Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

and ending

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

| B c | heck if oplicable | C Name of organization | | D Employer identific | cation number |
|-------------------------|-------------------|--|----------------|-----------------------------|-------------------------------|
| | Address change | | | | |
| | Name change | | | 52-1 | 278303 |
| | Initial return | | Room/suite | E Telephone number | |
| | Final return/ | 18001 YORBA LINDA BLVD. | | | 993-5075 |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 17,529,389. |
| | Amende | | | H(a) Is this a group re | |
| | Applica | · | LT | for subordinates | |
| | cluded? Yes No | | | | |
| ΙT | ax-exe | mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0 | or 527 | 1 ' ' | list. (see instructions) |
| | | www.nixonfoundation.org | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Year | | State of legal domicile: CA |
| | | Summary | · | • | |
| a | 1 E | Briefly describe the organization's mission or most significant activities: ${\sf SEE}$ | SCHEDU | LE O. | |
| Activities & Governance | _ | | | | |
| ž | 2 | Check this box 🕨 🔲 if the organization discontinued its operations or dispos | sed of more | than 25% of its net as | sets. |
| ŏ | 3 1 | Number of voting members of the governing body (Part VI, line 1a) | | | 21 |
| 8 | 4 1 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 20 |
| es | 5 7 | Fotal number of individuals employed in calendar year 2015 (Part V, line 2a) | | 5 | 42 |
| Ϊį | | Fotal number of volunteers (estimate if necessary) | | | 160 |
| Act | | Fotal unrelated business revenue from Part VIII, column (C), line 12 | | | 1,119. |
| _ | ۱d | Net unrelated business taxable income from Form 990-T, line 34 | <u></u> | 7b | 0. |
| | | | | Prior Year | Current Year |
| e l | | Contributions and grants (Part VIII, line 1h) | | 3,111,146. | 2,589,631. |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 211,217. | 449,321. |
| Re | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,388,511. | 1,031,192. |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,407,182. | 1,423,251. |
| \dashv | | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 6,118,056. | 5,493,395. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 6,817,128. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 2,063,437. | 2,154,614. |
| Expenses | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,003,437. | 0. |
| e l | 16a F | Professional fundraising fees (Part IX, column (A), line 11e) | <u> </u> | 0. | 0. |
| Ä | D 1 | Fotal fundraising expenses (Part IX, column (D), line 25) 461,6 | ••• | 4,015,250. | 3,047,509. |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 6,078,687. | 12,019,251. |
| | | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 39,369. | <6,525,856·> |
| or es | 19 1 | Revenue less expenses. Subtract line 18 from line 12 | | ginning of Current Year | End of Year |
| ets (| 20 T | Fotal assets (Part X, line 16) | | 68,229,528. | 67,056,697. |
| Assets 1 Balanc | | Fotal liabilities (Part X, line 26) | | 890,458. | 9,246,550. |
| Let Let | | Net assets or fund balances. Subtract line 21 from line 20 | | 67,339,070. | 57,810,147. |
| _ | rt II | Signature Block | | , , | · · · |
| Unde | er penal | ties of perjury, I declare that I have examined this return, including accompanying schedule | s and statem | ents, and to the best of my | / knowledge and belief, it is |
| true, | correct | , and complete. Declaration of preparer (other than officer) is based on all information of wh | nich preparer | has any knowledge. | |
| | | | | | |
| Sigr | ı | Signature of officer | | Date | |
| Here | e | WILLIAM H. BARIBAULT, PRESIDENT & CEO | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Paid | | JANE M. WARREN | | self-employe | |
| Prep | | Firm's name FRAZER, LLP | | Firm's EIN ▶ | 95-4108809 |
| Use | Only | Firm's address 135 S STATE COLLEGE BLVD, STE 3 | 00 | | |
| | | BREA, CA 92821 | | Phone no. 71 | 4-990-1040 |
| May | the IR | S discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

| Pai | rt III Statement of Program Service Accomplishments | r age = |
|------------|---|------------------|
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: SEE SCHEDULE O, FORM 990 PART I LINE 1. | |
| | | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | v |
| | the prior Form 990 or 990-EZ? | _A_ No |
| 2 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes | Y No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O. | _21_ NO |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$6 , 817 , 128including grants of \$6 , 817 , 128) (Revenue \$ |) |
| | SUPPORT OF THE ORGANIZATION'S OPERATIONS: | |
| | THE NATIONAL ARCHIVES & RECORDS ADMINISTRATION | |
| | 8601 ADELPHI ROAD | |
| | COLLEGE PARK, MD 20740 | |
| | RENOVATION OF EXHIBITS AT THE MUSEUM THROUGH THE FUNDRAISING EFFORTS | SOF |
| | THE FOUNDATION. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | | 546. |
| | BI-PARTISAN LECTURE SERIES AT THE LIBRARY IN YORBA LINDA, CA. | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 22 764 | |
| 4c | (Code:) (Expenses \$ 33,764. including grants of \$) (Revenue \$ FREE ADMISSION DAYS TO THE RICHARD NIXON LIBRARY AND MUSEUM IN YORBA |) |
| | LINDA, CA DURING NATIONAL HOLIDAYS; PROGRAMS COMMEMORATING THE LEGAC | |
| | AND ACHIEVEMENTS OF THE 37TH PRESIDENT OF THE UNITED STATES AND | |
| | PROGRAMS HONORING LOCAL SERVICE PERSONNEL: | |
| | | |
| | JANUARY 9, 2015 FOR RICHARD NIXON'S BIRTHDAY | |
| | FEBRUARY 16, 2015 FOR PRESIDENT'S DAY | |
| | MARCH 16, 2015 FOR PATRICIA NIXON'S BIRTHDAY | |
| | MAY 25, 2015 FOR MEMORIAL DAY | |
| | JULY 4, 2015 FOR INDEPENDENCE DAY | |
| | SEPTEMBER 11, 2015 FOR 9/11 MEMORIAL | |
| 4-1 | SEE SCHEDULE O FOR ADDITIONAL INFORMATION Other program on tipes (Describe in Schedule C) | |
| 4 0 | Other program services (Describe in Schedule O.) (Expenses \$ 4,202,039 • including grants of \$) (Revenue \$ 369,454 •) | |
| 4e | Total program service expenses ► 11,112,939. | |
| | | 90 (2015) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|--------|--|------------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | v | |
| _ | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Δ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | - | | |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | |
| 3 | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| Ü | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| _ | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | 7.7 | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | 37 |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | 444 | | Х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d 11e | Х | 21 |
| e f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | -21 | |
| • | the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | 37 |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| | complete Schedule G, Part III | 19 | 000 | X |

Part IV Checklist of Required Schedules (continued)

| 20a Did the organization operate ore or more hospital facilities? If "Yes," complete Schedule If 20b If "Yes" to line 28a, did the organization attach a copy of its audited inancial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or somestic government on Part IX, column (i), line II /I "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (ii), line '97 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part IXI, Scienton A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization scurent and former officers, directors, trustees, key employees, and highest compensation of the organization and ormer officers, directors, trustees, key employees, and highest compensation of the organization and ormer officers, directors, trustees, key employees, and highest compensation or than \$10,000 as of the last day of the year, that was issued after Docember 31, 2002* If "Yes," answer lines 24 through 24 and complete Schedule II, "If "Yes," or to line 25a 24a Did the organization makes at a secure proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization makes an an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 26c Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 27c Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 28c Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 28c Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 28c Did the organization and as an 'on behalf of' | | | | Yes | No |
|---|-------------|--|-----|-----|-----------------|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 27 if 1"vs.," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if 1"vs.," complete Schedule I, Parts I and III 23 Did the organization nerver "vs." to Part IX, estotion A, line 34, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No., go to line 25a 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defiase any tax-exempt bonds? 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization with a disqualified person during the year III "Yes," complete Schedule L, Part II 27c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year III "Yes," complete Schedule L, Part II 27d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person or 3 prives, complete Schedule L, Part II 27d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 28d Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 27d Did the organization aparty to a business transaction with one of the following parties (s | 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| domestic government on Part IX, column (A), line 17 II "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and injects compensate demployees? If "Yes," complete Schedule I, Part I I and III II I | b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III or organization or organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Schedule I. If Yes, I are several process of the last day of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24th through 24th and complete Schedule III. If Yes, I are several interest and process of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24th through 24th and complete Schedule III. If Yes, I are several interest 24th through 24th and complete Schedule III. If Yes, I are several interest 24th through 24th and complete Schedule III. If Yes, I are several interest 24th through 24th and complete Schedule III. If Yes, I are several interest 24th through 24th and complete Schedule III. If Yes, I are several interest 24th through 24th and complete Schedule III. If Yes, I are several interest 24th interest 24th Yes, I are several interest 24th Interest 24th Yes, I are several III. If Yes, I are several interest 24th Yes, I are several III. If Yes, I are severa | 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III is at 310,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If I'm is 70 or line 25s 24s 24s 24s 24s 25s 25s 25s 25s 25s 25s 25s 25s 25s 25 | | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26d Did the organization minetal an escriva account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 26d Did the organization are as an 'no behalf of' issuer for bonds outstanding at any time during the year? 27d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of unit transaction with a disqualified person of the year? If "Yes," complete Schedule I. Part II 27d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, sciencions, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I. Part II 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of a current or former officer, of expenditions, and exceptions): 27d A amily member of a current or former officer, of expenditions, and exceptions; 28d Was the organization report any arrival and the selection committee member, or to a 55% controlled entity or family member thereof) was an officer, director, trustee, or key employee? If | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. "No", go to line 25s 24a | | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| Schedule J 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-evempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of in a prior year, and that the transaction has not been reported on any of the organization reports good or 990-E27 If "Yes," complete Schedule L, Part II 29 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, injensor to organization or programization provides grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 29 A Current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 A family member of a current or former officer, director, trustee, or key employee (or a family) member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to five 25s 24s X. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 0 defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 0 defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 0 defease any tax-exempt bonds? 42d 25s Section 501(2(8), 501(4(4)), and 501(4(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 0 defease any three during the year? 1 defease and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 0 defease any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 0 defease any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 1 defease any any amount or officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 1 defease any any amount or former officer, director, trustee, or key employee? If "Yes," complete Sch | | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a X | | | 23 | Х | |
| Schedule K. If "No"; go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year" (24d) 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization eagle in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization avaer that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E7/If "Yes," complete Schedule L, Part I 25c Schedule L, Part II | 24a | | | | |
| b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d | | | | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | | | | X |
| any tax-exempt bonds? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 25b ZX 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions: 28 Was the organization a party to a business transaction with no eof the following parties (see Schedule L, Part IV 27 X 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27 X 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X b Id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X c Audition of the organization receive contributions of art, historical treasures, or other similar assets, or qualifi | | | 24b | | |
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| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25a | | | | \ ₃₂ |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b | | | 25a | | X |
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| Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III unstructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization solit, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, Iine 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Section 501(c)(3) organizations. Did the organization mak | | | | | v |
| contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 31 X 32 A 33 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? ryes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | 07 | | 26 | | |
| of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, chirector, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 31 X 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 52(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organizati | 27 | | | | |
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| instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c | 00 | | 21 | | |
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| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the orga | | | 200 | | x |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19? | | | | | |
| director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI lines 11b and 19? | | | 200 | | |
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| If "Yes," complete Schedule N, Part I 31 | 31 | | 50 | | |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | ٥. | | 31 | | x |
| Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI are within the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete | | | |
| Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 | | | 32 | | x |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
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| Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b 3 35b 3 36 Section 501(c)(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 34 | | | | |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Yair "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | 34 | | Х |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | | | |
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| If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 36 | | | | |
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| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 37 | | | | |
| | | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| Note. All Form 990 filers are required to complete Schedule O | 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

Form 990 (2015) THE RICHARD NIXON FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | | Ш |
|--------|--|-------------------------|------|-----|--------|
| | | 1.1 26 | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 26 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | LID C | | | |
| С | (gambling) winnings to prize winners? | | 1c | Х | |
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 10 | 71 | |
| Za | filed for the calendar year ending with or within the year covered by this return | 2a 42 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions | | | | |
| За | | -, | 3a | Х | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | 3b | Х | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | • | 4a | Х | |
| b | If "Yes," enter the name of the foreign country: ► CAYMAN ISLANDS | , | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | action? | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | he organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | - | | | |
| | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | • | | | 37 |
| | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | _ | | v |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file F | | 7g | | |
| h o | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | 7h | | |
| 8 | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | - | | |
| а | Pid the area with a supported by sealth and the distribution and by a distribution of the sealth and the sealth | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 1 1 | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| С | Enter the amount of reserves on hand | 13c | | | |
| 14a | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | e O | 14b | 000 | |
| | | | Form | 990 | (2015) |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | Λ |
|----------|--|----------------------------|----------|--------|------|----|
| Sec | tion A. Governing Body and Management | | | | | |
| | | 1 1 | 0.1E | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 21 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 20 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | ip with any other | | | | |
| | officer, director, trustee, or key employee? | | L | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | ne direct supervision | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | L | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | 990 was filed? | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | | |
| | more members of the governing body? | | | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | |
| | persons other than the governing body? | | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | ···· | | | |
| а | The governing body? | | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real | | ···· [| | | |
| - | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal F | | | | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | Γ | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such or | | ···· | 100 | | |
| - | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 112 | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | | | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | ay before filling the fort | ''' | 114 | | |
| 12a | 51.11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | to conflicts? | | 12b | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "? | | ····- - | 120 | | |
| · | | | | 12c | Х | |
| 13 | | | | 13 | X | |
| | • | | | 14 | X | |
| 14 15 | Did the organization have a written document retention and destruction policy? | | | 14 | 21 | |
| 15 | Did the process for determining compensation of the following persons include a review and approve | • | | | | |
| _ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 15- | Х | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | X | |
| D | Other officers or key employees of the organization | | | 15b | 45 | |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | mont with a | | | | |
| ıva | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | | | 16- | | Х |
| 1. | taxable entity during the year? | | ····· | 16a | | Λ |
| D | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating in initial contract and are applicable follows. | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such a replicable federal tax law, and take steps to safeguard the organization. | | | 101 | | |
| 800 | exempt status with respect to such arrangements? | | | 16b | | |
| | tion C. Disclosure | | | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed CA | T (Cooties 501/-\/0\ | - 1.de | اعلاما | la. | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- | 1 (Section 501(C)(3)\$ 0 | riiy) a\ | valiab | ie | |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website Upon request Other (explain | in Cabathila O | | | | |
| 40 | • • • | n in Schedule O) | | e: | -:-1 | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | onflict of interest policy | , and | tinan | cial | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bottom with the property of the person who possesses the organization's bottom with the property of the person who possesses the organization's bottom with the property of the person who possesses the organization's bottom with the person who possesses the organization's bottom with the person who possesses the organization's bottom with the person who possesses the organization is bottom with the person who possesses the organization is bottom with the person who possesses the organization is bottom with the person who possesses the organization is bottom with the person who possesses the organization is bottom with the person who possesses the organization is bottom with the person who possesses the organization is bottom with the person with the person who possesses the organization with the person with | ooks and records: _ | | | | |
| | IRENE KLEPP - 714-993-5075 | 10 | | | | |
| | 18001 YORBA LINDA BLVD, YORBA LINDA, CA 92886-394 | ŧЭ | | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|---|--|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|--|--|--|
| Name and Title | Average hours per week | box | not c , unle | ss pe | more rson | than is bot or/trus | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) RONALD H. WALKER | 4.00 | x | | | | | | 0. | 0. | 0. |
| (2) JOHN H. BARR | 5.00 | ^ | | | | | | 0. | 0. | 0. |
| TREASURER & BOARD MEMBER | 3.00 | X | | х | | | | 0. | 0. | 0. |
| (3) TRICIA NIXON COX | 1.00 | | | | | | | 0. | 0. | |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (4) JULIE NIXON EISENHOWER | 1.00 | | | | | | | | • | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
| (5) JAMES H. CAVANAUGH | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (6) GAVIN S. HERBERT, SR | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) JOHN W. HAMILTON | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) LAWRENCE M. HIGBY | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) EDWARD NIXON | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) MAUREEN D. NUNN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) J. PETER SIMON | 1.00 | | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) PETE WILSON | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (13) TOD R. HULLIN | 1.00 | ļ | | | | | | | | |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (14) GEORGE L. ARGYROS | 1.00 | ١ | | | | | | _ | _ | _ |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (15) EVERETT ALVAREZ, JR | 1.00 | ٠, | | | | | | _ | ^ | _ |
| BOARD MEMBER | 1.00 | Х | <u> </u> | | _ | - | | 0. | 0. | 0. |
| (16) ROBERT J. BROWN | 1.00 | v | | | | | | 0. | 0. | _ |
| BOARD MEMBER | 1.00 | Х | <u> </u> | | <u> </u> | - | | 0. | 0. | 0. |
| (17) BARBARA HACKMAN FRANKLIN BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| 532007 12-16-15 | | 1 | | | <u> </u> | | <u> </u> | <u> </u> | 0. | Form 990 (2015) |

532007 12-16-15

Form **990** (2015

ndividual trustee or director

X

X

X

X

Х

X

X

X

Х

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

X

nstitutional trustee

(C)

Position

(do not check more than one

box, unless person is both an officer and a director/trustee)

(ey employee

(D)

Reportable

from

the

organization

0.

0

442,901.

208,383.

651,284.

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

1.00

1.00

40.00

1.00

40.00

1.00

1.00

1.00

1.00

(18) FREDERIC V. MALEK

(19) JOHN H. CARLEY

(20) CHERYL SAREMI

(21) RICHARD M. QUINN

(22) WILLIAM H. BARIBAULT

(23) DONALD L. BENDETTI

(24) FREDERICK B. DENT

(25) HENRY A. KISSINGER

d Total (add lines 1b and 1c).

(26) HUBERT C. PERRY

1b Sub-total

BOARD MEMBER

PRESIDENT & CEO

SECRETARY

(A)

Name and title

52-1278303 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (E) Reportable Estimated compensation compensation amount of from related other organizations compensation (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations 0. 0. 0. 0 0. 0. 71,405 16,155. 0. 0. 0 . 0. 371,496. 20,027. 0. 0. 0. 0. 0. 0. 0.

0

0.

0.

| | compensation from the organization | | | 2 |
|---|--|---|-----|----|
| | | | Yes | No |
| 3 | Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on | | | |
| | line 1a? If "Yes," complete Schedule J for such individual | 3 | X | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization | | | |
| | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Х | |

rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors**

c Total from continuation sheets to Part VII, Section A

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------|---------------------|
| IRVINE DCS, 4900 WOODWAY DRIVE, SUITE 760, | PROJECT MANAGER - | |
| HOUSTON, TX 77056 | CONSTRUCTION | 152,084. |
| KLEPP & ASSOCIATES, PO BOX 80913, RANCHO | MANAGEMENT | |
| SANTA MARGARITA, CA 92688 | CONSULTING SERVICES | 146,999. |
| DWIGHT CHAPIN | MANAGEMENT | |
| P.O. BOX 5032, EAST HAMPTON, NY 11937 | CONSULTING SERVICE | 144,000. |
| FRANK A. GANNON | MANAGEMENT | |
| P.O. BOX 1237, NORTH BEACH, MD 20714 | CONSULTING SERVICE | 108,000. |
| | | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION

Form 990 (2015)

0.

0.

X

36,182.

39,839.

76,021.

| Form 990 THE RICHA | AVD MIV | ענע | r | JUL | זעוי | 7 T T | LOI | N | 52-127 | 0303 |
|--|--|--------------------------------|-----------------------|---------------------|--------------|------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key Eı | nplo | yee | s, a | nd F | ligh | est | Compensated Employ | ees (continued) | |
| (A) Name and title | (B) Average hours | (cl | | (C Posi all t | ition | | ly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensatior from the organization and related organizations |
| (27) GEORGE P. SHULTZ BOARD MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0 |
| 28) CARRIE BIDDLE PP OF OPERATIONS | 40.00 | | | | | х | | 115,896. | 0. | 20,191 |
| 29) BOB BRIGHT | 40.00 | | | | | | х | | 0. | |
| ORMER VP, CFO & BOARD MEMBER | | | | | | | Λ | 92,487. | 0. | 19,648 |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| otal to Part VII, Section A, line 1c | | | | | | | | 208,383. | | 39,839 |

Form 990 (2015) THE RICH
Part VIII Statement of Revenue

| | | Check if Schedule O conta | ains a resi | oonse | or note to any lin | e in this Part VIII | | | X |
|--|------|---|-------------|--------|--------------------|----------------------|--|--------------------------------|--|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| t t | 1 2 | Federated campaigns | Τ. | la | | | | | 0.2 0.1 |
| ran | | Membership dues | | lb | 166,822. | | | | |
| آڅ. | | Fundraising events | | lc | , - | | | | |
| ar / | | d Related organizations | | ld | | | | | |
| s, G | | Government grants (contributi | ···· | le | | | | | |
| Sign | | All other contributions, gifts, grant | , F | | | | | | |
| but | | similar amounts not included abov | II. | lf | 2,422,809. | | | | |
| ÖĘ | | Noncash contributions included in lines | | | 70,470. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Total. Add lines 1a-1f | | | | 2,589,631. | | | |
| | | | | | Business Code | | | | |
| ø. | 2 8 | ADMISSION REVENUE | | | 713110 | 232,457. | 232,457. | | |
| Program Service Revenue | ŀ | PROPERTY TAX REFUND | | | 900099 | 203,412. | 203,412. | | |
| Se | | LECTURES-SCHEDULE 1 | | | 713990 | 13,452. | 13,452. | | |
| am | | | | | | | | | |
| og R | • | • | | | | | | | |
| P. | f | All other program service reve | nue | | | | | | |
| | | Total. Add lines 2a-2f | | | | 449,321. | | | |
| | 3 | Investment income (including | | | | | | | |
| | | other similar amounts) | | | | 943,250. | | | 943,250. |
| | 4 | Income from investment of tax | | | | | | | |
| | 5 | Royalties | | | ▶ | | | | |
| | | | (i) Re | al | (ii) Personal | | | | |
| | 6 a | Gross rents | 1,739 | ,758. | | | | | |
| | ŀ | Less: rental expenses | 327 | ,405. | | | | | |
| | (| Rental income or (loss) | 1,412 | ,353. | | | | | |
| | (| d Net rental income or (loss) | | | > | 1,412,353. | | | 1,412,353. |
| | 7 8 | Gross amount from sales of | (i) Secu | rities | (ii) Other | | | | |
| | | assets other than inventory | 11,415 | ,398. | | | | | |
| | ŀ | Less: cost or other basis | | | | | | | |
| | | and sales expenses | 11,327 | ,456. | | | | | |
| | (| Gain or (loss) | 87 | ,942. | | | | | |
| | (| d Net gain or (loss) | | | | 87,942. | | | 87,942. |
| ne | 8 8 | a Gross income from fundraising | g events (i | not | | | | | |
| enr | | including \$ | of | | | | | | |
| Şe. | | contributions reported on line | , | | | | | | |
| Other Reven | | Part IV, line 18 | | | | | | | |
| ₽ | | Less: direct expenses | | | | | | | |
| | | Net income or (loss) from fund | | | | | | | |
| | 9 a | a Gross income from gaming ac | | | | | | | |
| | | Part IV, line 19 | | | | | | | |
| | | Less: direct expenses | | | | | | | |
| | | Net income or (loss) from gam | | ies | ······ • | | | | |
| | 10 a | a Gross sales of inventory, less | | | | | | | |
| | | and allowances | | | | | | | |
| | | Less: cost of goods sold | | | | 40.000 | 0 ==0 | 4 440 | |
| | | Net income or (loss) from sales | | | | 10,898. | 9,779. | 1,119. | |
| | | Miscellaneous Revenue | e | | Business Code | | | | |
| | 11 a | • | | | | | | | |
| | ł | | | | | | | | |
| | (| | | | | | | | |
| | | All other revenue | | | | | | | |
| | | Total. Add lines 11a-11d | | | | F 400 00= | 450 400 | 4 440 | 2 442 545 |
| | 12 | Total revenue. See instructions. | | | 🕨 📗 | 5,493,395. | 459,100. | 1,119. | 2,443,545. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 6,817,128. 6,817,128. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 558,797. 445,949. 34,986. 77,862. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,193,966. 1,084,095. 56,312. 53,559. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 268,806. 193,664. 23,693. 51,449. Other employee benefits 9 103,646. 9,799. 133,045. 19,600. Payroll taxes 10 Fees for services (non-employees): a Management 10,993. 23,627. 12,634. Legal 71,253. 57,003. 7,125. 7,125. Accounting Lobbying Professional fundraising services. See Part IV, line 17 111,955. 111,955. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 5,340. 5,340. column (A) amount, list line 11g expenses on Sch O.) 164,184. 106,679. 40. 57,465. Advertising and promotion 12 50,815. 47,982. 2,833. 13 Office expenses 33,192. 32,959. 233. 14 Information technology 15 Royalties 16 Occupancy 147,941. 114,849. 23,128. 9,964. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 37,301. 1,243,984. 1,169,382. 37,301. Depreciation, depletion, and amortization 22 12,274. 131,767. 119,493. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) OTHER EXPENSES - SCH. 1,063,451 802,136. 129,314. 132,001. C All other expenses 12,019,251. 11,112,939. 444,646. 461,666. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2015)
Part X Balance Sheet

| Pai | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|----------------------------|-----------------------|---------------------------------|-----|----------------------------|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 4,954,980. | 1 | 3,922,901. |
| | 2 | Savings and temporary cash investments | | | 2,098,215. | 2 | 2,038,763. |
| | 3 | Pledges and grants receivable, net | 2,012,323. | 3 | 1,272,147. | | |
| | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensation | ated en | nployees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| | | section 4958(f)(1)), persons described in section | c)(3)(B), and contributing | | | | |
| | | employers and sponsoring organizations of sect | | | | | |
| ş | | employees' beneficiary organizations (see instr). | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | F | | 7 | |
| ĕ | 8 | Inventories for sale or use | | | 348,357. | 8 | 224,338. |
| | 9 | | | | 22,659. | 9 | 92,246. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 43,523,192. | | | |
| | b | Less: accumulated depreciation | 10b | 22,570,850. | 16,211,289. | 10c | 20,952,342. |
| | 11 | Investments - publicly traded securities | | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line | | | 42,581,705. | 12 | 38,553,960. |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 68,229,528. | 16 | 67,056,697. |
| | 17 | Accounts payable and accrued expenses | | | 890,458. | 17 | 2,429,422. |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part IV | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to current and former | | | | | |
| Ħ | | key employees, highest compensated employee | | | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | | F | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | 17-24) |). Complete Part X of | 0 | | C 017 100 |
| | | Schedule D | | | 0. | 25 | 6,817,128. |
| | 26 | | | V | 890,458. | 26 | 9,246,550. |
| | | Organizations that follow SFAS 117 (ASC 958 | | ck here ▶ 🔼 and | | | |
| ses | | complete lines 27 through 29, and lines 33 an | | | 19,600,244. | | 14 705 544 |
| <u>a</u> | 27 | Unrestricted net assets | | | | 27 | 14,795,544. 29,513,523. |
| Ba | 28 | Temporarily restricted net assets | | | 34,237,746. 13,501,080. | 28 | 13,501,080. |
| pu L | 29 | | | | 13,501,000. | 29 | 13,301,000. |
| ŗ | | Organizations that do not follow SFAS 117 (A | SC 958 | B), check here ▶ ☐ | | | |
| S | | and complete lines 30 through 34. | | | | | |
| set | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | | | 67,339,070. | 32 | F7 010 147 |
| _ | 33 | Total net assets or fund balances | | | | 33 | 57,810,147. |
| | 34 | Total liabilities and net assets/fund balances | | | 68,229,528. | 34 | 67,056,697. |

| Pa | rt XI Reconciliation of Net Assets | _ | | , u, | <u> </u> |
|----|---|------------|-------|------|--------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | 1 | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,49 | 3,3 | 95. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,01 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | <6,52 | 5,8 | <u>56.</u> : |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 67,33 | 9,0 | 70. |
| 5 | Net unrealized gains (losses) on investments | 5 | <3,00 | 3,0 | <u>67.</u> : |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 57,81 | 0,1 | 47. |
| Pa | rt XII Financial Statements and Reporting | | | | \equiv |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audit | | | |
| | Act and OMB Circular A-133? | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE RICHARD NIXON FOUNDATION

Employer identification number

52-1278303 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------------|----------------------|-------------------------|--------------------|----------------------|---------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 688,586. | 2,014,262. | 5,908,797. | 3,111,146. | 2,589,631. | 14,312,422. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 688,586. | 2,014,262. | 5,908,797. | 3,111,146. | 2,589,631. | 14,312,422. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 14,312,422. |
| Sec | ction B. Total Support | | • | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | 688,586. | 2,014,262. | 5,908,797. | 3,111,146. | 2,589,631. | 14,312,422. |
| 8 | Gross income from interest, | | | | | | _ |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 1,966,390. | 2,033,683. | 2,073,562. | 2,528,595. | 2,683,008. | 11,285,238. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | 78. | 62. | 922. | <923. | > 1,119. | 1,258. |
| 10 | Other income. Do not include gain | | | | | | _ |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 850,374. | 538. | 521. | | 203,412. | 1,054,845. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 26,653,763. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 4 | ,402,335. |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, third | l, fourth, or fifth tax | x year as a sectio | n 501(c)(3) | |
| _ | organization, check this box and stop | | <u></u> | | | | > |
| | ction C. Computation of Publ | | | | | | |
| 14 | Public support percentage for 2015 (I | | | | | 14 | 53.70 % |
| 15 | Public support percentage from 2014 | Schedule A, Part | II, line 14 | | | 15 | 52.95 % |
| 16a | 33 1/3% support test - 2015. If the o | • | | • | | • | |
| | stop here. The organization qualifies | | | | | | > X |
| b | 33 1/3% support test - 2014. If the o | | | | | | is box |
| | and stop here. The organization qual | | | | | | ▶∟ |
| 17a | 10% -facts-and-circumstances tes | _ | | | | | |
| | and if the organization meets the "fac | | | - | • | - | |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances tes | t - 2014. If the org | anization did not cl | neck a box on line | 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | , 16b, 17a, or 17b | , check this box a | and see instructions | <u> </u> |

Schedule A (Form 990 or 990-EZ) 2015

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | qualify under the tests listed be ction A. Public Support | elow, please com | plete Part II.) | | | | |
|-----|---|-------------------|---------------------|---------------------|--------------------------|-----------|--|
| | endar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | Gifts, grants, contributions, and | (a) 2011 | (b) 2012 | (6) 2013 | (u) 2014 | (e) 2013 | (i) iotai |
| ' | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| 2 | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| _ | | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| | | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| / 6 | A Amounts included on lines 1, 2, and | | | | | | |
| ŀ | 3 received from disqualified persons Amounts included on lines 2 and 3 received | | | | | | |
| • | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (a) 2012 | (4) 2014 | (a) 2015 | (f) Total |
| | | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | Amounts from line 6 Gross income from interest, | | | | | | |
| 100 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | + | | | | |
| ľ | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired ofter June 20, 1075 | | | | | | |
| | | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business | | | | | | |
| •• | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 12 | regularly carried on Other income. Do not include gain | | + | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| 12 | assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | the evenimention | a first second this | d foundb or fifth t | l ny voor oo o oostis | | |
| 14 | First five years. If the Form 990 is for | · · | • | | - | | zation, |
| Se | check this box and stop here ction C. Computation of Publi | | rcentage | | | | <u>- </u> |
| | Public support percentage for 2015 (li | | | column (fl) | | 15 | |
| | Public support percentage from 2014 | | | | | 16 | <u>%</u> % |
| | ction D. Computation of Inves | | | | | 10 | 70 |
| | | | | | | 17 | % |
| 17 | | | | | | 18 | |
| 18 | Investment income percentage from 2 a 33 1/3% support tests - 2015. If the | | | | | | |
| 198 | | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| | 33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| 20 | i ilvate roundation, il the organization | i ala not check a | . 501 UH C 14, 18 | a, or iou, crieck t | וווט טטא פווט אלל 111 | on uonono | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|--|-----------|-----|----|
| | (sommasa) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | • | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | , | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | tructions | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| D | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | Oh | | |
| • | activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) helow. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pid the organization have the power to requirely appoint or elect a majority of the officers, directors, or | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i> . | 30 | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3a | | |
| D | of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orga | nizations | |
|------|---|------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970. See instru | uctions. All |
| | other Type III non-functionally integrated supporting organizations must co | mplete S | ections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | y-integral | ed Type III supporting org | anization (see |
| | instructions). | | | · |

Schedule A (Form 990 or 990-EZ) 2015

| Par | ^ব V │ Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|-------|--|-------------------------------|-----------------------------------|-----------------|
| Secti | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | IS | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | he organization is responsive | e | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| C4: | ion E. Dietvikution Allocations (acc instructions) | Excess Distributions | Underdistributions | Distributable |
| Secu | ion E - Distribution Allocations (see instructions) | | Pre-2015 | Amount for 2015 |
| 1 | Distributable amount for 2015 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2015 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | From 2013 | | | |
| е | From 2014 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2015 distributable amount | | | |
| i | Carryover from 2010 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2015 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2015 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2015, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2016. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| е | Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

| Dort VI | age of the second secon |
|---------|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; |
| | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, |
| | line 1. Deat W. Section D. lines D. lines 2 and 3. Deat W. Section E. lines 1. Oe 3b. 3c and 3b. Deat W. Section D. lines 1. Deat W. Section D |
| | line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
| | (See instructions.) |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE RICHARD NIXON FOUNDATION

Employer identification number 52-1278303

| Pa | t I Organizations Maintaining Donor Advised | | s or Acco | unts.Complete if the |
|----|--|--|-----------------|----------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line 6 | 3. | | · |
| | | (a) Donor advised funds | (b) Fur | nds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in wri | iting that the assets held in donor advis | sed funds | |
| | are the organization's property, subject to the organization's ex | _ | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor adv | | | |
| | for charitable purposes and not for the benefit of the donor or c | | | |
| | | | ū | Yes No |
| Pa | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | <u> </u> | , | |
| | Preservation of land for public use (e.g., recreation or edu | ` | orically impo | rtant land area |
| | Protection of natural habitat | Preservation of a cer | | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | d conservation contribution in the form | of a conserv | ation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | - | | | |
| С | Number of conservation easements on a certified historic struc | | | |
| d | Number of conservation easements included in (c) acquired aft | | | |
| | listed in the National Register | | l l | |
| 3 | Number of conservation easements modified, transferred, relea | | | n during the tax |
| | year > | | · · | · · |
| 4 | Number of states where property subject to conservation ease | ment is located | | |
| 5 | Does the organization have a written policy regarding the period | | | |
| | violations, and enforcement of the conservation easements it h | olds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | | | |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handlin | ng of violations, and enforcing conserva | ation easeme | nts during the year |
| | ▶ \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of section 170 |)(h)(4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | include, if applicable, the text of the footnote to the organization | n's financial statements that describes | the organiza | tion's accounting for |
| | conservation easements. | | | |
| Pa | t III Organizations Maintaining Collections of A | | ther Simi | lar Assets. |
| | Complete if the organization answered "Yes" on Form 99 | 90, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC $$ | 958), not to report in its revenue state | ment and bal | ance sheet works of art, |
| | historical treasures, or other similar assets held for public exhib | ition, education, or research in furthera | ance of public | service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describe | s these items. | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC $$ | 958), to report in its revenue statemen | t and balanc | e sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, education, edu | cation, or research in furtherance of pu | ıblic service, | provide the following amounts |
| | relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | (ii) Assets included in Form 990, Part X | | | \$ |
| 2 | If the organization received or held works of art, historical treasures | ures, or other similar assets for financia | al gain, provid | de |
| | the following amounts required to be reported under SFAS 116 | (ASC 958) relating to these items: | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| b | Assets included in Form 990, Part X | | | \$ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

| | rt III Organizations Maintaining C | ollections of Ar | | | or Oth | er Sin | | sets/contin | | age Z |
|-----|---|-----------------------|----------------------|------------------|----------|----------|-------------|-------------|--|-------|
| 3 | Using the organization's acquisition, accession | | • | | | | | • | | ns |
| _ | (check all that apply): | 5.,, aa 55 555. a.s | , encontain, en anc | .c.c.iiiig and | | gee | | | | |
| а | Public exhibition | d | I oan or exc | hange progra | ams | | | | | |
| b | Scholarly research | e | Other | 9- 9 | | | | | | |
| С | Preservation for future generations | _ | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further t | he organizati | on's exe | empt pu | ırpose in F | Part XIII. | | |
| 5 | During the year, did the organization solicit or | | | | | | | | | |
| _ | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Pai | rt IV Escrow and Custodial Arran | | | | | | | | | |
| | reported an amount on Form 990, Par | | 3 | | | | , | , , | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermedi | ary for contribution | ns or other as | sets no | t includ | ed | | | |
| | on Form 990, Part X? | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the foll | owing table: | | | | | | | |
| | , , | · | · · | | | | | Amount | t | |
| С | Beginning balance | | | | | 10 | С | | | |
| | Additions during the year | | | | | | d | | | |
| | Distributions during the year | | | | | | е | | | |
| | Ending balance | | | | | 1 | f | | | |
| | Did the organization include an amount on Fo | | | | | ility? | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the exp | olanation has beer | n provided on | Part XII | Ι | | | | |
| Pai | rt V Endowment Funds. Complete if | the organization ans | swered "Yes" on Fo | orm 990, Part | IV, line | 10. | | | | |
| | | (a) Current year | (b) Prior year | (c) Two year | s back | (d) Thr | ee years ba | ck (e) Four | years | back |
| 1a | Beginning of year balance | 42,654,443. | 42,485,068. | 37,68 | 7,124. | 34 | 1,884,71 | 1. 42 | ,302, | 913. |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | <2,070,851. | 2,201,034. | 6,60 | 2,043. | 4 | 1,520,28 | 8. | <487 | 189. |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | 1,625,262. | 1,931,774. | 1,72 | 3,645. | 1 | L,579,10 | 8. 6 | ,778 | 729. |
| f | Administrative expenses | 104,931. | 99,885. | + | ,454. | | 138,76 | 7. | 152 | 284. |
| g | End of year balance | 38,853,399. | 42,654,443. | 42,48 | 5,068. | 37 | 7,687,12 | 4. 34 | ,884, | 711. |
| 2 | Provide the estimated percentage of the curr | | e (line 1g, column (| a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | 2.00 | _% | | | | | | | |
| | Permanent endowment ► 35.00 | % | | | | | | | | |
| С | Temporarily restricted endowment ► 6. | 3.00 _% | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | tion that are held a | and administe | red for | the orga | anization | | | |
| | by: | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | X |
| | (ii) related organizations | | | | | | | 3a(ii) | | _X_ |
| b | If "Yes" on line 3a(ii), are the related organiza | | |) | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | | | | |
| Pai | rt VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answered | | | 1 | | | | | | |
| | Description of property | (a) Cost or ot | ' ' | t or other | | ccumu | | (d) Bool | k valu | е |
| | | basis (investm | · | (other) | de | preciat | ion | 2 12 | <u>) </u> | 0 2 |
| | Land | | | 2,382. 1,910. | 2.2 | E70 | 050 | 2,12 | | |
| | = -··· | | 39,46 | от, ЭтО. | 44, | 3/U, | 850. | 16,89 | 1, 0 | 00. |
| | Leasehold improvements | | 26 | 2,178. | | | | 26 | 2 1 | 78. |
| | Equipment | | | 6,722. | | | - | 1,67 | | |
| | Other | | | | | | | 20 95 | | 44. |

Schedule D (Form 990) 2015

| Concadic D | (1 01111 000) 2010 | | |
|------------|--------------------|------------|-------|
| Part VII | Investments. | - Other Se | Curit |

| Financial derivatives Closely-held equity interests Cher (A) MONEY FUND (B) EQUITY SECURITIES (C) (C) (D) (E) (E) (F) (G) (H) (A) (A) (B) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | Complete if the organization answered "Yes" | | | or and of year market yell |
|--|---|---------------------------------|---|-----------------------------|
| Closely-held equity interests | a) Description of security or category (including name of security) | (b) Book value | (c) Method of Valuation: Cost of | or end-or-year market value |
| Other Othe | | | | |
| A MONEY FUND 35,734,164. END-OF-YEAR MARKET VALUE | • | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. | (A) MONEY FUND | 35 734 164 | END-OF-YEAR MARK | CET VALUE |
| (C) (D) (E) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F | · | | | |
| (E) (E) (F) (G) (G) (H) (H) (D) (A) (A) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D | | 2,023,7300 | | |
| (E) (F) (G) (H) (A) (G) (H) (B) (G) (H) (B) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H | | | | |
| (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H | | | | |
| (G) (He) al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 38 , 553 , 960 . art Vill Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Method of valuation | | | | |
| art VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Book value (e) Method of valuation: Cost or end-of-year market value (f) Book value (g) Book | (G) | | | |
| Complete if the organization answered *Yes* on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. | (H) | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (g) Method of valuation: Cost or end | al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 38,553,960. | | |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) art IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (a) Description (c) Method of valuation: Cost or end-of-year market value (1) (8) (9) art IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (1) (c) Method of valuation: Cost or end-of-year market value (1) (d) (e) (f) (g) (h) Book value (1) (h) Book | art VIII Investments - Program Related. | | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) at. (Cot. (b) must equal Form 990, Part X, cot. (B) line 13.) ▶ art XY Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (1) (6) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (1) (1) (2) (1) (3) (4) (4) (5) (6) (7) (6) (9) (1) (1) (1) (1) (1) (2) (1) (3) (4) (4) (5) (5) (6) (7) (6) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (9) (1) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (9) (1) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (1) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (8) (9) (1) (1) (1) (1) (1) (2) (2) (2) (2) (3) (4) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8 | | | | |
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| (7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) RESERVE FOR EXHIBIT DONATION - (3) NARA (4) (5) (6) (7) (8) (9) (1) Folderal income taxes (2) RESERVE FOR EXHIBIT DONATION - (3) NARA (4) (5) (6) (7) (8) (9) (1) Folderal income taxes (2) RESERVE FOR EXHIBIT DONATION - (3) NARA (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10 | | | | |
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| Pa | rt XI Reconciliation of Revenue per Audited Financial Sta | tements Wi | itn Revenue per R | Clui | 14. |
|-------------------|--|--------------------------|-------------------------|------|-------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | e 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,377,978. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | <3,003,067. | > | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | <3,003,067. |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,381,045. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 112,350. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 112,350. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 5,493,395. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial St | | ith Expenses per | Retu | ırn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | | | | 11 006 001 |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 11,906,901. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 11,906,901. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 . 1 | 110 250 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | 112,350. | | |
| b | Other (Describe in Part XIII.) | 4b | | | 112,350. |
| С | Add lines 4a and 4b | | | 4c | I 114,330. |
| _ | | | | | |
| 5 Da | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | | | 5 | 12,019,251. |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 start XIII Supplemental Information. | 3.) | | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 start XIII Supplemental Information. | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 3.) 1; Part IV, lines | 1b and 2b; Part V, line | 5 | 12,019,251. |

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Employer identification number

| | E RICHARD NIX | | | Latin Harris I Cont | | 52-12783 | |
|------|--|-------------------------------------|----------------------|--|-----------------------------------|---|--|
| Pa | | | ctivities Out | tside the United States. Comple | ete if the organ | ization answered ' | 'Yes" on |
| 1 | For grantmakers, Does | | maintain recorr | ds to substantiate the amount of its gra | ants and other | assistance | |
| • | | | | the selection criteria used to award the | | | Yes No |
| 2 | For grantmakers. Desc United States. | ribe in Part V the | e organization's p | procedures for monitoring the use of its | s grants and of | ther assistance ou | tside the |
| 3 | | he following Part | : I, line 3 table ca | an be duplicated if additional space is r | needed.) | | |
| | (a) Region | (b) Number of offices in the region | | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activis a prog describe | vity listed in (d) gram service, e specific type se(s) in region | (f) Total expenditures for and investments in region |
| | | | | | | | |
| NO P | ACTIVITY IN 2015 | | | | | | 0. |
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| 3 a | Sub-total | 0 | 0 | | | | 0. |
| b | Total from continuation sheets to Part I | 0 | 0 | | | | 0. |
| С | Totals (add lines 3a and 3b) | 0 | 0 | | | | 0. |

532071 10-01-15 Schedule F (Form 990) 2015

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations or entities

| Part II | Grants and Other | er Assistance to Org | ganizations or Entities | Outside the United States. | complete if the o | rganization answered | d "Yes" on Form | 990, Part IV, line 15, fo | r any |
|-----------------|--|---|-------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| re | recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | |
| 1 (a) Name o | of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | | |
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| | | | | recognized as charities by the n 501(c)(3) equivalency letter | | , recognized as tax-e | exempt by | 1 | 1 |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

| Part III can be duplicated if a | dditional space is neede | d. | | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|---|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
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Page 4

| Part IV | Foreign | Forms |
|---------|---------|-------|

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|--|-------|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | X Yes | □ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | Yes | X No |

Schedule F (Form 990) 2015

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization THE RICHA | ARD NIXON | FOUNDATION | | | | | Employer identification number $52-1278303$ |
|---|----------------------|-------------------------------|--------------------------|-----------------------------------|--|--|--|
| Part I General Information on Grants a | and Assistance | | | | | | |
| Does the organization maintain records criteria used to award the grants or assi | stance? | | | | • | | tion X Yes No |
| 2 Describe in Part IV the organization's pr | | | | | | | |
| Part II Grants and Other Assistance to | _ | | | | janization answered " | Yes" on Form 990, Parl | t IV, line 21, for any |
| recipient that received more than 1 (a) Name and address of organization or government | \$5,000. Part II cai | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE NATIONAL ARCHIVES AND RECORDS ADMINISTRATION - 8601 ADELPHI ROAD | 83-0426548 | 509(A)(1) | 0. | 6,817,128. | FMV - ACTUAL | NEW EXHIBITS AT | COMPLETE RENOVATION OF THE 25-YEAR OLD NIXON PRESIDENTIAL MUSEUM BY INTRODUCING NEW EXHIBITS. |
| - COLLEGE PARK, MD 20740 | 03 0420340 | 503(11)(1) | | 0,017,120. | | THE MODEON | INTRODUCTION HAMILIETTE, |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization | | | | | | <u> </u> | |

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Page 2

| Part III | Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed. | | e organization answe | ered "Yes" on Form 9 | 990, Part IV, line 22. | |
|----------|---|--------------------------|--------------------------|---------------------------------------|---|--|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
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| Part IV | Supplemental Information. Provide the information re- | quired in Part I, lir | ne 2, Part III, column | (b), and any other a | dditional information. | |
| PART | I, LINE 2: | | | | | |
| THE F | CICHARD NIXON FOUNDATION CONTI | RIBUTED T | HIS GRANT | TO THE NAT | IONAL | |
| ARCHI | VES AND RECORDS ADMININSTRAT | ION IN TH | E AMOUNT \$ | 6,817,128 | IN 2015 FOR | |
| THE F | ENOVATION AND CONSTRUCTION OF | F NEW EXH | IBITS AT T | HE MUSEUM. | | |
| | | | | | | |
| PART | II, LINE 1, COLUMN (H): | | | | | |
| NAME | OF ORGANIZATION OR GOVERNMENT | Г: | | | | |
| THE N | MATIONAL ARCHIVES AND RECORDS | ADMINIST | RATION | | | |
| (H) F | URPOSE OF GRANT OR ASSISTANC | E: COMPLE | TE RENOVAT | ION OF THE | 25-YEAR | |

| Part IV Supplemental Information |
|--|
| OLD NIXON PRESIDENTIAL MUSEUM BY INTRODUCING NEW EXHIBITS, UPDATED |
| TECHNOLOGY, INTERACTIVE DISPLAYS AND PARTICIPATORY LEARNING |
| OPPORTUNITIES, THROUGH THE FUNDRAISING EFFORTS OF THE FOUNDATION. |
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Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE RICHARD NIXON FOUNDATION

Employer identification number 52-1278303

| Pa | art I Questions Regarding Compensation | | | |
|--------|--|----------|-----|----------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| b | , | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Х | <u> </u> |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee X Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | X Form 990 of other organizations X Approval by the board or compensation committee | | | |
| 4 | Division the viscos did any reason listed on Ferma 2000 Port VIII. Continue A. line de visite viscos et la the filing | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| • | organization or a related organization: Receive a severance payment or change-of-control payment? | 4a | | х |
| a h | Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4a 4b | | X |
| D | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| · | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | The storage of lines 4a o, list the persons and provide the applicable amounts for each term in that the | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Х |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | <u> </u> |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred benefits | | (E) Total of columns | (F) Compensation in column (B) | |
|-------------------------------|------|--|-------------------------------------|---|--|----------|----------------------|---|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denetits | (B)(i)-(D) | reported as deferred on prior Form 990 | |
| (1) WILLIAM H. BARIBAULT | (i) | 284,521. | 86,975. | 0. | 0. | 20,027. | 391,523. | 0. | |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) CARRIE BIDDLE | (i) | 115,896. | 0. | 0. | 0. | 20,191. | 136,087. | 0. | |
| VP OF OPERATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) BOB BRIGHT | (i) | 92,487. | 0. | 0. | 0. | 19,648. | | 0. | |
| FORMER VP, CFO & BOARD MEMBER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE RICHARD NIXON FOUNDATION

Employer identification number 52-1278303

| Pai | rt I Types of Property | | | | | | | |
|----------|--|-------------------------------|--|---|---|---------|-----|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | etermin | • | s |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 5 | 70,470. | FAIR MARKET | ' VA | LUE | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other $_{\dots}$ | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 26 | Other () Other () | | | | | | | |
| 27 | ` | | | | | | | |
| 28 | Other () Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | I zation durin | I n the tax vear for c | contributions | | | | |
| | for which the organization completed Form 82 | | | | | | | |
| | To which the organization completed from co | , | | gomone | | | Yes | No |
| 30a | During the year, did the organization receive b | v contributio | on any property rei | oorted in Part I. lines 1 throu | gh 28, that it | | | |
| | must hold for at least three years from the dat | | | | | | | |
| | exempt purposes for the entire holding period | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review | of any non-standard contrib | utions? | 31 | | Х |
| | Does the organization hire or use third parties | | | | | | | |
| | contributions? | | - | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization did not report an amount in | column (c) t | or a type of prope | rty for which column (a) is ch | ecked, | | | |
| | describe in Part II. | | | | Cobodulo M | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

532142 08-21-15

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2015

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 52-1278303

THE RICHARD NIXON FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE RICHARD NIXON FOUNDATION IS AN EDUCATIONAL INSTITUTION, A 501 (C)

(3) NOT-FOR-PROFIT CORPORATION, DELAWARE, 1983. ITS MISSION IS TO

ILLUMINATE AND PROTECT THE LEGACY OF THE 37TH PRESIDENT THROUGH ITS OWN

PROGRAMS AND EXHIBITS AT THE RICHARD NIXON PRESIDENTIAL LIBRARY AND

MUSEUM IN YORBA LINDA, CALIFORNIA. AT THE PRESIDENTIAL LIBRARY AND

MUSEUM IN YORBA LINDA, SPECIAL FREE ADMISSION DAYS, AUTHOR AND LECTURE

SERIES AND LEGACY FORUMS ARE HELD THROUGHOUT THE YEAR TO ENCOURAGE

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NOVEMBER 11, 2015 FOR VETERAN'S DAY AND TRAVELING TOMB OF THE UNKNOWN SOLDIER

DECEMBER 6, 2015 FOR TRIBUTE TO LOCAL HOMETOWN HEROES

NATIVE AMERICAN EXHIBIT

COMMUNITY INVOLVEMENT.

FREE NIXON LEGACY FORUM SERIES ADMISSION

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EVENTS TO EDUCATE AND INFORM ABOUT THE LIFE AND TIMES OF RICHARD NIXON

ON SELECT DAYS AND HOLIDAYS SUCH AS 9/11 MEMORIAL EVENT, MEET THE

PRESIDENTS SERIES, PAT NIXON'S BIRTHDAY CELEBRATION, PRESIDENT NIXON'S

BIRTHDAY CELEBRATION, MEMORIAL DAY, PRESIDENT'S DAY, INDEPENDENCE DAY,

AND LEGACY FORUM.

EXPENSES \$ 4,202,039. INCLUDING GRANTS OF \$ 0. REVENUE \$ 369,454.

FORM 990, PART VI, SECTION A, LINE 2:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization THE RICHARD NIXON FOUNDATION

Employer identification number 52-1278303

BOARD MEMBERS TRICIA NIXON COX AND JULIE NIXON EISENHOWER ARE SISTERS AND

DAUGHTERS OF THE FORMER UNITED STATES PRESIDENT RICHARD NIXON.

BOARD MEMBER EDWARD NIXON IS THE YOUNGEST BROTHER OF THE FORMER UNITED

STATES PRESIDENT RICHARD NIXON; THEREFORE, HE IS THE UNCLE OF TRICIA NIXON

COX AND JULIE NIXON EISENHOWER.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF THE FOUNDATION ARE THE DAUGHTERS OF FORMER PRESIDENT NIXON:

TRICIA NIXON COX AND JULIE NIXON EISENHOWER.

THE OTHER SIX MEMBERS ARE:

RONALD H. WALKER-CHAIRMAN OF THE BOARD, CHAIRMAN OF EXECUTIVE COMMITTEE,

AND CHAIRMAN OF THE LIBRARY RENOVATION OVERSIGHT COMMITTEE.

JOHN H. BARR-CHAIRMAN OF THE BUDGET AND FINANCE COMMITTEE, AND TREASURER OF

THE BOARD

BARBARA HACKMAN FRANKLIN-CHAIRMAN OF THE AUDIT COMMITTEE

LAWRENCE M. HIGBY-CHAIRMAN OF THE COMPENSATION COMMITTEE

J. PETER SIMON-CHAIRMAN OF THE INVESTMENT COMMITTEE

JOHN CARLEY - CHAIRMAN OF THE PROGRAM COMMITTEE

FORM 990, PART VI, SECTION A, LINE 7A:

THE RESPONSIBILITY OF THE MEMBERS AT THE ANNUAL MEMBERS MEETING IS TO ELECT

THE DIRECTORS FOR A ONE YEAR TERM. THERE WERE A TOTAL OF 21 DIRECTORS

ELECTED AT THE 2015 ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11:

THE AUDIT COMMITTEE SHALL HAVE THE RESPONSIBILITY FOR REVIEWING THE FORM

990 (INCLUDING ALL PERTINENT SCHEDULES) BEFORE IT IS FILED WITH THE

INTERNAL REVENUE SERVICE.

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization
THE RICHARD NIXON FOUNDATION

Employer identification number 52-1278303

A DRAFT OF THE FORM 990 SHOULD BE READY FOR REVIEW BY THE AUDIT COMMITTEE NO LATER THAN ONE MONTH PRIOR TO THE FILING DEADLINE.

AFTER THE DRAFT OF THE FORM 990 HAS BEEN PROVIDED TO THE AUDIT COMMITTEE,

IT WILL HAVE NO MORE THAN TWO WEEKS TO COMPLETE ITS REVIEW.

IN CONDUCTING ITS REVIEW OF THE DRAFT OF THE FORM 990, IT IS PREFERRED THAT
THE AUDIT COMMITTEE SHALL CONDUCT A TOP-LEVEL OR BIG-PICTURE TYPE OF
REVIEW. HOWEVER, IF THE AUDIT COMMITTEE DESIRES OR DEEMS IT NECESSARY TO
CONDUCT A MORE DETAILED REVIEW OF THE FORM 990, THEN IT SHOULD CONTACT THE
PREPARER OF THE FORM 990 TO REQUEST COPIES OF THE RELEVANT DETAILED TAX
RETURN WORKPAPERS WHICH IT WOULD LIKE TO SEE.

ONCE THE AUDIT COMMITTEE HAS COMPLETED ITS INITIAL REVIEW OF THE FORM 990,

A MEETING OR CONFERENCE CALL WILL BE SCHEDULED WITH THE PREPARER OF THE

FORM 990 (REGARDLESS OF WHETHER THE FORM 990 IS EXTERNALLY OR INTERNALLY

PREPARED) TO DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS

IDENTIFIED BY THE AUDIT COMMITTEE.

THE PREPARER OF THE FORM 990 SHOULD MAKE ANY REVISIONS TO THE FORM 990 AS

SOON AS FEASIBLY POSSIBLE TO ENSURE THAT THE FORM 990 IS FILED WITH THE

INTERNAL REVENUE SERVICE ON A TIMELY BASIS.

ALL OF THE QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS SET FORTH BY THE

AUDIT COMMITTEE SHOULD BE DOCUMENTED, ALONG WITH ANY RESPONSES FROM THE

PREPARER OF THE FORM 990, IF APPLICABLE.

Name of the organization THE RICHARD NIXON FOUNDATION

Employer identification number 52-1278303

AFTER THE FORM 990 HAS BEEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE, A

COPY IS DISSEMINATED TO THE FULL BOARD PRIOR TO FILING WITH THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

MANAGEMENT REGULARLY MONITORS TRANSACTIONS FOR CONFLICT OF INTEREST. THREE
BIDS ARE REQUIRED ON SIGNIFICANT CONTRACTS AND MANGAGEMENT APPROVAL IS
REQUIRED FOR ALL OTHER TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS A WRITTEN POLICY IN PLACE OUTLINING PROCEDURES FOR

EXECUTIVE COMPENSATION REVIEW. THE EXECUTIVE COMMITTEE OF THE BOARD

ANNUALLY REVIEWS THE EXECUTIVE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 18:

THE PUBLIC INSPECTION COPY OF THE FORM 990 AND FORM 990-T, FROM THE

PREVIOUS THREE YEARS (AT MINIMUM), WILL BE AVAILABLE (FOR INSPECTION OR

COPYING) AT THE MAIN OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE;

ADDITIONALLY, THESE SAME FORMS 990 AND 990-T WILL ALSO BE POSTED ON THE WEB

SITE AT WWW.NIXONFOUNDATION.ORG, WWW.GUIDESTAR.ORG AND

WWW.CHARITYNAVIGATOR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOLLOWING ORGANIZATIONAL DOCUMENTS OF THE ORGANIZATION WILL BE

AVAILABLE FOR PUBLIC INSPECTION: PREVIOUS THREE YEAR TAX RETURNS (FORM 990

AND FORM 990-T) AND IRS CONFIRMATION OF EXEMPT STATUS.

ALL OF THE AFOREMENTIONED ORGANIZATIONAL DOCUMENTS WILL ALSO BE POSTED ON

Name of the organization

THE RICHARD NIXON FOUNDATION

THE WEB SITE. THE ORGANIZATION WILL USE ITS BEST EFFORTS TO ENSURE THAT THE

THE WEB SITE. THE ORGANIZATION WILL USE ITS BEST EFFORTS TO ENSURE THAT THE DOCUMENTS POSTED ON THE WEBSITE ARE THE MOST UPDATED VERSIONS OF SUCH.

THE PUBLIC INSPECTION COPY OF THE FORM 990 WILL NOT INCLUDE THE SCHEDULE OF SCHEDULE A EXCESS CONTRIBUTORS OR THE SCHEDULE B NAMES AND ADDRESSES OF CONTRIBUTORS.

THE ORGANIZATION WILL USE ITS BEST EFFORTS TO ENSURE THAT THE FORMS 990 AND 990-T HELD AT THE MAIN OFFICE AND POSTED ON THE WEBSITE ARE THE MOST UPDATED VERSIONS OF SUCH. FOR EXAMPLE, IN THE INSTANCE WHERE A FORM 990 HAS BEEN AMENDED, THE AMENDED VERSION OF THE FORM 990 OR FORM 990-T SHOULD BE THE ONE AVAILABLE FOR PUBLIC INSPECTION.

WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL

DOCUMENT OR FORM 990 (INCLUDING FORM 990-T) BY ANYONE, THE ORGANIZATION

SHALL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST.

THE ORGANIZATION WAS GRANTED EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE
IN AUGUST 1983. THE FOUNDATION POSTS, ON ITS WEBSITE, A LETTER FROM THE IRS
DATED JUNE 22, 1998 CONFIRMING ITS EXEMPT STATUS EFFECTIVE AUGUST 1983.

FORM 990, PART VIII, LINE 1F:

THIS AMOUNT INCLUDES \$2,418,159 OF CONTRIBUTIONS GENERATED FROM THE RICHARD NIXON CENTENNIAL CAMPAIGN IN 2015.

FORM 990, PART XII, LINE 2C:

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

| THE RICHARD NIXON FOUND | ATION | | FOR | M 9 | 90 : | PAGE 10 | | | 52-1278303 |
|---|--|-------------------|---|--|---|----------------|---------|----------|----------------------------|
| Part I Election To Expense Certain Property | Under Section 1 | 79 Note: If yo | ou have any li | sted pr | operty | , complete Pai | rt V b | efore y | ou complete Part I. |
| 1 Maximum amount (see instructions) | | | | | | | | 1 | 500,000. |
| 2 Total cost of section 179 property placed | | | | | | | | 2 | |
| 3 Threshold cost of section 179 property be | | | | | | | | 3 | 2,000,000. |
| 4 Reduction in limitation. Subtract line 3 from | | | | | | | | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. I | f zero or less, enter | -0 If married fil | ing separately, se | e instruct | ions | | | 5 | |
| 6 (a) Description of proper | rty | | (b) Cost (busin | ness use | only) | (c) Electe | ed cost | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 7 Listed property. Enter the amount from lin | | | | | | | | | |
| 8 Total elected cost of section 179 property | | | | | | | | 8 | |
| 9 Tentative deduction. Enter the smaller of | | | | | | | | 9 | |
| 10 Carryover of disallowed deduction from lin | | | | | | | | 10 | |
| 11 Business income limitation. Enter the sma | | - | | - | | | | 11 | |
| 12 Section 179 expense deduction. Add lines | | | | | | | | 12 | |
| 13 Carryover of disallowed deduction to 2016 Note: Do not use Part II or Part III below for list | | | | | 13 | | | | |
| Part II Special Depreciation Allowance | | | | ido liete | d pro | oorty) | | | |
| 14 Special depreciation allowance for qualifie | | | | | | | | | |
| | | | | | | _ | | 14 | |
| the tax year 15 Property subject to section 168(f)(1) election | | | | | | | | 14 15 | |
| 10 011 1 111 (1 1 11 1000) | | | | | | | | 16 | |
| Part III MACRS Depreciation (Do not in | | | | | | | | 10 | |
| | | | ection A | -7 | | | | | |
| 17 MACRS deductions for assets placed in s | ervice in tax ve | ears beginnir | na before 201 | 5 | | | | 17 | |
| 18 If you are electing to group any assets placed in service | | | | | | | | | |
| Section B - Assets Pla | | | | | | | iatior | Syst | em |
| (a) Classification of property | (b) Month and year placed in service | (business/i | or depreciation nvestment use instructions) | | Recovery period | (e) Convention | n (f) N | lethod | (g) Depreciation deduction |
| 19a 3-year property | | | | | | | | | |
| b 5-year property | | | | | | | | | |
| c 7-year property | | | | | | | | | |
| d 10-year property | | | | | | | | | |
| e 15-year property | | | | | | | | | |
| f 20-year property | | | | | | | | | |
| g 25-year property | | | | 2 | 5 yrs. | | : | S/L | |
| h Residential rental property | / | | | 27 | .5 yrs. | MM | _ | S/L | |
| The sideritial remain property | / | | | 27 | .5 yrs. | MM | | S/L | |
| i Nonresidential real property | / | | | 39 | 9 yrs. | MM | | S/L | |
| , | / | D : 004 | · · · · · | <u>. </u> | • | MM MM | | S/L | |
| Section C - Assets Place | cea in Service | During 201 | 5 Tax Year U | sing tr | ie Aite | ernative Depre | | | stem |
| 20a Class life | | | | - | | | | S/L | |
| b 12-year | | | | | 2 yrs. | D 4 D 4 | | S/L | |
| c 40-year Part IV Summary (See instructions.) | / | İ | | 1 4 | 0 yrs. | MM | ; | S/L | |
| , | | | | | | | | 04 | |
| 21 Listed property. Enter amount from line 28 | | | O in column (c | | | | | 21 | |
| 22 Total. Add amounts from line 12, lines 14 Enter here and on the appropriate lines of | - | | | | | | | 22 | 1,243,984. |
| 23 For assets shown above and placed in se | | | | 1110115 - | 300 III | ou | | 22 | 1,210,0010 |
| portion of the basis attributable to section | - | - | | | 23 | | | | |
| 516251 12-28-15 LHA For Paperwork Reduction Ad | | | | | 20 | | | | Form 4562 (2015) |

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

| | | | on and Other | | | ution: S | See the i | nstruc | tions for li | mits for p | passeng | jer auton | nobiles.) |) | |
|-----------|---|-------------------------------------|---|---|------------------------------------|----------------------------|--|---------|---------------------------|------------|-----------------------------|--|--------------------------|------------------------------------|------------------------------|
| 248 | a Do you have evidence to | support the bu | siness/investme | nt use clai | imed? | <u> </u> | es L | _ No | 24b If "Y | es," is th | e evide | nce writt | ten? L | _ Yes ∟ | No |
| | (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentaç | Oth. | (d) Cost or ier basis | | (e) sis for depr siness/inve use only | estment | (f) Recovery period | Met | g) hod/ ention | Depre | h) eciation uction | Ele sectio | (i) cted on 179 ost |
| 25 | Special depreciation all | owance for q | ualified listed | property | placed | in servi | ce durin | g the t | ax year ar | ıd | | | | | |
| | used more than 50% in | a qualified b | usiness use | | | | | | | | 25 | | | | |
| <u>26</u> | Property used more that | n 50% in a q | ualified busine | ess use: | | | | | | | | | | | |
| | | : : | | 6 | | | | | | | | <u> </u> | | | |
| | | : : | | 6 | | | | | | | | <u> </u> | | | |
| | | : : | | 6 | | | | | | | | | | | |
| <u>27</u> | Property used 50% or l | ess in a quali | fied business | use: | | | | | 1 | | | | | | |
| | | 1 1 | | 6 | | | | | | S/L - | | | | | |
| | | 1 1 | - | 6 | | | | | | S/L - | | | | | |
| | | 1 1 | | 6 | | | | | | S/L - | | | | | |
| | Add amounts in column | | | | | | | | | | 28 | | | | |
| <u>29</u> | Add amounts in column | n (i), line 26. E | | | | | | | | | | <u></u> | . 29 | | |
| | mplete this section for ve your employees, first ans | | by a sole prop | | artner, o | r other ' | "more th | nan 5% | owner," | | • | | • | | s |
| | | | | (a |) | (| b) | | (c) | (c | d) | (4 | e) | (| f) |
| 30 | Total business/investment | | - | Vehi | icle | Vel | nicle | \ | /ehicle | Veh | icle | Veh | nicle | Veh | nicle |
| | year (do not include com | | | | | | | | | | | | | | |
| 31 | Total commuting miles | driven during | the year | | | | | | | | | <u> </u> | | | |
| 32 | Total other personal (no | oncommuting |) miles | | | | | | | | | | | | |
| | driven | | | | | | | 1 | | | | | | | |
| 33 | Total miles driven during | • . | | | | | | | | | | | | | |
| | Add lines 30 through 32 | | | | | | | | | <u> </u> | | <u> </u> | | | |
| 34 | Was the vehicle availab | • | | Yes | No | Yes | No | Yes | s No | Yes | No | Yes | No | Yes | No |
| | during off-duty hours? | | | | | | | - | | | | ļ | | | |
| 35 | Was the vehicle used p | | | | | | | | | | | | | | |
| | than 5% owner or relate | | | | | | | - | | | | | | | |
| 36 | Is another vehicle availa | • | | | | | | | | | | | | | |
| | use? | | | | 14 | // D | | | <u> </u> | | • | | | | |
| ۸ | | | - Questions f | - | - | | | | | | | | | | - 50/ |
| | swer these questions to ners or related persons. | determine ii y | you meet an e | xception | to com | pieting | Section | D IOI V | renicies us | sed by en | прюуее | s who ar | re not n | iore triar | 1 3% |
| | Do you maintain a writte | on policy stat | tomont that nr | obibite al | Lnorcor | nal uso (| of vobici | os inc | duding co | mmuting | by you | | | Yes | No |
| 31 | • | | • | | • | | | | ū | • | by you | 1 | | 163 | 110 |
| 38 | employees? Do you maintain a writte | en nolicy stat | tement that nr | ohihits ne | ersonal | use of v | Æhicles | evcer | ot commut | ina by v | | | | • | + |
| 00 | employees? See the ins | | - | - | | | | - | | | | | | | |
| 39 | Do you treat all use of v | | | | | | | | | | | | | · | 1 |
| | Do you provide more th | | | | | | | | | | | | | • | 1 |
| | the use of the vehicles, | | | | | | | | | | | | | | |
| 41 | Do you meet the require | | | | | | | | | | | | | • | 1 |
| • | Note: If your answer to | | | | | | | | | | | | | | |
| P | art VI Amortization | .,, ., . | 3, 3, 1, 15 | , , , , , , , , , , , , , , , , , , , | | | | 00 | | 011101001 | | | | | |
| | (a) Description of | of costs | | (b) amortization | | (c) Amortizat amount | ole | | (d) Code section | | (e) Amortiza | ition | Ar | (f) mortization or this year | |
| 42 | Amortization of costs th | nat henine du | | begins 5 tax vear | r· | amount | • | | 3000011 | | period or per | centagé | | uno year | |
| 42 | , who we allow of costs if | iai bagiila uu | | | | | | | | | | | | | |
| | | | | | | | | + | | | | -+ | | | |
| 42 | Amortization of costs th | nat hegan ha | fore vour 2015 | tay your | | | | | | | | 43 | | | |
| | Total. Add amounts in | | | | | | | | | | | 44 | | | |
| | 252 12-28-15 | | CO THO HISTIAUL | 101 101 V | | , roport | | | | | | | F | orm 456 | 2 (2015) |
| 0 102 | 202 12-20-10 | | | | | | | | | | | | ' | UIIII 430 | <u>-</u> (2010) |

Attachment to Form 990, Part VIII, Line 2c January 1, 2015 to December 31, 2015

| nses Net Income |
|----------------------------|
| 008.40 \$29,637.60 |
| <u>186.00</u> -\$16,186.00 |
| 194.40 \$13,451.60 |
| (|

| Event | Income | Expense | Net Income |
|-----------------------|-------------|-------------|--------------|
| Lecture-Ann Romney | \$6,498.00 | \$2,816.97 | \$3,681.03 |
| Lecture-Atkisson | | \$702.00 | -\$702.00 |
| Lecture-Bremmer | \$80.78 | \$446.28 | -\$365.50 |
| Lecture-Newt Gingrich | \$3,299.35 | \$1,621.91 | \$1,677.44 |
| Lecture-Greg Gutfield | \$13,523.30 | \$3,101.55 | \$10,421.75 |
| Lecture-McChrystal | \$9,406.03 | \$2,389.20 | \$7,016.83 |
| Lecture-Misc | \$15,633.52 | \$35,073.39 | -\$19,439.87 |
| Lecture-Morell | \$1,600.74 | \$223.72 | \$1,377.02 |
| Lecture-Paulson | \$0.00 | \$1,234.69 | -\$1,234.69 |
| Lecture-Perino | \$13,371.03 | \$4,575.34 | \$8,795.69 |
| Lecture-Cheney | \$14,735.10 | \$6,718.10 | \$8,017.00 |
| Lecture-Welch | \$11,498.15 | \$1,105.25 | \$10,392.90 |
| Special Events | | \$3,218.00 | -\$3,218.00 |
| Complimentary Events | | \$12,968.00 | -\$12,968.00 |
| TOTAL | \$89,646.00 | \$76,194.40 | \$13,451.60 |

| NETWEST TOTAL RETURN BOND CL I #512 | Description | Purchase Date | Number of Shares | Purchase Price | Sale Date | Number of Shares | Sale Price (Line 7a) | Gain/(Loss) (Line 7c) |
|--|---|------------------|------------------|-------------------|--------------|---------------------|-------------------------|---------------------------|
| VPSHOP HLDGS LTD | METIMENT TOTAL PETILIPA POND OL 1 (1540 | 4/5/0045 | 4.004 | 404.000.74 | 1/0/0015 | 4.004 | # 00 000 00 | M 4 000 7 4 |
| METHENT TOTAL RETURN BOND CLI #512 1216/2016 4.708 \$50,000.00 \$1,412.43 \$12,62016 \$4.708 \$0,000.00 \$1,412.43 \$12,62016 \$4.708 \$3,620.00 \$1,412.43 \$12,62016 \$4.708 \$3,620.00 \$4.708 \$4.70 | | | | | | | | |
| AMERICA INC. NO. 14.002015 631 \$30.684.74 10.002015 531 \$39.84.068 \$3.155.95 | | | | | | | | |
| AUTODESK INC 825/2015 184 830.00 814/2015 144 830.00 814/2015 144 830.00 814/2015 144 830.00 814/2015 144 830.00 814/2015 142 830.774 831,875,75 831,875,7 | | | | | | | | |
| FACEBOKING CL A OLODEN TREE CL SPC MORT SER 23 2192015 142 50.00 3130215 142 50.00 3140215 21 5132675 5000EL NICCLE SPC MORT SER 23 2192015 21 51000 3140215 21 51000 3140215 21 51000 3140215 21 51000 3140215 324 51000 3140215 334 510003 334 510003 334 510003 334 510003 334 510003 334 510003 334 510003 334 510003 334 510003 334 510003 53000 3140215 334 53000 3140215 334 53000 3140215 335 536 53000 3140215 336 536 536 536 536 536 536 5 | | | | | | | | |
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| HOLOGIC INC | | | | • | | | | |
| MS HEALTH HLIDGS INC \$2212015 354 \$0.00 \$9142015 354 \$10,803.88 \$10 | | | | | | | | |
| MAISON SOLIAPE GARDER COMPANY-CL A | | | | | | | | |
| MSO RETWORK INC | | | | | | | | |
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| MSD NETWORK INC | | | | | | | | |
| NIELSEN HLDGS PLC SHS SCRIPPS NETWORKS INTERAC INC-A 11/6/2015 178 S0.00 4/8/2015 178 S12.505.95 S12.505.95 T ROWE PRICE GROUP INC 11/6/2015 198 S0.00 6/11/2015 199 S13.333.44 S13.333.84 T ROWE PRICE GROUP INC 11/6/2015 196 S0.00 6/11/2015 196 S0.00 6/11/2015 196 S15.385.23 T RIMBLE NAV LTD 11/6/2015 196 S0.00 6/11/2015 196 S0.00 6/11/2015 196 S15.385.23 T RIMBLE NAV LTD 11/6/2015 196 S0.00 6/11/2015 196 S0.00 8/11/2015 19 | | | | | | | | |
| SCRIPPS NETWORKS INTERAC INC-A 1/16/2015 178 \$0.00 4/16/2015 397 \$31,333.94 \$ | | | | | | | | |
| TROWE PRICE GROUP INC | | | | | | | | |
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| TRIMBLE NAV LTD 1/16/2015 275 SD.00 5/20/2015 275 S.66.074 S.6.00.74 S.6.00. | | | | | | | | |
| TRIMBLE NAV LTD 1/16/2015 275 \$0.00 \$5/21/2015 275 \$8.640,74 \$1.00 \$1.20 | | | | | | | | |
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| TRIMBLE NAV LTD ACCENTURE PLC (RELAND SHS CLASS A 301 \$28,883.4 \$26,805.15 301 \$28,699.50 \$17,07.19 \$23,045.79 \$44,985.33 \$28,638.43 \$28,005.15 301 \$28,699.50 \$17,07.19 \$23,045.77 \$22,005.5 543 \$51,674.99 \$3,379.66 \$40,005.10 \$44,985.33 \$44,985.33 \$27,2015 \$543 \$51,674.99 \$3,379.66 \$40,005.10 \$44,985.33 \$44 | | | | • | | | | . , |
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| DIAMOND HILL LARGE CAP FD CL Y #25 9,855 \$225,098.55 12/15/2015 9,855 \$225,000.00 - FIDELITY GOVT MMKT INST CL-I #57 3,521 \$3,521.00 8/4/2015 3,521 \$3,521.00 \$3,620.00 | Line 7c) -\$98.55 \$0.00 |
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| FIDELITY GOVT MMKT INST CL-I #57 32,839 \$32,838.90 8/25/2015 32,839 \$32,838.90 FIDELITY GOVT MMKT INST CL-I #57 22,975 \$22,974.98 8/26/2015 22,975 \$22,974.98 FIDELITY GOVT MMKT INST CL-I #57 31,076 \$31,076.15 9/3/2015 31,076 \$31,076.15 FIDELITY GOVT MMKT INST CL-I #57 56,589 \$56,589.36 9/4/2015 56,589 \$56,589.36 FIDELITY GOVT MMKT INST CL-I #57 200,000 \$200,000.00 9/17/2015 200,000 \$200,000.00 FIDELITY GOVT MMKT INST CL-I #57 200,000 \$200,000.00 9/17/2015 200,000 \$200,000.00 FIDELITY GOVT MMKT INST CL-I #57 9,468 \$9,467.56 10/13/2015 9,468 \$9,467.56 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 22,975 \$22,974.98 8/26/2015 22,975 \$22,974.98 FIDELITY GOVT MMKT INST CL-I #57 31,076 \$31,076.15 9/3/2015 31,076 \$31,076.15 FIDELITY GOVT MMKT INST CL-I #57 56,589 \$56,589.36 9/4/2015 56,589 \$56,589.36 FIDELITY GOVT MMKT INST CL-I #57 200,000 \$200,000.00 9/17/2015 200,000 \$200,000.00 FIDELITY GOVT MMKT INST CL-I #57 200,000 \$200,000.00 9/17/2015 200,000 \$200,000.00 FIDELITY GOVT MMKT INST CL-I #57 9,468 \$9,467.56 10/13/2015 9,468 \$9,467.56 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 31,076 \$31,076.15 9/3/2015 31,076 \$31,076.15 FIDELITY GOVT MMKT INST CL-I #57 56,589 \$56,589.36 9/4/2015 56,589 \$56,589.36 FIDELITY GOVT MMKT INST CL-I #57 200,000 \$200,000.00 9/17/2015 200,000 \$200,000.00 FIDELITY GOVT MMKT INST CL-I #57 200,000 \$200,000.00 9/17/2015 200,000 \$200,000.00 FIDELITY GOVT MMKT INST CL-I #57 9,468 \$9,467.56 10/13/2015 9,468 \$9,467.56 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 56,589 \$56,589.36 9/4/2015 56,589 \$56,589.36 FIDELITY GOVT MMKT INST CL-I #57 200,000 \$200,000.00 9/17/2015 200,000 \$200,000.00 FIDELITY GOVT MMKT INST CL-I #57 200,000 \$200,000.00 9/17/2015 200,000 \$200,000.00 FIDELITY GOVT MMKT INST CL-I #57 9,468 \$9,467.56 10/13/2015 9,468 \$9,467.56 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 200,000 \$200,000.00 9/17/2015 200,000 \$200,000.00 FIDELITY GOVT MMKT INST CL-I #57 200,000 \$200,000.00 9/17/2015 200,000 \$200,000.00 FIDELITY GOVT MMKT INST CL-I #57 9,468 \$9,467.56 10/13/2015 9,468 \$9,467.56 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 200,000 \$200,000.00 9/17/2015 200,000 \$200,000.00 FIDELITY GOVT MMKT INST CL-I #57 9,468 \$9,467.56 10/13/2015 9,468 \$9,467.56 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 9,468 \$9,467.56 10/13/2015 9,468 \$9,467.56 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| *************************************** | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 1,841 \$1,841.14 10/16/2015 1,841 \$1,841.14 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
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| * /** * * * * * * * * * * * * * * * * * | 12,786.02 |
| * | 12,766.02 |
| | 18,569.98 |
| | 12,661.83 |
| * | -\$73.51 |
| **/**** | -\$394.13 |
| | -\$138.92 |
| * /****** | -\$30.36 |
| | -\$126.28 |
| JONES LANG LASALLE INC 109 \$16,342.37 10/22/2015 109 \$16,591.63 \$ | \$249.26 |
| JONES LANG LASALLE INC 160 \$23,988.80 10/29/2015 160 \$26,510.25 \$2 | 32,521.45 |
| KAYNE ANDERSON MLP 19,278 \$736,034.04 6/4/2015 19,278 \$637,058.55 -\$9 | 98,975.49 |
| LEGG MASON BW GLBL OPPS BD IS #2266 2,275 \$24,840.76 1/9/2015 2,275 \$25,000.00 \$ | \$159.24 |
| LOOMIS SAYLES INV GR BD CL Y #1456 4,198 \$49,832.08 1/9/2015 4,198 \$50,000.00 \$ | \$167.92 |
| PIMCO SHORT TERM FD INSTL #37 2,569 \$25,051.39 1/9/2015 2,569 \$25,000.00 - | -\$51.39 |
| PIMCO SHORT TERM FD INSTL #37 10,256 \$100,000.00 12/15/2015 10,256 \$100,000.00 | \$0.00 |
| PIMCO TOTAL RETURN INSTL #35 3,717 \$39,628.25 1/9/2015 3,717 \$40,000.00 \$ | \$371.75 |
| PIMCO TOTAL RETURN INSTL #35 4,789 \$51,053.64 12/15/2015 4,789 \$50,000.00 -\$ | \$1,053.64 |
| | \$0.00 |
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| REICH & TANG DAILY INCM MM CL F #150 8,244 \$8,244.00 4/14/2015 8,244 \$8,244.00 | \$0.00 |

| Description | Purchase Date | Number of Shares | Purchase Price | Sale Date | Number of Shares | Sale Price (Line 7a) | Gain/(Loss) (Line 7c) |
|---|------------------|---------------------|----------------------------|------------------------|---------------------|----------------------------|----------------------------|
| REICH & TANG DAILY INCM MM CL F #150 | Date | 1,018 | \$1,017.87 | 4/15/2015 | 1,018 | \$1,017.87 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 60,229 | \$60,229.28 | 4/15/2015 | 60,229 | \$60,229.28 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 44,647 | \$44,646.98 | 4/16/2015 | 44,647 | \$44,646.98 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 3,975 | \$3,975.00 | 4/28/2015 | 3,975 | \$3,975.00 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 235,000 | \$235,000.00 | 4/30/2015 | 235,000 | \$235,000.00 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 335,000 | \$335,000.00 | 5/4/2015 | 335,000 | \$335,000.00 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 18,532 | \$18,532.33 | 5/4/2015 | 18,532 | \$18,532.33 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 37,963 | \$37,963.04 | 5/21/2015 | 37,963 | \$37,963.04 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 3,782 | \$3,782.44 | 6/2/2015 | 3,782 | \$3,782.44 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 10,491 | \$10,491.27 | 6/3/2015 | 10,491 | \$10,491.27 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 12,607 | \$12,606.53 | 6/4/2015 | 12,607 | \$12,606.53 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 7,690 | \$7,689.74 | 6/5/2015 | 7,690 | \$7,689.74 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 7,731 | \$7,731.20 | 6/8/2015 | 7,731 | \$7,731.20 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 4,531 | \$4,531.01 | 6/9/2015 | 4,531 | \$4,531.01 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 91,768 | \$91,768.33 | 7/13/2015 | 91,768 | \$91,768.33 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 6,766 | \$6,765.79 | 7/15/2015 | 6,766 | \$6,765.79 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 2,073 | \$2,073.30 | 7/15/2015 | 2,073 | \$2,073.30 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 398 | \$397.79 | 7/15/2015 | 398 | \$397.79 | \$0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 34,977 | \$34,977.12 | 7/20/2015 | 34,977 | \$34,977.12 | \$0.00 |
| ROBERT HALF INTL INC | | 125 | \$7,297.50 | 3/27/2015 | 125 | \$7,531.17 | \$233.67 |
| ROBERT HALF INTL INC | | 99 | \$5,779.62 | 3/30/2015 | 99 | \$6,019.56 | \$239.94 |
| ROBERT HALF INTL INC | | 262 | \$15,295.56 | 3/31/2015 | 262 | \$15,837.02 | \$541.46 |
| ROBERT HALF INTL INC | | 178 | \$10,391.64 | 4/1/2015 | 178 | \$10,565.49 | \$173.85 |
| ROBERT HALF INTL INC | | 317 | \$18,506.46 | 4/2/2015 | 317 | \$18,980.28 | \$473.82 |
| ROBERT HALF INTL INC | | 159 | \$9,282.42 | 4/6/2015 | 159 | \$9,473.79 | \$191.37 |
| ROBERT HALF INTL INC | | 288 | \$16,813.44 | 4/7/2015 | 288 | \$17,097.38 | \$283.94 |
| ROBERT HALF INTL INC | | 264 | \$15,412.32 | 4/8/2015 | 264 | \$15,668.14 | \$255.82 |
| ROBERT HALF INTL INC | | 40 | \$2,335.20 | 4/9/2015 | 40 | \$2,360.35 | \$25.15 |
| SCRIPPS NETWORKS INTERAC INC-A | | 366 | \$27,548.82 | 2/13/2015 | 366 | \$26,779.83 | -\$768.99 |
| SCRIPPS NETWORKS INTERAC INC-A | | 376 | \$28,301.52 | 2/17/2015 | 376 | \$27,462.12 | -\$839.40 |
| SCRIPPS NETWORKS INTERAC INC-A | | 121 | \$9,107.67 | 2/18/2015 | 121 | \$8,830.47 | -\$277.20 |
| SCRIPPS NETWORKS INTERAC INC-A | | 235 | \$17,688.45 | 4/6/2015 | 235 | \$16,273.30 | -\$1,415.15 |
| SCRIPPS NETWORKS INTERAC INC-A | | 297 | \$22,355.19 | 4/7/2015 | 297 | \$20,610.68 | -\$1,744.51 |
| STANLEY BLACK & DECKER INC | | 116 | \$11,145.28 | 9/14/2015 | 116 | \$11,455.95 | \$310.67 |
| STANLEY BLACK & DECKER INC | | 63 | \$6,053.04 | 11/5/2015 | 63 | \$6,760.82 | \$707.78 |
| STANLEY BLACK & DECKER INC | | 264 | \$25,365.12 | 11/6/2015 | 264 | \$28,219.44 | \$2,854.32 |
| T ROWE PRICE GROUP INC | | 138 | \$11,848.68 | 6/8/2015 | 138 | \$10,863.22 | -\$985.46 |
| T ROWE PRICE GROUP INC | | 222 | \$19,060.92 | 6/9/2015 | 222 | \$17,368.92 | -\$1,692.00 |
| T ROWE PRICE GROUP INC | | 232 | \$19,919.52 | 6/10/2015 | 232 | \$18,278.38 | -\$1,641.14 |
| TOWERS WATSON & CO CL A COMM | | 110 | \$12,448.70 | 9/14/2015 | 110 | \$13,171.24 | \$722.54 |
| TOWERS WATSON & CO CL A COMM | | 58 | \$6,563.86 | 11/3/2015 | 58 | \$7,318.42 | \$754.56 |
| TOWERS WATSON & CO CL A COMM | | 178 | \$20,144.26 | 11/4/2015 | 178 | \$22,459.19 | \$2,314.93 |
| TRIMBLE NAV LTD | | 312 | \$8,280.48 | 5/13/2015 | 312 | \$7,728.00 | -\$552.48 |
| TRIMBLE NAV LTD | | 1,124 | \$29,830.96 | 5/14/2015 | 1,124 | \$28,002.37 | -\$1,828.59 |
| TRIMBLE NAV LTD | | 685 | \$18,179.90 | 5/15/2015 | 685 | \$17,080.63 | -\$1,099.27 |
| TRIMBLE NAVITO | | 375 | \$9,952.50 | 5/18/2015 | 375 | \$9,272.63 | -\$679.87 |
| TRIMBLE NAV LTD TWENTY FIRST CENTY FOX INC CL A | | 594 | \$15,764.76 | 5/19/2015 2/13/2015 | 594 | \$14,512.04 | -\$1,252.72 |
| TWENTY FIRST CENTY FOX INC CL A | | 1,223 | \$46,963.20 | | 1,223 | \$42,438.90 | -\$4,524.30 |
| TWENTY FIRST CENTY FOX INC CL A | | 840 662 | \$32,256.00 \$25,420.80 | 3/31/2015 4/1/2015 | 840 662 | \$28,677.41 \$22,087.22 | -\$3,578.59 -\$3,333.58 |
| WABTEC CORP | | 149 | \$12,946.61 | 9/14/2015 | 149 | \$14,047.46 | \$1,100.85 |
| WABTEC CORP | | 102 | \$8,862.78 | 11/2/2015 | 102 | \$8,435.15 | -\$427.63 |
| WABTEC CORP | | 256 | \$22,243.84 | 11/3/2015 | 256 | \$20,762.93 | -\$1,480.91 |
| WABTEC CORP | | 103 | \$8,949.67 | 11/4/2015 | 103 | \$8,273.30 | -\$676.37 |
| WABTEC CORP | | 112 | \$9,731.68 | 11/5/2015 | 112 | \$8,731.31 | -\$1,000.37 |
| WABTEC CORP | | 421 | \$36,580.69 | 11/11/2015 | 421 | \$32,705.79 | -\$3,874.90 |
| WABTEC CORP | | 43 | \$3,736.27 | 11/13/2015 | 43 | \$3,342.81 | -\$393.46 |
| WABTEC CORP | | 164 | \$14,249.96 | 11/16/2015 | 164 | \$12,756.61 | -\$1,493.35 |
| WYNN RESORTS LTD | | 306 | \$45,520.56 | 3/6/2015 | 306 | \$41,760.43 | -\$3,760.13 |
| WYNN RESORTS LTD | | 101 | \$15,024.76 | 9/14/2015 | 101 | \$6,835.55 | -\$8,189.21 |
| METWEST TOTAL RETURN BOND CL I #512 | 1/5/2015 | 2,277 | \$25,000.00 | 1/9/2015 | 2,277 | \$25,000.00 | 0.00 |
| GOLDEN TREE OFFSHORE SP-C SR22 | 2/17/2015 | 95 | \$4,204.35 | 3/13/2015 | 95 | \$3,373.64 | (830.71) |

| Description | Purchase Date | Number of Shares | Purchase Price | Sale Date | Number of Shares | Sale Price (Line 7a) | Gain/(Loss) (Line 7c) |
|---|------------------|---------------------|---------------------------|----------------------|---------------------|---------------------------|--------------------------|
| GOLDEN TREE OFFSHORE SP-C SR22 | 2/17/2015 | 199 | \$6,008.63 | 5/29/2015 | 199 | \$5,717.05 | (291.58) |
| MADISON SQUARE GARDEN CO NEW | 4/1/2015 | 1 | \$120.53 | 10/8/2015 | 1 | \$104.63 | (15.90) |
| MSG NETWORK INC | 4/1/2015 | 66 | \$4,705.87 | 10/16/2015 | 66 | \$3,985.41 | (720.46) |
| MSG NETWORK INC | 4/1/2015 | 26 | \$1,857.36 | 10/19/2015 | 26 | \$1,570.84 | (286.52) |
| MSG NETWORK INC | 4/1/2015 | 23 | \$1,666.86 | 10/20/2015 | 23 | \$1,406.50 | (260.36) |
| MSG NETWORK INC | 4/1/2015 | 50 | \$3,548.03 | 10/21/2015 | 50 | \$2,996.72 | (551.31) |
| MSG NETWORK INC | 4/1/2015 | 57 | \$3,885.72 | 10/22/2015 | 57 | \$3,390.86 | (494.86) |
| T ROWE PRICE GROUP INC | 4/16/2015 | 209 | \$16,795.30 | 6/11/2015 | 209 | \$16,495.64 | (299.66) |
| T ROWE PRICE GROUP INC | 4/16/2015 | 104 | \$8,498.84 | 6/12/2015 | 104 | \$8,146.62 | (352.22) |
| TOUCHSTONE S/C CORE INST(CLOSED)#555 | 2/3/2015 | 1,986 | \$31,380.33 | 7/24/2015 | 1,986 | \$40,000.00 | 8,619.67 |
| ACCENTURE PLC IRELAND SHS CLASS A | | 58 | \$5,179.98 | 1/9/2015 | 58 | \$5,210.60 | 30.62 |
| ACCENTURE PLC IRELAND SHS CLASS A | | 149 | \$13,307.19 | 8/26/2015 | 149 | \$14,152.28 | 845.09 |
| ACCENTURE PLC IRELAND SHS CLASS A | | 269 | \$24,024.39 | 8/27/2015 | 269 | \$25,698.66 | 1,674.27 |
| ACCENTURE PLC IRELAND SHS CLASS A | | 133 | \$11,878.23 | 8/28/2015 | 133 | \$12,669.05 | 790.82 |
| AFFILIATED MANAGERS GROUP INC | | 25 | \$5,306.00 | 1/9/2015 | 25 | \$5,094.89 | (211.11) |
| AFFILIATED MANAGERS GROUP INC | | 68 | \$14,432.32 | 11/9/2015 | 68 | \$12,222.60 | (2,209.72) |
| AFFILIATED MANAGERS GROUP INC | | 73 | \$15,493.52 | 11/10/2015 | 73 | \$12,950.82 | (2,542.70) |
| AFFILIATED MANAGERS GROUP INC | | 51 | \$10,824.24 | 11/11/2015 | 51 | \$9,081.83 | (1,742.41) |
| AFFILIATED MANAGERS GROUP INC | | 62 | \$13,158.88 | 11/12/2015 | 62 | \$10,697.75 | (2,461.13) |
| AFFILIATED MANAGERS GROUP INC | | 31 | \$6,579.44 | 11/13/2015 | 31 | \$5,206.58 | (1,372.86) |
| AMERN FDS EUROPACIFIC GWTH A #16 | | 1,984 | \$93,511.91 | 7/24/2015 | 1,984 | \$100,000.00 | 6,488.09 |
| AMETEK INC NEW | | 136 | \$7,157.68 | 1/9/2015 | 136 | \$6,965.09 | (192.59) |
| AMETEK INC NEW | | 61 | \$3,210.43 | 7/29/2015 | 61 | \$3,249.10 | 38.67 |
| AMETEK INC NEW | | 122 | \$6,420.86 | 7/30/2015 | 122 | \$6,503.02 | 82.16 |
| AMETEK INC NEW | | 128 | \$6,736.64 | 7/31/2015 | 128 | \$6,784.29 | 47.65 |
| AMETEK INC NEW | | 240 | \$12,631.20 | 10/20/2015 | 240 | \$13,108.77 | 477.57 |
| AMETEK INC NEW | | 72 | \$3,789.36 | 10/21/2015 | 72 | \$3,963.00 | 173.64 |
| AMETEK INC NEW | | 134 | \$7,052.42 | 10/22/2015 | 134 | \$7,446.52 | 394.10 |
| AMETEK INC NEW | | 220 | \$11,578.60 | 10/23/2015 | 220 | \$12,259.14 | 680.54 |
| AMETEK INC NEW | | 322 | \$16,946.86 | 10/26/2015 | 322 | \$18,095.48 | 1,148.62 |
| AON PLC SHS CL A | | 55 | \$5,215.65 | 1/9/2015 | 55 | \$5,227.63 | 11.98 |
| AON PLC SHS CL A | | 218 | \$20,672.94 | 10/15/2015 | 218 | \$19,860.56 | (812.38) |
| AON PLC SHS CL A | | 137 | \$12,991.71 | 10/16/2015 | 137 | \$12,527.72 | (463.99) |
| AON PLC SHS CL A | | 44 | \$4,172.52 | 10/19/2015 | 44 | \$4,001.65 | (170.87) |
| AON PLC SHS CL A | | 125 | \$11,853.75 | 10/20/2015 | 125 | \$11,316.41 | (537.34) |
| CELGENE CORP COHEN & STEERS INST REALTY SHS #1263 | | 50 1,618 | \$5,593.00 \$80,987.82 | 1/9/2015 1/9/2015 | 50 1,618 | \$5,745.37 \$85,000.00 | 152.37 4,012.18 |
| DANAHER CORP | | 62 | \$5,314.02 | 1/9/2015 | 62 | \$5,328.78 | 14.76 |
| DANAHER CORP | | 25 | \$2,142.75 | 11/5/2015 | 25 | \$2,391.59 | 248.84 |
| DANAHER CORP | | 137 | \$2,142.73 \$11,742.27 | 11/6/2015 | 137 | \$13,069.22 | 1,326.95 |
| DELAWARE US GROWTH FD CL I #104 | | 5,568 | \$152,004.46 | 1/9/2015 | 5,568 | \$150,000.00 | (2,004.46) |
| DIAMOND HILL LARGE CAP FD CL Y #25 | | 4,433 | \$101,241.13 | 1/9/2015 | 4,433 | \$100,000.00 | (1,241.13) |
| DIAMOND HILL LARGE CAP FD CL Y #25 | | 3,426 | \$78,252.67 | 7/24/2015 | 3,426 | \$80,000.00 | 1,747.33 |
| DIAMOND HILL LARGE CAP FD CL Y #25 | | 213 | \$4,855.44 | 11/5/2015 | 213 | \$5,000.00 | 144.56 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 300,000 | \$300,000.00 | 7/27/2015 | 300,000 | \$300,000.00 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 1,161 | \$1,160.70 | 10/16/2015 | 1,161 | \$1,160.70 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 4,511 | \$4,510.84 | 11/6/2015 | 4,511 | \$4,510.84 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 1,947 | \$1,947.00 | 8/4/2015 | 1,947 | \$1,947.00 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 7,836 | \$7,836.12 | 8/10/2015 | 7,836 | \$7,836.12 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 18,072 | \$18,072.06 | 8/25/2015 | 18,072 | \$18,072.06 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 12,699 | \$12,699.47 | 8/26/2015 | 12,699 | \$12,699.47 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 16,522 | \$16,521.73 | 9/3/2015 | 16,522 | \$16,521.73 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 36,687 | \$36,687.07 | 9/4/2015 | 36,687 | \$36,687.07 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 10,348 | \$10,348.10 | 9/30/2015 | 10,348 | \$10,348.10 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 8,301 | \$8,301.05 | 10/1/2015 | 8,301 | \$8,301.05 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 260 | \$259.83 | 10/16/2015 | 260 | \$259.83 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 2,049 | \$2,049.00 | 10/23/2015 | 2,049 | \$2,049.00 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 6,177 | \$6,176.72 | 11/2/2015 | 6,177 | \$6,176.72 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 14,307 | \$14,307.48 | 11/18/2015 | 14,307 | \$14,307.48 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 11,578 | \$11,578.11 | 11/27/2015 | 11,578 | \$11,578.11 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 10,752 | \$10,752.32 | 11/30/2015 | 10,752 | \$10,752.32 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 12,207 | \$12,207.40 | 12/1/2015 | 12,207 | \$12,207.40 | 0.00 |

| Description | Purchase Date | Number of Shares | Purchase Price | Sale Date | Number of Shares | Sale Price (Line 7a) | Gain/(Loss) (Line 7c) |
|---|------------------|---------------------|-----------------------------|------------------------|---------------------|-----------------------------|--------------------------|
| FIDELITY GOVT MMKT INST CL-I #57 | 2410 | 791 | \$790.73 | 12/2/2015 | 791 | \$790.73 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 17,280 | \$17,280.16 | 12/3/2015 | 17,280 | \$17,280.16 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 50,587 | \$50,586.61 | 12/7/2015 | 50,587 | \$50,586.61 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 45,435 | \$45,435.10 | 12/16/2015 | 45,435 | \$45,435.10 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 4,222 | \$4,221.87 | 12/17/2015 | 4,222 | \$4,221.87 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 5,480 | \$5,480.43 | 12/18/2015 | 5,480 | \$5,480.43 | 0.00 |
| FIDELITY GOVT MMKT INST CL-I #57 | | 95,950 | \$95,950.00 | 12/31/2015 | 95,950 | \$95,950.00 | 0.00 |
| FRONTIER MID CAP GROWTH FUND | | 175,000 | \$175,000.00 | 2/2/2015 | 175,000 | \$175,000.00 | 0.00 |
| GOLDEN TREE OFFSHORE SP1-1 C SR22 | | 2 | \$1,771.70 | 12/1/2014 | 2 | \$1,771.76 | 0.06 |
| GOLDEN TREE OFFSHORE SP1-1 C SR22 | | 5 | \$5,684.33 | 4/30/2015 | 5 | \$5,848.23 | 163.90 |
| GOLDEN TREE OFFSHORE SP1-3 C SR22 | | 1 | \$875.14 | 12/1/2014 | 1 | \$2,430.48 | 1,555.34 |
| GOLDEN TREE OFFSHORE SP1-3 C SR22 | | -1 | -\$875.14 | 12/1/2014 | -1 | (\$2,430.48) | (1,555.34) |
| GOLDEN TREE OFFSHORE SP1-3 C SR22 | | 1 | \$875.14 | 12/1/2014 | 1 | \$2,430.48 | 1,555.34 |
| HOSPIRA INC COM | | 118 | \$7,227.50 | 1/9/2015 | 118 | \$7,340.03 | 112.53 |
| HOSPIRA INC COM | | 274 | \$16,782.50 | 2/12/2015 | 274 | \$23,946.85 | 7,164.35 |
| HOSPIRA INC COM | | 267 | \$16,353.75 | 2/13/2015 | 267 | \$23,316.68 | 6,962.93 |
| HOSPIRA INC COM | | 345 | \$21,131.25 | 3/12/2015 | 345 | \$30,205.81 | 9,074.56 |
| HOSPIRA INC COM | | 235 | \$14,393.75 | 3/13/2015 | 235 | \$20,579.89 | 6,186.14 |
| JONES LANG LASALLE INC | | 33 | \$4,947.69 | 1/9/2015 | 33 | \$5,055.16 | 107.47 |
| JONES LANG LASALLE INC | | 63 | \$9,445.59 | 9/30/2015 | 63 | \$9,051.46 | (394.13) |
| JONES LANG LASALLE INC | | 20 | \$2,998.60 | 10/1/2015 | 20 | \$2,859.68 | (138.92) |
| JONES LANG LASALLE INC | | 11 | \$1,649.23 | 10/14/2015 | 11 | \$1,630.66 | (18.57) |
| JONES LANG LASALLE INC | | 52 | \$7,796.36 | 10/15/2015 | 52 | \$7,718.18 | (78.18) |
| JONES LANG LASALLE INC | | 68 | \$10,195.24 | 10/22/2015 | 68 | \$10,350.74 | 155.50 |
| JONES LANG LASALLE INC KAYNE ANDERSON MLP | | 100 10,443 | \$14,993.00 \$398,713.74 | 10/29/2015 6/4/2015 | 100 10,443 | \$16,568.90 \$344,957.90 | 1,575.90 (53,755.84) |
| LEGG MASON BW GLBL OPPS BD IS #2266 | | 2,275 | \$24,840.76 | 1/9/2015 | 2,275 | \$25,000.00 | 159.24 |
| NIELSEN NV COM | | 105 | \$4,696.65 | 1/9/2015 | 105 | \$4,557.95 | (138.70) |
| PIMCO COMMODITY RR STRAT INSTL #45 | | 5,025 | \$22,512.56 | 7/24/2015 | 5,025 | \$20,000.00 | (2,512.56) |
| PIMCO SHORT TERM FD INSTL #37 | | 3,055 | \$29,786.15 | 7/24/2015 | 3,055 | \$30,000.00 | 213.85 |
| PIMCO TOTAL RETURN INSTL #35 | | 2,323 | \$24,767.66 | 1/9/2015 | 2,323 | \$25,000.00 | 232.34 |
| PIMCO TOTAL RETURN INSTL #35 | | 2,817 | \$30,028.16 | 7/24/2015 | 2,817 | \$30,000.00 | (28.16) |
| REICH & TANG DAILY INCM MM CL F #150 | | 4,528 | \$4,528.00 | 1/13/2015 | 4,528 | \$4,528.00 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 205,000 | \$205,000.00 | 1/13/2015 | 205,000 | \$205,000.00 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 200,000 | \$200,000.00 | 1/14/2015 | 200,000 | \$200,000.00 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 1,110 | \$1,109.63 | 1/16/2015 | 1,110 | \$1,109.63 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 196,000 | \$196,000.00 | 2/3/2015 | 196,000 | \$196,000.00 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 4,549 | \$4,549.00 | 4/14/2015 | 4,549 | \$4,549.00 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 1,402 | \$1,402.09 | 4/15/2015 | 1,402 | \$1,402.09 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 250 | \$250.00 | 5/19/2015 | 250 | \$250.00 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 4,516 | \$4,516.00 | 7/15/2015 | 4,516 | \$4,516.00 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 1,061 | \$1,060.67 | 7/15/2015 | 1,061 | \$1,060.67 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 2,065 | \$2,065.11 | 7/20/2015 | 2,065 | \$2,065.11 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 100,000 | \$100,000.00 | 1/14/2015 | 100,000 | \$100,000.00 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 241 | \$240.56 | 1/16/2015 | 241 | \$240.56 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 2,067 | \$2,067.00 | 2/13/2015 | 2,067 | \$2,067.00 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 8,957 | \$8,957.29 | 3/17/2015 | 8,957 | \$8,957.29 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 42,888 | \$42,888.01 | 4/2/2015 | 42,888 | \$42,888.01 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 29,774 | \$29,774.49 | 4/15/2015 | 29,774 | \$29,774.49 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 REICH & TANG DAILY INCM MM CL F #150 | | 43,806 1,945 | \$43,806.14 \$1,945.00 | 4/16/2015 4/28/2015 | 43,806 1,945 | \$43,806.14 \$1,945.00 | 0.00 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 9,157 | \$9,157.15 | 5/4/2015 | 9,157 | \$9,157.15 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 30,093 | \$30,093.25 | 5/12/2015 | 30,093 | \$30,093.25 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 1,655 | \$1,654.82 | 6/2/2015 | 1,655 | \$1,654.82 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 4,577 | \$4,576.93 | 6/3/2015 | 4,577 | \$4,576.93 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 5,497 | \$5,496.69 | 6/4/2015 | 5,497 | \$5,496.69 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 3,368 | \$3,367.99 | 6/5/2015 | 3,368 | \$3,367.99 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 3,373 | \$3,373.07 | 6/8/2015 | 3,373 | \$3,373.07 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 1,967 | \$1,967.41 | 6/9/2015 | 1,967 | \$1,967.41 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 50,695 | \$50,695.06 | 7/13/2015 | 50,695 | \$50,695.06 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 428 | \$428.01 | 7/15/2015 | 428 | \$428.01 | 0.00 |
| REICH & TANG DAILY INCM MM CL F #150 | | 86,361 | \$86,361.01 | 7/20/2015 | 86,361 | \$86,361.01 | 0.00 |
| | | | | | | | |

| Description | Purchase Date | Number of Shares | Purchase Price | Sale Date | Number of Shares | Sale Price (Line 7a) | Gain/(Loss) (Line 7c) |
|---------------------------------|------------------|---------------------|-------------------|--------------|------------------|-------------------------|--------------------------|
| ROBERT HALF INTL INC | | 95 | \$5,546.10 | 1/9/2015 | 95 | \$5,539.33 | (6.77) |
| ROBERT HALF INTL INC | | 65 | \$3,794.70 | 3/27/2015 | 65 | \$3,916.20 | 121.50 |
| ROBERT HALF INTL INC | | 51 | \$2,977.38 | 3/30/2015 | 51 | \$3,100.98 | 123.60 |
| ROBERT HALF INTL INC | | 137 | \$7,998.06 | 3/31/2015 | 137 | \$8,281.19 | 283.13 |
| ROBERT HALF INTL INC | | 93 | \$5,429.34 | 4/1/2015 | 93 | \$5,520.17 | 90.83 |
| ROBERT HALF INTL INC | | 165 | \$9,632.70 | 4/2/2015 | 165 | \$9,879.32 | 246.62 |
| ROBERT HALF INTL INC | | 83 | \$4,845.54 | 4/6/2015 | 83 | \$4,945.43 | 99.89 |
| ROBERT HALF INTL INC | | 149 | \$8,698.62 | 4/7/2015 | 149 | \$8,845.52 | 146.90 |
| ROBERT HALF INTL INC | | 139 | \$8,114.82 | 4/8/2015 | 139 | \$8,249.50 | 134.68 |
| ROBERT HALF INTL INC | | 20 | \$1,167.60 | 4/9/2015 | 20 | \$1,180.17 | 12.57 |
| SECURITIES | | 1 | \$1,185.00 | 12/31/2015 | 1 | \$0.00 | (1,185.00) |
| SCRIPPS NETWORKS INTERAC INC-A | | 75 | \$5,645.25 | 1/9/2015 | 75 | \$5,664.62 | 19.37 |
| SCRIPPS NETWORKS INTERAC INC-A | | 158 | \$11,892.66 | 2/13/2015 | 158 | \$11,560.69 | (331.97) |
| SCRIPPS NETWORKS INTERAC INC-A | | 162 | \$12,193.74 | 2/17/2015 | 162 | \$11,832.08 | (361.66) |
| SCRIPPS NETWORKS INTERAC INC-A | | 52 | \$3,914.04 | 2/18/2015 | 52 | \$3,794.92 | (119.12) |
| SCRIPPS NETWORKS INTERAC INC-A | | 115 | \$8,656.05 | 4/6/2015 | 115 | \$7,963.53 | (692.52) |
| SCRIPPS NETWORKS INTERAC INC-A | | 146 | \$10,989.42 | 4/7/2015 | 146 | \$10,131.85 | (857.57) |
| SCRIPPS NETWORKS INTERAC INC-A | | 86 | \$6,473.22 | 4/8/2015 | 86 | \$6,042.20 | (431.02) |
| STANLEY BLACK & DECKER INC | | 58 | \$5,572.64 | 1/9/2015 | 58 | \$5,543.52 | (29.12) |
| STANLEY BLACK & DECKER INC | | 32 | \$3,074.56 | 11/5/2015 | 32 | \$3,434.06 | 359.50 |
| STANLEY BLACK & DECKER INC | | 134 | \$12,874.72 | 11/6/2015 | 134 | \$14,323.51 | 1,448.79 |
| T ROWE PRICE GROUP INC | | 37 | \$3,176.82 | 1/9/2015 | 37 | \$3,117.55 | (59.27) |
| T ROWE PRICE GROUP INC | | 73 | \$6,267.78 | 6/8/2015 | 73 | \$5,746.48 | (521.30) |
| T ROWE PRICE GROUP INC | | 118 | \$10,131.48 | 6/9/2015 | 118 | \$9,232.13 | (899.35) |
| T ROWE PRICE GROUP INC | | 123 | \$10,560.78 | 6/10/2015 | 123 | \$9,690.69 | (870.09) |
| TOWERS WATSON & CO CL A COMM | | 54 | \$6,111.18 | 1/9/2015 | 54 | \$6,204.94 | 93.76 |
| TOWERS WATSON & CO CL A COMM | | 28 | \$3,168.76 | 11/3/2015 | 28 | \$3,533.03 | 364.27 |
| TOWERS WATSON & CO CL A COMM | | 86 | \$9,732.62 | 11/4/2015 | 86 | \$10,851.07 | 1,118.45 |
| TRIMBLE NAV LTD | | 211 | \$5,599.94 | 1/9/2015 | 211 | \$5,354.01 | (245.93) |
| TRIMBLE NAV LTD | | 137 | \$3,635.98 | 5/13/2015 | 137 | \$3,393.38 | (242.60) |
| TRIMBLE NAV LTD | | 492 | \$13,057.68 | 5/14/2015 | 492 | \$12,257.26 | (800.42) |
| TRIMBLE NAV LTD | | 300 | \$7,962.00 | 5/15/2015 | 300 | \$7,480.57 | (481.43) |
| TRIMBLE NAV LTD | | 165 | \$4,379.10 | 5/18/2015 | 165 | \$4,079.96 | (299.14) |
| TRIMBLE NAV LTD | | 260 | \$6,900.40 | 5/19/2015 | 260 | \$6,352.07 | (548.33) |
| TRIMBLE NAV LTD | | 273 | \$7,245.42 | 5/20/2015 | 273 | \$6,659.68 | (585.74) |
| TRIMBLE NAV LTD | | 120 | \$3,184.80 | 5/21/2015 | 120 | \$2,897.77 | (287.03) |
| TRIMBLE NAV LTD | | 109 | \$2,892.86 | 5/22/2015 | 109 | \$2,640.19 | (252.67) |
| TRIMBLE NAV LTD | | 159 | \$4,219.86 | 5/26/2015 | 159 | \$3,794.23 | (425.63) |
| TWENTY FIRST CENTY FOX INC CL A | | 134 | \$5,145.60 | 1/9/2015 | 134 | \$4,789.05 | (356.55) |
| TWENTY FIRST CENTY FOX INC CL A | | 546 | \$20,966.40 | 2/13/2015 | 546 | \$18,946.56 | (2,019.84) |
| TWENTY FIRST CENTY FOX INC CL A | | 411 | \$15,782.40 | 3/31/2015 | 411 | \$14,031.44 | (1,750.96) |
| TWENTY FIRST CENTY FOX INC CL A | | 323 | \$12,403.20 | 4/1/2015 | 323 | \$10,776.70 | (1,626.50) |
| WABTEC CORP | | 74 | \$6,429.86 | 1/9/2015 | 74 | \$6,417.88 | (11.98) |
| WABTEC CORP | | 60 | \$5,213.40 | 11/2/2015 | 60 | \$4,961.85 | (251.55) |
| WABTEC CORP | | 151 | \$13,120.39 | 11/3/2015 | 151 | \$12,246.88 | (873.51) |
| WABTEC CORP | | 61 | \$5,300.29 | 11/4/2015 | 61 | \$4,899.72 | (400.57) |
| WABTEC CORP | | 66 | \$5,734.74 | 11/5/2015 | 66 | \$5,145.23 | (589.51) |
| WABTEC CORP | | 248 | \$21,548.72 | 11/11/2015 | 248 | \$19,266.12 | (2,282.60) |
| WABTEC CORP | | 25 | \$2,172.25 | 11/13/2015 | 25 | \$1,943.49 | (228.76) |
| WABTEC CORP | | 96 | \$8,341.44 | 11/16/2015 | 96 | \$7,467.29 | (874.15) |
| WYNN RESORTS LTD | | 47 | \$6,991.72 | 1/9/2015 | 47 | \$6,996.51 | 4.79 |
| WYNN RESORTS LTD | | 81 | \$12,049.56 | 3/6/2015 | 81 | \$11,054.22 | (995.34) |
| | | | \$11,327,456.43 | : | | \$11,415,397.93 | \$87,941.50 |

Attachment to Form 990, Part IX Line 24a, Other Expenses (Statement of Functional Expenses) January 1, 2015 to December 31, 2015

| Line <u>Number</u> | Account Description | (A) Total | (B) Program <u>Services</u> | (C) Management <u>& General</u> | (D) Fundraising |
|-----------------------|--|------------|--------------------------------|--|-----------------|
| 5281-04 | NARA Programs - Sales & Events | 17,579.94 | 17,579.94 | | |
| 5290-03 | Associate Club Exp - Adv & Adm | 38.50 | 17,377.74 | | 38.50 |
| 5310-03 | Pres Council Exp - Development | 6,225.63 | | | 6,225.63 |
| 5320-01 | Centennial Fundraising-Admin | 5,774.60 | | | |
| 5320-01 | | 1,379.09 | | | 5,774.60 |
| 5330-05 | Centennial Fundraising Development | 250.00 | 250.00 | | 1,379.09 |
| | Centennial Fundraising-Research Centennial Fundraising-Admin | | 230.00 | | 2 025 00 |
| 5330-01 | - | 3,025.00 | | 591.04 | 3,025.00 |
| 5430-01 | Equipment Rent-Admin | 591.04 | | 286.00 | |
| 5470-01 | Repairs & Maint-Admin | 286.00 | | 280.00 | 935.00 |
| 5470-03 | Repairs & Maint-Development | 935.00 | 017.50 | | 955.00 |
| 5470-04 | Repairs & Maint-Sales/Event | 817.50 | 817.50 | | |
| 5470-08 | Repairs & Maint-Facilt Maint | 32,104.89 | 32,104.89 | | |
| 5470-09 | Repairs & Maint-Gift Shop | 198.00 | 198.00 | | |
| 5510-08 | Utilities - Facilities | 143,204.03 | 143,204.03 | 117 402 41 | 1 727 24 |
| 5680-01 | Outside Services - Administrat | 211,690.73 | 92,529.98 | 117,423.41 | 1,737.34 |
| 5680-02 | Outside Services - Promot/Mkt | 2,736.28 | 2,736.28 | | 00.476.00 |
| 5680-03 | Outside Services - Adv & Admin | 89,476.82 | c 5.40, 40 | | 89,476.82 |
| 5680-04 | Outside Services - Sales & Eve | 6,543.42 | 6,543.42 | | |
| 5680-05 | Outside Services - Research | 12,000.00 | 12,000.00 | | |
| 5680-08 | Outside Services - Facilty Mgm | 778.08 | 778.08 | | |
| 5680-09 | Outside Services - Museum Store | 1,646.05 | 1,646.05 | 5.0c5.40 | |
| 5740-01 | Computer Equip & Software-Admin | 5,265.48 | | 5,265.48 | |
| 5740-03 | Computer Equip & Software-Dev | 1,225.04 | | | 1,225.04 |
| 5740-04 | Computer Equip & Software-Events | 2,380.60 | 2,380.60 | | |
| 5740-09 | Computer Equip & Software-Gift Shop | 5,208.07 | 5,208.07 | | |
| 5770-01 | Postage & Freight - Administra | 18,856.97 | 18,856.97 | | |
| 5770-02 | Postage & Freight - Pro & Mkt | 4,679.94 | 4,679.94 | | |
| 5770-03 | Postage & Freight - Development | 16,769.37 | | | 16,769.37 |
| 5770-04 | Postage & Freight - Sales & Ev | 1,551.98 | 1,551.98 | | |
| 5770-05 | Postage & Freight - Research | 148.22 | 148.22 | | |
| 5770-08 | Postage & Freight - Fac Mgmt | 296.87 | 296.87 | | |
| 5770-09 | Postage & Freight - Mus Store | 7,013.65 | 7,013.65 | | |
| 5790-01 | Printing/Copies-Administration | 1,052.59 | | 1,052.59 | |
| 5790-02 | Printing/Copies-Mktg | 21.77 | 21.77 | | |
| 5790-03 | Printing/Copies-Development | 2,511.65 | | | 2,511.65 |
| 5790-04 | Printing/Copies-Events | 2,398.03 | 2,398.03 | | |
| 5790-05 | Printing/Copies-Research | 54.32 | 54.32 | | |
| 5790-09 | Printing/Copies-Gift Shop | 51.37 | 51.37 | | |
| 583-08 | Grounds Maint - Facil Manageme | 311,634.79 | 311,634.79 | | |
| 5870-01 | Property Taxes | 43,170.08 | 43,170.08 | | |
| 5890-01 | Licenses & Fees-Administration | 100.00 | | 100.00 | |
| 5910-01 | Professional Mem-Administratio | 1,542.64 | | 1,542.64 | |
| 5910-02 | Professional Mem-Mktg | 8,742.45 | 8,742.45 | | |
| 5910-03 | Professional Mem-Development | 342.23 | | | 342.23 |
| 5910-04 | Professional Mem-Sales/Events | 1,237.98 | 1,237.98 | | |
| 5910-05 | Professional Mem-Research | 106.99 | 106.99 | | |
| 5910-08 | Professional Mem-Facility | 67.86 | 67.86 | | |
| 5910-09 | Professional Mem-Museum Store | 1,237.80 | 1,237.80 | | |

Attachment to Form 990, Part IX Line 24a, Other Expenses (Statement of Functional Expenses) January 1, 2015 to December 31, 2015

| Line | | | (B) Program | (C) Management | |
|----------|---|--------------|-----------------|----------------|-----------------|
| Number | Account Description | (A) Total | <u>Services</u> | & General | (D) Fundraising |
| 5950-04 | Exhibits-Events | 99.99 | 99.99 | | |
| 5950-08 | Exhibits-Facility | 6,600.51 | 6,600.51 | | |
| 5970-01 | Credit Card Processing Fees-Admin | 1,562.92 | 1,562.92 | | |
| 5970-02 | Credit Card Processing Fees-Mktg | 126.50 | 126.50 | | |
| 5970-03 | Credit Card Processing Fees-Development | 862.41 | | | 862.41 |
| 5970-04 | Credit Card Processing Fees-Events | 43,385.68 | 43,385.68 | | |
| 5970-09 | Credit Card Processing Fees-Gift Shop | 13,866.15 | 13,866.15 | | |
| 5971-01 | Taxes - Other | 160.00 | | 160.00 | |
| 5975-01 | Bank Charges-Administration | 5,006.43 | 5,006.43 | | |
| 5975-09 | Bank Charges-Museum Store | 635.49 | | | 635.49 |
| 5976-01 | Late Fees & Penalties-Admin | 2,658.10 | | 2,658.10 | |
| 5978-01 | Interest Expense-Admin | 235.21 | | 235.21 | |
| 5980-01 | Docent Activities-Administrati | 5,884.17 | 5,884.17 | | |
| 5980-04 | Docent Activities-Events | 3,137.82 | 3,137.82 | | |
| 66900-04 | Rec Discrepancies-Sales & Events | 4,280.91 | 3,217.92 | | 1,062.99 |
| | Total other expenses | 1,063,451.63 | 802,136.00 | 129,314.47 | 132,001.16 |