

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.**

OMB No 1545-0052
2016
Open to Public Inspection

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation ROBERTA FREEMAN COX CHARITABLE FOUNDATION		A Employer identification number 33-0936915	
Number and street (or P O box number if mail is not delivered to street address) P O BOX 9938		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code NEWPORT BEACH, CA 92658		B Telephone number (see instructions)	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> 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) ▶ \$ 0		J 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 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	10,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	5	5	5	
	4 Dividends and interest from securities	22,739	22,739	22,739	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	115,914			
	b Gross sales price for all assets on line 6a	200,232			
	7 Capital gain net income (from Part IV, line 2)		115,914		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
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	148,658	138,658	22,744		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	675			
	c Other professional fees (attach schedule)	829			
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	250			
	24 Total operating and administrative expenses. Add lines 13 through 23	1,754	0		
	25 Contributions, gifts, grants paid	184,123			184,123
26 Total expenses and disbursements. Add lines 24 and 25	185,877	0		184,123	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-37,219				
b Net investment income (if negative, enter -0-)		138,658			
c Adjusted net income (if negative, enter -0-)			22,744		

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	11,206	-1,317	
	2 Savings and temporary cash investments	7,950	66,676	
	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	463		
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	393,921	309,603	
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	413,540	374,962	0	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)		1,414	
	23 Total liabilities (add lines 17 through 22)		1,414	
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	413,540	373,548	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	413,540	373,548		
31 Total liabilities and net assets/fund balances (see instructions) .	413,540	374,962		

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	413,540
2 Enter amount from Part I, line 27a	2	-37,219
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	376,321
5 Decreases not included in line 2 (itemize) ▶ _____	5	2,773
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	373,548

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a 459 0000 JOHNSON & JOHNSON	P	1996-02-09	2016-04-12
b 481 0000 PEPSICO	P	1996-02-09	2016-04-08
c 404 0000 JOHNSON & JOHNSON	P	1996-02-09	2016-07-19
d 459 0000 PEPSICO	P	1996-02-09	2016-07-13
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 50,044		22,817	27,227
b 50,037		21,193	28,844
c 50,107		20,083	30,024
d 50,044		20,225	29,819
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) 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	
a			27,227
b			28,844
c			30,024
d			29,819
e			

2 Capital gain net income or (net capital loss)	2	115,914
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))
2015			
2014			
2013			
2012			
2011			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4 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	8	

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <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	2,773
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	2,773
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	2,773
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1,360
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	1,360
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	1,413
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 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)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	No
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	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	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at PO BOX 9938 NEWPORT BEACH CA ZIP+4 92658

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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. Yes No

c 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

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	(e) Expense account, other allowances
ROBERTA F COX PO BOX 9938 NEWPORT BEACH, CA 92658	Foundation Mana 0 00	0		
CAROL DAVIS HAMILTON PO BOX 9938 NEWPORT BEACH, CA 92658	Treasurer 0 00	0		
RONALD LEIFER NAYMARK PO BOX 9938 NEWPORT BEACH, CA 92658	Secretary 0 00	0		

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

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

Total number of other employees paid over \$50,000. Yes No

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.	▶	

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	▶

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

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

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

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	2,773
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	2,773
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	2,773
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	2,773
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	0

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	184,123
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	184,123
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	184,123

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2016				
a From 2011.	89,065			
b From 2012.	107,985			
c From 2013.	121,667			
d From 2014.	131,400			
e From 2015.	167,605			
f Total of lines 3a through e.	617,722			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ _____ 184,123				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				
e Remaining amount distributed out of corpus	184,123			
5 Excess distributions carryover applied to 2016 (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	801,845			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7 (see instructions).	89,065			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	712,780			
10 Analysis of line 9				
a Excess from 2012.	107,985			
b Excess from 2013.	121,667			
c Excess from 2014.	131,400			
d Excess from 2015.	167,605			
e Excess from 2016.	184,123			

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 2016, 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) 2016	(b) 2015	(c) 2014	(d) 2013	
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(j)(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))

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

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

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

a The name, address, and telephone number or 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 <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				184,123
b <i>Approved for future payment</i>				
Total ▶ 3b				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN SEXUAL HEALTH ASSOC PO BOX 13827 RESEACH TRIANGLE PAR, NC 27709	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	200
BOYS AND GIRLS CLUB OF LAGUNA BEACH 1085 LAGUNA CANYON RD LAGUNA BEACH, CA 92561	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,000
BROTHERHOOD ORGANIZATION OF A NEW D PO BOX 35090 LOS ANGELES, CA 90035	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	200
COLORADO MOUNTAIN COLLEGE FOUNDATIO 802 GRAND AVE GLENWOOD SPRINGS, CO 80601	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,000
ARTHRITIS NATION RESEARCH FOUNDATIO 5354 EAST 2ND ST SUITE 201 LONG BEACH, CA 90803	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,000
CHHAHARI CO DAVIS LAW APC 580 BROADWAY STE 204 LAGUNA BEACH, CA 92651	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	75
HACKENSACK AREA FIRE RESCUE 231 1ST ST N HACKENSACK, MN 56452	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	200
CRIMINAL JUSTICE LEGAL FOUNDATION 2131 L ST SACRAMENTO, CA 95816	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	200
LAGUNA BEACH PATRIOTS DAY PARADE PO BOX 5147 LAGUNA BEACH, CA 92652	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	500
LAGUNA BOARD OF REALTORS LBRCFAF 939 GLENNEYRE ST LAGUNA BEACH, CA 92651	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,825
LAGUNA COLLEGE OF ART DESIGN 2222 LAGUNA CANYON RD LAGUNA BEACH, CA 92251	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	15,000
LAGUNA OUTREACH FOR COMMUNITY ART PO BOX 430 LAGUNA BEACH, CA 92652	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,000
LAGUNA PLAYHOUSE 606 LAGUNA CANYON RD LAGUNA BEACH, CA 92651	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	15,000
LAGUNA ART MUSEUM 307 CLIFF DR LAGUNA BEACH, CA 92651	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	15,000
PEAPACK GLADSTONE EMS PO BOX 14 PEAPACK, NJ 07977	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	200
Total ▶				184,123
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROBATION COMMUNITY ASSISTANCE ASSO 18627 BROOKHURST ST 425 FOUNTAIN VALLEY, CA 92708	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,000
R STAR FOUNDATION PO BOX 4183 LAGUNA BEACH, CA 92652	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	2,000
ROTARY FOUNDATION INTL PO BOX 2 LAGUNA BEACH, CA 92652	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	500
SALVATION ARMY OF ORANGE COUNTY 10200 PIONEER RD TUSTIN, CA 92782	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	2,000
SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DR COSTA MESA, CA 92626	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	25,000
SHERMAN LIBRARY AND GARDENS 567 SAN NICOLAS DR STE 220 NEWPORT BEACH, CA 92660	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,000
THOROUGHbred RETIREMENT FOUNDATION PO BOX 834 SARATOGA SPRINGS, NY 12866	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,000
TUCSON ARIZONA BOYS CHORUS 5770 E PIMA ST TUCSON, AZ 85712	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	500
THE WOODEN FLOOR ST JOSEPHS BALLET 1810 N MAIN ST SANTA ANA, CA 92706	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	10,000
ALBORADO SPANISH DANCE 860 KING GEORGES POST RD UNIT 5 FORDS, NJ 08863	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	500
CRYSTAL COVE ALLIANCE 5 CRYSTAL COVE NEWPORT COAST, CA 92657	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	500
COMMUNITY ARTS PROJECT PO BOX 4066 LAGUNA BEACH, CA 92652	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	500
FRIENDSHIP SHELTER PO BOX 4252 LAGUNA BEACH, CA 92652	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	100
AMERICAN LEGION AUXILLARY 215 E 15TH ST NEWPORT BEACH, CA 92663	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,100
GOD'S PEOPLE HELPING PEOPLE PO BOX 323 REEDERS, PA 18352	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	5,000
Total ▶				184,123
3a				

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARMED SERVICES YMCA BOX 555028 BLDG 16144 A STREET CAMP PENDLETON, CA 92055	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	200
BALTIMORE MUSEUM OF ART 10 ART MUSEUM DR BALTIMORE, MD 21218	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	2,500
BLUE BELL FOUNDATION FOR CATS 20982 LAGUNA CANYON RD LAGUNA BEACH, CA 92651	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	500
INTERFAITH FOOD PANTRY 2 EXECUTIVE DR MORRIS PLAINS, NJ 07950	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	2,000
GOVAN'S PRESBYTERIAN CHURCH 5928 YORK RD BALTIMORE, MD 21212	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	5,000
OCAR CARES 25552 LA PAZ RD LAGUNA HILLS, CA 92653	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	500
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE STE 100 NEWPORT BEACH, CA 92663	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	5,000
K-JAZZ 881 PO BOX 251469 LOS ANGELES, CA 90025	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	200
KX 935 1833 S COAST HWY 200 LAGUNA BEACH, CA 92651	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	2,733
NATIONAL CHOREOGRAPHERS INITIATIVE 3334 EAST COAST HWY 276 CORONA DEL MAR, CA 92625	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	25,000
LAGUNA BEACH SENIORS 380 THIRD ST LAGUNA BEACH, CA 92651	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	7,500
LAGUNA BEACH LIVE PO BOX 9336 LAGUNA BEACH, CA 92652	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,000
MISSION HOSPITAL FOUNDATION 31872 COAST HWY LAGUNA BEACH, CA 92651	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	5,000
MISSION SAN JUAN CAPISTRANO 26801 ORTEGA HWY SAN JUAN CAPISTRANO, CA 92675	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	500
MORRISTOWN MEMORIAL HOSPITAL FOUNDA 475 SOUTH ST MORRISTOWN, NJ 07960	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	5,000
Total ▶				184,123
3a				

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NRA FOUNDATION PO BOX 1546 MERRIFIELD, VA 22116	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,000
LAGUNA BEACH ROTARY FOUNDATION PO BOX 2 LAGUNA BEACH, CA 92652	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	550
PACIFIC JUSTICE INSTITUTE PO BOX 11630 SANTA ANA, CA 92711	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	10,000
PACIFIC MARINE MAMMAL INST 20612 LAGUNA CANYON RD LAGUNA BEACH, CA 92651	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	500
PBS BROADCASTING SOCAL PO BOX 33816 LOS ANGELES, CA 90033	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	200
SAN CLEMENTE MILITARY FAMILY OUTREA 2001 CALLEFRONTERA SAN CLEMENTE, CA 92673	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	300
WOODBURY CROSSING 925 STABLERSVILLE RD PARKTON, MD 21120	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,000
LAGUNA DANCE FESTIVAL PO BOX 897 LAGUNA BEACH, CA 92652	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	2,500
NEW JERSEY HIGHLANDS COALITION 508 MAIN ST BOONTON, NJ 07005	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	200
OCEAN INSTITUTE 24200 DANA POINT HARBOR DR DANA POINT, CA 92629	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	500
TEN MILE LAKE ASSOCIATION PO BOX 412 HACKENSACK, MN 56452	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	640
THE ASSEMBLY DANCE RESOURCE CTR 1549 ORANGE AVE COSTA MESA, CA 92627	NONE	PC	TO FURTHER THEIR EXEMPT PURPOSE	1,000
Total ▶				184,123
3a				

TY 2016 Accounting Fees Schedule

Name: ROBERTA FREEMAN COX
CHARITABLE FOUNDATION

EIN: 33-0936915

Software ID: 16000303

Software Version: 2016v3.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	675	0	0	0

TY 2016 Other Decreases Schedule

Name: ROBERTA FREEMAN COX
CHARITABLE FOUNDATION

EIN: 33-0936915

Software ID: 16000303

Software Version: 2016v3.0

Description	Amount
FEDERAL TAXES PAID	2,773

TY 2016 Other Expenses Schedule

Name: ROBERTA FREEMAN COX
CHARITABLE FOUNDATION

EIN: 33-0936915

Software ID: 16000303

Software Version: 2016v3.0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL FEE	150			
BANKING FEES	45			
FILING FEES	55			

TY 2016 Other Liabilities Schedule

Name: ROBERTA FREEMAN COX
CHARITABLE FOUNDATION

EIN: 33-0936915

Software ID: 16000303

Software Version: 2016v3.0

Description	Beginning of Year - Book Value	End of Year - Book Value
Rounding		1

TY 2016 Other Professional Fees Schedule

Name: ROBERTA FREEMAN COX
CHARITABLE FOUNDATION

EIN: 33-0936915

Software ID: 16000303

Software Version: 2016v3.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	829	0	0	0

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016

Name of the organization
ROBERTA FREEMAN COX
CHARITABLE FOUNDATION

Employer identification number
33-0936915

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

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

General Rule

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

Special Rules

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

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

Name of organization ROBERTA FREEMAN COX CHARITABLE FOUNDATION	Employer identification number 33-0936915
---	---

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	ROBERTA FREEMAN COX PO BOX 9938 NEWPORT BEACH, CA92658	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization
 ROBERTA FREEMAN COX
 CHARITABLE FOUNDATION

Employer identification number
 33-0936915

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(see instructions) Use duplicate copies of Part II if additional space is needed			
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

Name of organization ROBERTA FREEMAN COX CHARITABLE FOUNDATION	Employer identification number 33-0936915
---	---

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