTCHESTER 69 MAIN STREET TUCKAHOE,NY 10707	NONE	PC	UNRESTRICTED	500
THE COUNSELING CENTER INC 180 PONDFIELD ROAD BRONXVILLE,NY 10708	NONE	PC	UNRESTRICTED	1,000
THE DONALDSON ADOPTION INSTITUTE INC 120 EAST 38TH STREET NEW YORK,NY 10016	NONE	PC	UNRESTRICTED	1,000
THE FUND FOR LAKE GEORGE PO BOX 352 LAKE GEORGE,NY 12845	NONE	PC	UNRESTRICTED	25,000
<b>Total . . . . . ▶ 3a</b>				2,088,900

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>				
UC BERKELEY FOUNDATION 2080 ADDISON STREET BERKELEY,CA 94720	NONE	PC	UNRESTRICTED	250
UNITED STATES EQUESTRIAN TEAM FOUNDATION INC 1040 POTTERSVILLE ROAD PO BOX 35 GLADSTONE,NJ 07934	NONE	PC	UNRESTRICTED	20,000
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	NONE	PC	UNRESTRICTED	102,000
VERMONT ACADEMY 10 LONG WALK SAXTONS RIVER,VT 05145	NONE	PC	UNRESTRICTED	5,000
WESTCHESTER END-OF-LIFE COALITION 81 PONDFIELD ROAD 135 BRONXVILLE,NY 10708	NONE	PC	UNRESTRICTED	250
<b>Total</b> . . . . . ► <b>3a</b>				2,088,900

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>				
WHITNEY MUSEUM OF AMERICAN ART 945 Madison Ave at 7th St NEW YORK, NY 10021	NONE	PC	UNRESTRICTED	1,060,000
WNET 825 EIGHT AVENUE 14TH FL NEW YORK, NY 10019	NONE	PC	UNRESTRICTED	10,000
WOMEN MAKE MOVIES INC 115 WEST 29TH STREET SUITE 1200 NEW YORK, NY 10001	NONE	PC	UNRESTRICTED	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				2,088,900



## TY 2015 Accounting Fees Schedule

**Name:** DEMARTINI FAMILY FOUNDATION

**EIN:** 94-6781245

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEE	15,920	7,960		7,960

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

## **TY 2015 Depreciation Schedule**

**Name:** DEMARTINI FAMILY FOUNDATION

**EIN:** 94-6781245

**TY 2015 Investments Corporate Stock Schedule**

**Name:** DEMARTINI FAMILY FOUNDATION  
**EIN:** 94-6781245

Name of Stock	End of Year Book Value	End of Year Fair Market Value
6,650 SHS APPLE INC	553,516	751,783
3,000 SHS FACEBOOK INC	96,096	384,810
9,600 SHS STARBUCKS CORP	0	519,744
2,000 SHS TWITTER INC	64,550	46,100
490 SHS ALPHABET INC SHS CL C	202,699	380,872
55 SHS ALPHABET INC SHS CL A	15,752	44,223
385 SHS AMAZON COM INC COM	119,162	322,364
825 SHS ANADARKO PETE CORP	64,784	52,272
2,770 SHS AON PLC	135,862	311,597
9,000 SHS BANK OF AMERICA CORP	149,432	140,850
3,375 SHS BERKSHIRE HATHAWAYIN	329,481	487,586
6,850 SHS CITIGROUP INC COM NE	327,397	323,526
4,725 SHS DISH NETWORK CORP	209,231	258,836
2,375 SHS ECOLAB INC	79,081	289,085
1,100 SHS FIDELITY NATL INFO S	62,036	84,733
800 SHS GOLDMAN SACHS GROUP	83,816	129,016
440 SHS INTERVAL LEISURE GROUP	0	7,555
2,100 SHS JPMORGAN CHASE & CO	120,948	139,839
399 SHS LIBERTY GLOBAL LILAC A	4,058	11,008
1,587 SHS LIBERTY GLOBAL LILAC	18,411	44,515
2,180 SHS LIBERTY GLOBAL PLC C	20,077	74,512
9,302 SHS LIBERTY GLOBAL PLC	102,030	307,338
2,995 SHS MARRIOTT INTL INC NE	184,991	201,653
7,400 SHS MICROSOFT CORP	189,783	426,240
4,975 SHS MONDELEZ INTL	106,184	218,403
5,650 SHS MORGAN STANLEY	82,144	181,139
2,600 SHS NOBLE ENERGY INC	99,364	92,924
10,850 SHS ORACLE CORP	346,575	426,188
2,050 SHS PEPSICO INC	133,464	222,979
1,250 SHS THERMO FISHER SCIENT	48,325	198,825

Name of Stock	End of Year Book Value	End of Year Fair Market Value
7,025 SHS 21ST CENTURY FOX CLA	108,299	170,146
4,575 SHS 21ST CENTURY FOX CLB	121,561	113,186
1,700 SHS UNITED HEALTH GROUP	65,967	238,000
1,700 SHS W R BERKLEY CORP	44,671	98,192

**TY 2015 Investments - Other Schedule****Name:** DEMARTINI FAMILY FOUNDATION**EIN:** 94-6781245

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
UBS DISTRESSED OPPORTUNITIES	AT COST	188,449	204,334
FUND, LLC			
CHINA HEALTHCARE PARTNERSHIP	AT COST	73,596	55,170
MASTER FUND LP			

**TY 2015 Other Decreases Schedule****Name:** DEMARTINI FAMILY FOUNDATION**EIN:** 94-6781245

Description	Amount
ADJUSTMENT TO DONOR'S BASIS	1,748,339

**TY 2015 Other Expenses Schedule****Name:** DEMARTINI FAMILY FOUNDATION**EIN:** 94-6781245

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NEW YORK FILING FEE	250			250

**TY 2015 Other Income Schedule****Name:** DEMARTINI FAMILY FOUNDATION**EIN:** 94-6781245

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
EXCISE TAX REFUND	20,255		
PARTNERSHIP INCOME	10,374	10,294	



## TY 2015 Other Professional Fees Schedule

**Name:** DEMARTINI FAMILY FOUNDATION

**EIN:** 94-6781245

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT EXPENSES	35,116	35,116		
PARTNERSHIP INV EXPENSES	14,283	14,283		

**TY 2015 Taxes Schedule****Name:** DEMARTINI FAMILY FOUNDATION**EIN:** 94-6781245

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	31,256			
FOREIGN TAXES	13	13		

<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>DEMARTINI FAMILY FOUNDATION</div>	<div>Employer identification number</div> <div>94-6781245</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).

<b>Name of organization</b> DEMARTINI FAMILY FOUNDATION	<b>Employer identification number</b> 94-6781245
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**Part I** **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

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

Name of organization DEMARTINI FAMILY FOUNDATION	Employer identification number 94-6781245
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Part II

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

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

**Employer identification number**  
94-6781245

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

Additional Data

Software ID:

Software Version:

EIN: 94-6781245

Name: DEMARTINI FAMILY FOUNDATION

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>1</div>	<div>RICHARD DEMARTINI JENNIFER BRORSE</div> <div>8 ELM ROCK ROAD</div> <div>BRONXVILLE, NY 10708</div>	<div>\$ 54,327</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>2</div>	<div>RICHARD DEMARTINI JENNIFER BRORSE</div> <div>8 ELM ROCK ROAD</div> <div>BRONXVILLE, NY 10708</div>	<div>\$ 262,377</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>3</div>	<div>RICHARD DEMARTINI JENNIFER BRORSE</div> <div>8 ELM ROCK ROAD</div> <div>BRONXVILLE, NY 10708</div>	<div>\$ 117,682</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>4</div>	<div>RICHARD DEMARTINI JENNIFER BRORSE</div> <div>8 ELM ROCK ROAD</div> <div>BRONXVILLE, NY 10708</div>	<div>\$ 279,946</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>5</div>	<div>RICHARD DEMARTINI JENNIFER BRORSE</div> <div>8 ELM ROCK ROAD</div> <div>BRONXVILLE, NY 10708</div>	<div>\$ 26,634</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>6</div>	<div>RICHARD DEMARTINI JENNIFER BRORSE</div> <div>8 ELM ROCK ROAD</div> <div>BRONXVILLE, NY 10708</div>	<div>\$ 290,347</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 86,125	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
8	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 396,788	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
9	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 211,701	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
10	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 43,904	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
11	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 89,700	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
12	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 200,700	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 51,024	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
14	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 93,324	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
15	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 81,928	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
16	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 12,396	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
17	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 83,363	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
18	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 253,640	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 103,446	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
20	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 373,184	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
21	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 159,627	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
22	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 110,115	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
23	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 54,018	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
24	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 366,840	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 165,440	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
26	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 62,656	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
27	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 142,160	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
28	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 199,721	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
29	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 57,660	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )
30	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 201,884	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contribution )

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31			<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 95,081	
32			<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 39,669	
33			<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
	RICHARD DEMARTINI JENNIFER BRORSE 8 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 16,170	

**Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	700 SH ALIBAB GROUP HOLDINGS LT HIGH \$78 30, LOW \$76 91, MEAN \$77 61	\$ 54,327	2016-04-05
2	355 SH ALPHABET INC SHS CLASS C HIGH \$742 80, LOW \$735 37, MEAN \$739 09	\$ 262,377	2016-04-05
3	155 SH ALPHABET INC SHS CLASS A HIGH \$762 87, LOW \$755 60, MEAN \$759 24	\$ 117,682	2016-04-05
4	475 SH AMAZON INC HIGH \$593 47, LOW \$585 25, MEAN \$589 36	\$ 279,946	2016-04-05
5	600 SH ANADARKO PETE CORP HIGH \$44 99, LOW \$43 78, MEAN \$44 39	\$ 26,634	2016-04-05
6	2,820 SH AON PLC HIGH \$104 06, LOW \$101 85, MEAN \$102 96	\$ 290,347	2016-04-05
7	228 SH ASCENT CAPITAL GROUP INC HIGH \$14 28, LOW \$13 64, MEAN \$13 96	\$ 3,183	2016-04-05
8	6,500 SH BANK OF AMERICA CORP HIGH \$13 34, LOW \$13 16, MEAN \$13 25	\$ 86,125	2016-04-05
9	2,800 SH BERKSHIRE HATHAWAY INC HIGH \$142 48, LOW \$140 93, MEAN \$141 71	\$ 396,788	2016-04-05
10	5,100 SH CITIGROUP INC HIGH \$41 90, LOW \$41 12, MEAN \$41 51	\$ 211,701	2016-04-05

**Form 990 Schedule B, Part II - Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	1,600 SH DISCOVERY COMM INC SER C HIGH \$27 71, LOW \$27 16, MEAN \$27 44	\$ 43,904	2016-04-05
12	2,000 SH DISH NETWORK CORP CL A HIGH \$45 44, LOW \$44 25, MEAN \$44 85	\$ 89,700	2016-04-05
13	1,800 SH ECOLAB INC HIGH \$112 03, LOW \$110 97, MEAN \$111 50	\$ 200,700	2016-04-05
14	800 SH FIDELITY NATL INFO SVCS HIGH \$64 18, LOW \$63 37, MEAN \$63 78	\$ 51,024	2016-04-05
15	600 SH GOLDMAN SACHS GROUP INC HIGH \$156 53, LOW \$154 55, MEAN \$155 54	\$ 93,324	2016-04-05
16	1,400 SH JPMORGAN CHASE & CO HIGH \$58 83, LOW \$58 21, MEAN \$58 52	\$ 81,928	2016-04-05
17	109 SH LIBERTY GLOBAL LILAC CL A HIGH \$33 92, LOW \$33 50, MEAN \$33 71	\$ 3,674	2016-04-05
18	340 SH LIBERTY GLOBAL LILAC CL C HIGH \$36 77, LOW \$36 15, MEAN \$36 46	\$ 12,396	2016-04-05
19	2,180 SH LIBERTY GLOBAL PLC CL A HIGH \$38 67, LOW \$37 81, MEAN \$38 24	\$ 83,363	2016-04-05
20	6,800 SH LIBERTY GLOBAL PLC CL C HIGH \$37 72, LOW \$36 87, MEAN \$37 30	\$ 253,640	2016-04-05

**Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
21	1,575 SH MARRIOTT INTL INC NEW A HIGH \$66 09, LOW \$65 26, MEAN \$65 68	\$ 103,446	2016-04-05
22	6,800 SH MICROSOFT CORP HIGH \$55 30, LOW \$54 46, MEAN \$54 88	\$ 373,184	2016-04-05
23	3,900 SH MONDELEZ INTL INC HIGH \$41 15, LOW \$40 70, MEAN \$40 93	\$ 159,627	2016-04-05
24	4,500 SH MORGAN STANLEY HIGH \$24 70, LOW \$24 24, MEAN \$24 47	\$ 110,115	2016-04-05
25	1,800 SH NOBLE ENERGY INC HIGH \$30 55, LOW \$29 47, MEAN \$30 01	\$ 54,018	2016-04-05
26	9,000 SH ORACLE CORP HIGH \$41 06, LOW \$40 46, MEAN \$40 76	\$ 366,840	2016-04-05
27	1,600 SH PEPSICO INC HIGH \$103 93, LOW \$102 87, MEAN \$103 40	\$ 165,440	2016-04-05
28	800 SH STARWOOD HOTELS & RESORTS HIGH \$78 66, LOW \$77 98, MEAN \$78 32	\$ 62,656	2016-04-05
29	1,000 SH THERMO FISHER SCIENTIFIC HIGH \$143 36, LOW \$140 96, MEAN \$142 16	\$ 142,160	2016-04-05
30	7,025 SH 21ST CENTURY FOX INC CL A HIGH \$28 63, LOW \$28 23, MEAN \$28 43	\$ 199,721	2016-04-05

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>31</u>	2,000 SH 21ST CENTURY FOX INC CL B HIGH \$29 00, LOW \$28 65, MEAN \$28 83	<u>\$ 57,660</u>	<u>2016-04-05</u>
<u>32</u>	1,575 SH UNITEDHEALTH GROUP INC HIGH \$129 46, LOW \$126 90, MEAN \$128 18	<u>\$ 201,884</u>	<u>2016-04-05</u>
<u>33</u>	1,700 SH W R BERKLEY CORP HIGH \$56 26, LOW \$55 59, MEAN \$55 93	<u>\$ 95,081</u>	<u>2016-04-05</u>
<u>34</u>	1,375 SH VALEANT PHARMACEUTICALS HIGH \$29 91, LOW \$27 79, MEAN \$28 85	<u>\$ 39,669</u>	<u>2016-04-05</u>