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# **Return of Private Foundation**

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

► Do not enter Social Security numbers on this form as it may be made public.

mation about Form 990-PF and its separate instructions is at www irs gov/form990.pf

For cale	ndar year 2013 or tax year beginning DEC	1, 2013	, and ending	NOV 30, 2014	Open to 1 delilo in openior
Name of	f foundation			A Employer identification	number
	PICERNE FAMILY CHARITA			05-0487100	
	and street (or P O box number if mail is not delivered to street	•	Room/suite	B Telephone number	0.0
	0 EAST MISSOURI AVE #10	<del> </del>		401-732-37	2.1.1
	own, state or province, country, and ZIP or foreign poleNIX, AZ 85014	ostal code		C if exemption application is p	ending, check here
	· · · · · · · · · · · · · · · · · · ·	Initial return of a fo	rmor public charity	D 1. Foreign organizations	chack hara
G CHECK	c all that apply: Initial return	Amended return	rmer public charity	1. Foreign organizations	s, check liefe .
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
H Check	type of organization: X Section 501(c)(3) ex			E If private foundation sta	-
		Other taxable private founda	ition	under section 507(b)(1)	
I Fair ma	arket value of all assets at end of year   J Accounting	ng method: X Cash	Accrual	F If the foundation is in a	
		her (specify)		under section 507(b)(1)	
\$	6,493,375. (Part I, colu	mn (d) must be on cash b	pasis.)		<del>,</del>
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	expenses per books	income	income	(cash basis only)
1	Contributions, gifts, grants, etc., received	801,079.	· · · · · · · · · · · · · · · · · · ·	N/A	*
2	Check Interest on savings and temporary cash Investments	51.	51.		STATEMENT 1
3	cash investments Dividends and interest from securities	162,120.	162,120.		STATEMENT 2
5.	Gross rents	102,120.	102,120.	<u> </u>	DIALDMENT Z
	) Net rental Income or (loss)	, '	·		
68	Net gain or (loss) from sale of assets not on line 10	<129.	> ,	9	· ·
9 B	Gross sales price for all 47,083.				,
Revenue 2	Capital gain net income (from Part IV, line 2)		0.	\$ *	,
œ 8	Net short-term capital gain				,
9	Income modifications Gross sales less returns				
10a	and allowances				
- 1	Less Cost of goods sold				
	Gross profit or (loss)	260.	0.		STATEMENT 3
12	Other income Total Add lines 1 through 11	963,381.	162,171.		SIAIEMENI 3
	Compensation of officers, directors dustees, etc	0.	0.		0.
1 14	Other employee salaries and wages			-	•
15	Pension plans, employee benefits				
9 16a	-Legal fees				
Expens	Accounting fees, U STMT 4	2,000.	0.		0.
	-Other-professional fees				
. 2 17	Interest				
S   18	Taxes STMT 5	3,709.	0.		0.
	Depreciation and depletion				· · · · · · · · · · · · · · · · · · ·
	Occupancy				
Z Z 21	Travel, conferences, and meetings Printing and publications				
	Other expenses STMT 6	1,415.	0.		0.
₹ 1 24	Total operating and administrative		0.7	- ··	-
SCANNED avite SCANNED 118 19 20 21 22 23 24 25	expenses. Add lines 13 through 23	7,124.	0.		0.
္အဝီ <sub>25</sub>	Contributions, gifts, grants paid	244,590.			244,590.
26	1 - 1 - 1				
∑ 5, 27	Add lines 24 and 25	251,714.	0.		244,590.
5, 27	Subtract line 26 from line 12:			*	* * *
	Excess of revenue over expenses and disbursements	711,667.	12A 1H2	<b>*</b>	
	Net Investment Income (If negative, enter -0-)	``	162,171.	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	* * *
323501	Adjusted net Income (if negative, enter -0-)			N/A	L

THE PICERNE FAMILY CHARITABLE FOUNDATION 05-0487100 Form 990-PF (2013) Beginning of year End of year Attached schedules and amounts in the description Part II Balance Sheets column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 12,713. 11,313. 11,313. Cash - non-interest-bearing 161,462. 202,261. 161,462. 2 Savings and temporary cash investments 3 Accounts receivable ► Less; allowance for doubtful accounts 4 Pledges receivable Less; allowance for doubtful accounts 5 Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 3,302,910. 4,056,776. 6,320,600. STMT 7 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 3,517,884 4,229,551 6,493,375 instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Fund  $ightharpoons \overline{X}$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. þ 0 27 Capital stock, trust principal, or current funds 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 3,517,884. 4,229,551 29 Retained earnings, accumulated income, endowment, or other funds 3,517,884. 4,229,551 30 Total net assets or fund balances 3,517,884 4,229,551 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 3,517,884. (must agree with end-of-year figure reported on prior year's return) 711,667. 2 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4,229,551. Add lines 1, 2, and 3

323511 10-10-13

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

7 Add lines 5 and 6

323521 10-10-13

See the Part VI instructions.

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1,622.

598,764.

244,590.

6

7

8

	rm 990-PF (2013) THE PICERNE FAM: Part VI   Excise Tax Based on Investment						0487 see ii			Page 4
18	1a Exempt operating foundations described in section 4940(d	)(2), check here and en	iter "N//	A" on line 1.	<u> </u>					
	Date of ruling or determination letter:	(attach copy of letter if nec			tions)	1, 1		4	*	,
t	b Domestic foundations that meet the section 4940(e) require					1		•	3,2	43.
	of Part I, line 27b					<u>├</u>				
	c All other domestic foundations enter 2% of line 27b. Exemp	nt foreign organizations enter 4%	of Part	L line 12. ci	ol (b)		~			
	2 Tax under section 511 (domestic section 4947(a)(1) trusts				si. ( <b>b</b> ).	2	· · ·	m . M	- +-0-	^ ^O _
3		and taxable realizations only. On		,		3	_		3,2	43.
4		and taxable foundations only. Of	hers er	iter -N-)	•	4				0.
5		· · · · · · · · · · · · · · · · · · ·				5			3,2	43.
6		5 C. 11 2010 51 1000, Citto.				•			<del>-                                    </del>	
_	a 2013 estimated tax payments and 2012 overpayment credi	ted to 2013	6a	I	2,600.				· *	1
	b Exempt foreign organizations - tax withheld at source	104 10 20 10	6b	ļ	2,000.		3 1	86	į	j
	c Tax paid with application for extension of time to file (Form	8868/	6c	ļ				·,		
	d Backup withholding erroneously withheld	0000)	6d			, ,	٠,	*		
	7 Total credits and payments. Add lines 6a through 6d			L		7	, 2g		2,6	<u>م</u> م
8	· ·	k hara Til if Form 2220 is attac	abod.	•		8			<u>z, o</u>	<del>5</del>
9			ineu	•		9				48.
						10				40.
10	1 Enter the amount of line 10 to be: Credited to 2014 estima	•			I Patrio de d	11				
	Part VII-A   Statements Regarding Activiti	<u> </u>		····	Refunded	111				
									Yes	No
14	1a During the tax year, did the foundation attempt to influence	any national, state, or local legisl	ation of	dio il partic	ipate or intervene	IN		4.	165	
	any political campaign?		/	4		٠.		1a		X
ū	b Did it spend more than \$100 during the year (either directly					-		16	<u> </u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed d		д сорів	es of any m	atenais publishe	ed or		*	<	
	distributed by the foundation in connection with the	activities.								
	c Did the foundation file Form 1120-POL for this year?				•			1c		X
d	d Enter the amount (if any) of tax on political expenditures (se	, ,	-		•					,
		• (2) On foundation managers.			0.					
е	e Enter the reimbursement (if any) paid by the foundation du	ring the year for political expendit	ture tax	imposed on	foundation					
	managers. ▶ \$									l
2	2 Has the foundation engaged in any activities that have not p		IS?					2		Х
	If "Yes," attach a detailed description of the activities									
3	Has the foundation made any changes, not previously repo			ent, articles c	of incorporation, o	r				
_	bylaws, or other similar instruments? If "Yes," attach a co	, -						3		X
	4a Did the foundation have unrelated business gross income of	·	7		•		,_	4a		Х
	b If "Yes," has it filed a tax return on Form 990-T for this year					N	/A . [	4b		
5	Was there a liquidation, termination, dissolution, or substar	• •						5		X
_	If "Yes," attach the statement required by General In-							,	1	
6		4941 through 4945) satisfied eit	her:						* *	,
	By language in the governing instrument, or								Ĺ	;
	By state legislation that effectively amends the governing	instrument so that no mandatory	direction	ons that con	flict with the state	law		s		> .
	remain in the governing instrument?						,	_6_	X	
7	Did the foundation have at least \$5,000 in assets at any time	e during the year? <i>If "Yes," com</i>	iplete l	Part II, col	(c), and Part XV	•	.	_7_	X	<u> </u>
			_							,
8a	Ba Enter the states to which the foundation reports or with whi	ch it is registered (see instruction	is) ►	13				, ,	*	
	AZ								, ,	:
b	<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished	a copy of Form 990-PF to the At	torney (	General (or c	lesignate)		ļ			%!
	of each state as required by General Instruction G? If "N	•			•			8b	X	
9	Is the foundation claiming status as a private operating four				942(j)(5) for cale	ndar	[		. 3	
	year 2013 or the taxable year beginning in 2013 (see instru						l	9		X
10	Did any persons become substantial contributors during the	e tax year? if "Yes," attach a schedule	e listing t	their names an	d addresses		[	10		X
	<del></del>						Form	990	-PF (	2013)

	990-PF (2013) THE PICERNE FAMILY CHARITABLE FOUNDATION 05-048	7100		Page 5
	rt VII-A Statements Regarding Activities (continued)		<b>,</b>	
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	ļ		l
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			.,
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ► N/A The books are in care of ► ROBERT HADLEY, C/O PICERNE Telephone no. ► 401-7	<del>22 2</del>	700	
14	The books are in care of ► ROBERT HADLEY, C/O PICERNE  Located at ► 75 LAMBERT LIND HWY, WARWICK, RI  Telephone no. ► 401-7			
45	· · · · · · · · · · · · · · · · · · ·	2000		$\overline{}$
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	N.	/A	
16	and enter the amount of tax-exempt interest received or accrued during the year  At any time during colonidar year 2013, did the foundation have an interest in or a graphyre or other authority ever a hark		Yes	No
10	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	163	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	10	L	
	country	-		
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	1		í
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1	١,	Į
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			-
	(5) Transfer any income or assets to a disqualified person (or make any of either available	`		1
	for the benefit or use of a disqualified person)?			ŀ
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	* ;		
	If the foundation agreed to make a grant to or to employ the official for a period after	** 8	İ	;
	termination of government service, if terminating within 90 days.)	~		£
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			,
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		-	X
•	before the first day of the tax year beginning in 2013?	10		^
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1	İ	
•	before 2013?			1
	If "Yes," list the years ▶ , , ,			
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		İ	ı
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			1
	statement - see instructions.)  N/A	2b	3	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	-		t
_			l	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	~		
	during the year?			
Ь	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		*	
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013.) N/A	3b		1 *
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	```	·% · *	, , ,
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		X
	F	orm <b>99</b> (	)-PF	(2013)

Form 990-PF (2013) THE PICERNE FAMILY CHARI Part VII-B Statements Regarding Activities for Which			05-0487	100	Page 6
5a During the year did the foundation pay or incur any amount to:	FUITH 4/20 WIAY BE	nequired (contin	luea) T		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?		es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	· · · ·				
any voter registration drive?		Y	es X No	ļ	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	. 🔲 Y	es X No	Ĺ	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				1 .
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es 🗓 No		E F
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?			es 🗓 No 📗		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		ın Regulations	_		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h			▶□		1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					*
expenditure responsibility for the grant?	•	1/AY	es L No	,	*
If "Yes," attach the statement required by Regulations section 53.494	• •			?	* 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y	es 🗶 No		-
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	<u> </u>
If "Yes" to 6b, file Form 8870.					3 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	-	
b If 'Yes,' did the foundation receive any proceeds or have any net income attributed by the foundation About Officers Directors Trust			N/A	7b	
Part VIII   Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation Ma	inagers, Highi	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred		unt, other
RONALD R.S. PICERNE	TRUSTEE	Citer-0-)	compensation	1	Wantes
1420 E MISSOURI AVE, STE 100					
PHOENIX, AZ 85014	1.00	0.	l 0.		0.
DAVID R. PICERNE	TREASURER			<del>'</del>	<del></del>
1420 E MISSOURI AVE, STE 100				1	
PHOENIX, AZ 85014	1.00	0.	l o.	_	0.
				<del></del>	
				†	
				1	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		-	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
	hours per week devoted to position	(c) compensation	and deferred compensation	allo	wances
NONE			-		
	·				
					_
	,			$oldsymbol{ol}}}}}}}}}}}}}}}}}$	
		]			
				<u> </u>	
				1	
- 1			<u> </u>		
Total number of other employees paid over \$50,000		·	<u> </u>	000 -	0
			Form	1990-P	<b>PF</b> (2013)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	,	
3. Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of servi	ce (	c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	E	xpenses
1 N/A		
2		
3		
Part IX-B   Summary of Program-Related Investments		<del> :</del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	^	mount
1 N/A		
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	<b>•</b>	0.
	Form !	<b>990-PF</b> (2013)

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations.	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	,	
	Average monthly fair market value of securities	1a	5.888.320.
b		1b	5,888,320. 194,654.
c		10	
d	Total (add lines 1a, b, and c)	1d	6,082,974.
ε	Reduction claimed for blockage or other factors reported on lines 1a and	- <del></del>	
	1c (attach detailed explanation)   1e   0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,082,974.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	91,245.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,991,729.
6	Minimum investment return. Enter 5% of line 5	6	299,586.
F	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	299,586.
2a	Tax on investment income for 2013 from Part VI, line 5 2a 3, 243.		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	3,243.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	296,343.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	296,343.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	296,343.
F	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	244,590.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	244,590.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_ T	
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	244,590.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies fo	r the section

Form **990-PF** (2013)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	Our pas	Toda's prior to 2012	, « » ,	2013
line 7	,		* * * .	296,343.
2 Undistributed Income, if any, as of the end of 2013		<del></del>		230,3430
a Enter amount for 2012 only	•		0.	
<b>b</b> Total for prior years:	,	<del></del>		
, ,		0.		~
3 Excess distributions carryover, if any, to 2013:	,			
aFrom 2008 249,899.	* 47			es.
bFrom 2009 66,628.	, , * *			-,
c From 2010	~	·	, >	<b>\$</b> 1
dFrom 2011 71,551.	4		, (	
e From 2012		*	* * * * * * * * * * * * * * * * * * * *	* ;
f Total of lines 3a through e	388,078.	,	, , , , , , , , , , , , , , , , , , , ,	* ` ' '
4 Qualifying distributions for 2013 from	*	**	*	* .
Part XII, line 4: ►\$ 244,590.	A.	*		*
a Applied to 2012, but not more than line 2a	*	,	0.	è
<b>b</b> Applied to undistributed income of prior	*		4	, , , ,
years (Election required - see instructions)		0.	*	
c Treated as distributions out of corpus	_	'\$ ·	et o i	; , , , , , , , , , , , , , , , , , , ,
(Election required - see instructions)	0.	, , ,	<b>}</b>	* , , ,
d Applied to 2013 distributable amount		* y* ·		244,590.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	51,753.	`		51,753.
6 Enter the net total of each column as indicated below:	*	,	`	* /
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	336,325.	`	*	*
<b>b</b> Prior years' undistributed income. Subtract	*			
line 4b from line 2b	*	0.		, i
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	*	0.		**************************************
d Subtract line 6c from line 6b. Taxable	*	· · · · · ·	,	
amount - see instructions	,	0.		1
e Undistributed income for 2012. Subtract line		, *	-	, ;
4a from line 2a. Taxable amount - see instr.		60 NG	0.	
f Undistributed income for 2013. Subtract		*	k.	
lines 4d and 5 from line 1. This amount must	· * *	1	*	
be distributed in 2014	*	* * * *		0.
7 Amounts treated as distributions out of		*	· · · · · · · · · · · · · · · · · · ·	·
corpus to satisfy requirements imposed by	_	· ·	, , ,	, , ì
section 170(b)(1)(F) or 4942(g)(3)	0.	J	٠ , ١	
8 Excess distributions carryover from 2008	400 446	`	* *	·,
not applied on line 5 or line 7	198,146.	·	*	» » ş
9 Excess distributions carryover to 2014.	120 170	. * }	wi*	* *
Subtract lines 7 and 8 from line 6a	138,179.			
O Analysis of line 9:			* 4	, y .
a Excess from 2009 66,628.	* *	,	<i>#</i> *> *	
b Excess from 2010 c Excess from 2011 71,551.	4 in	*	^	· , , , , , , , , , , , , , , , , , , ,
	\$	ş	* *	* * * *
d Excess from 2012	** , '	* *, %	, * , ;	* , ;
e Excess from 2013		* *		* *

Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid dunng the year BOSTON COLLEGE LAW SCHOOL CHARITABLE SUPPORT CHARITABLE 855 CENTER STREET DRGANIZATION **OPERATIONS** NEWTON, MA 02459 60,000. BUTTON HOLE CHARITABLE SUPPORT CHARITABLE P.O. BOX 851 ORGANIZATION **OPERATIONS** PROVIDENCE, RI 02901 1,000. CRANSTON HIGH SCHOOL EAST SUPPORT CHARITABLE CHARITABLE 899 PARK AVENUE ORGANIZATION OPERATIONS CRANSTON, RI 02910 22,500. FRIARS FOREVER FUND CHARITABLE SUPPORT CHARITABLE 333 EATON STREET DRGANIZATION **OPERATIONS** PROVIDENCE, RI 02908 10,000. GEORGETOWN UNIVERSITY LAW CENTER CHARITABLE SUPPORT CHARITABLE 600 NEW JERSEY AVE NW **DRGANIZATION** OPERATIONS WASHINGTON D.C., DC 20001 30,000. SEE CONTINUATION SHEET(S) Total **▶** 3a 244,590. b Approved for future payment NONE Total 0.

- · · · · · · · · · · · · · · · · · · ·		
Part XVI-A	Analysis of Income-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ed by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
8					
b					
C					
d					
e			ΙΙ		
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	51.	
4 Dividends and interest from securities			14	162,120.	
5 Net rental income or (loss) from real estate:		^ /× / %	,	* * * * * * * * * * * * * * * * * * * *	. ," \$
Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	1 1		1 !		
than inventory			18	<129.	•
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory	<u></u>		1		
11 Other revenue;	1				
a OTHER INCOME		260	•		
b			+		<del> </del>
C			+		
d	$\vdash$		+		
•	<b>—</b>	0.60	+	160 010	
12 Subtotal. Add columns (b), (d), and (e)		260	<u>•                                       </u>	162,042.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	162,302.
(See worksheet in line 13 instructions to verify calculations.)					

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
	N/A	
323621 10-10-13	Form <b>990-PF</b> (2	2013

Form 990-F	. (	PICERNE FAMILY	CHARITABLE	FOUNDATION	05-048710	0 р	age 13
Part X	/II Information Re Exempt Organ		To and Transactio	ns and Relationship	s With Noncharital	ole	
† Did th	e organization directly or indi	rectly engage in any of the fo	llowing with any other orga	nization described in section 5	01(c) of	Yes	No
the Co	ode (other than section 501(c	c)(3) organizations) or in sect	ion 527, relating to political	organizations?			T
a Trans	fers from the reporting found	lation to a noncharitable exen	npt organization of:				
(1) 0	Cash				1a(	1)	X
(2) (	Other assets				1a(	2)	X
<b>b</b> Other	transactions:			•			Ī., ,
(1) S	Sales of assets to a noncharita	able exempt organization			1b(	1)	X
(2) F	urchases of assets from a no	oncharitable exempt organizat	non		. 1b(	2)	X
(3) F	Rental of facilities, equipment,	or other assets .			1b(	3)	X
(4) F	Reimbursement arrangements	3			1b(	4)	X
(5) L	oans or loan guarantees				1b(	5)	X
(6) P	erformance of services or me	embership or fundraising soli	citations		1b(	6)	X
c Sharii	ng of facilities, equipment, ma	ailing lists, other assets, or pa	ud employees		10	;	X
<b>d</b> If the	answer to any of the above is	"Yes," complete the following	schedule. Column (b) sho	uld always show the fair marke	et value of the goods, other a	ssets,	
or ser	vices given by the reporting f	foundation. If the foundation i	received less than fair mark	et value in any transaction or s	haring arrangement, show i	1	
colum	nn (d) the value of the goods,	other assets, or services rec	eived.				
(a)Line no	(b) Amount involved	(c) Name of noncha	rıtable exempt organization	(d) Description of tra	nsfers, transactions, and sharing	arrangem	ents
		N.	/A				

		N/A			·	
					_ <del>.</del>	
						÷=
		·			· <del></del>	
				· · · · · -		
						_
		· · · · · · · · · · · · · · · · · · ·				
			-			
ın section	ndation directly or indirectly affiliated with, or 501(c) of the Code (other than section 501(c) omplete the following schedule.		cempt organizati	ons described		Yes X No
-	(a) Name of organization	(b) Type of o	rganization	(c) Description of relationship		
	N/A					
						<del></del>
Sign Here	penalties of perjury, I declare that I have examined this literal it is true, correct, and confidere Declaration of programme of officer or trustee				has any knowledge	May the IRS discuss this return with the preparer shown below (see inst )?  X Yes No
	Print/Type preparer's name	Preparer's signature	0 / Da	ate		PTIN
Paid	GERALD IADELUCA	Jerry Jas	letuca <sub>1</sub>	/24/15	self- employed	P00247569
Preparer Use Only	Firm's name ► LGC&D LLP	•			Firm's EIN ► 4	5-3994797
	Firm's address TEN WEYBOSS PROVIDENCE,		SUITE 70	00	Phono no An	1-421-4800
	FROVIDENCE,	KI 02303	•		Phone no. 40	Form <b>990-PF</b> (2013)

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2013

Name of the organization

Employer identification number

	HE PICERNE FAMILY CHARITABLE FOUNDATION	05-0487100
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501( General Rule  X For an organizati	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (s), (or (10)) organization can check boxes for both the General Rule and a Special Rule.	
Special Rules		
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rec 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrus of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or ed for the children or animals. Complete Parts I, II, and III	• •
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contruse exclusively for religious, charitable, etc., purposes, but these contributions did not to cked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because in the parts unless the <b>General Rule</b> applies to the organization because the organization because the organization because the organization and the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the organization because the or	etal to more than \$1,000.  Ply religious, charitable, etc.,
_	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV. line 2, of its Form 990; or check the box on line H of its Form 990; F7 or on its F	• • • • • • • • • • • • • • • • • • • •

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

### THE PICERNE FAMILY CHARITABLE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RONALD R S PICERNE  6737 NORTH 60TH STREET  PARADISE VALLEY, AZ 85253	\$99,763.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RONALD R S PICERNE  6737 NORTH 60TH STREET  PARADISE VALLEY, AZ 85253	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	RONALD R S PICERNE  6737 NORTH 60TH STREET  PARADISE VALLEY, AZ 85253	s95,06 <b>4</b> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	/L\	(-)	4.5
	(b) Name. address. and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 4	Name, address, and ZIP+4  RONALD R S PICERNE  6737 NORTH 60TH STREET  PARADISE VALLEY, AZ 85253		Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP+4  RONALD R S PICERNE  6737 NORTH 60TH STREET	Total contributions	Person Payroll Noncash (Complete Part II for
No. 4	Name, address, and ZIP + 4  RONALD R S PICERNE  6737 NORTH 60TH STREET  PARADISE VALLEY, AZ 85253  (b)	\$ 98,940.	Person Payroll Complete Part II for noncash contributions.
(a) No.	Name, address, and ZIP + 4  RONALD R S PICERNE  6737 NORTH 60TH STREET  PARADISE VALLEY, AZ 85253  (b) Name, address, and ZIP + 4  RONALD R S PICERNE  6737 NORTH 60TH STREET	\$ 98,940.	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for
(a) No.	Name, address, and ZIP+4  RONALD R S PICERNE  6737 NORTH 60TH STREET  PARADISE VALLEY, AZ 85253  (b)  Name, address, and ZIP+4  RONALD R S PICERNE  6737 NORTH 60TH STREET  PARADISE VALLEY, AZ 85253  (b)	\$ 98,940.  (c) Total contributions  \$ 100,640.  (c) Total contributions  (c) Total contributions	Person Payroll Noncash  (Complete Part II for noncash contributions.)  Person Payroll Noncash  Complete Part II for noncash contribution

Name of organization

Employer identification number

#### THE PICERNE FAMILY CHARITABLE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RONALD R S PICERNE  6737 NORTH 60TH STREET  PARADISE VALLEY, AZ 85253	s <u>101,902.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	RONALD R S PICERNE  6737 NORTH 60TH STREET  PARADISE VALLEY, AZ 85253	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)  990, 990-EZ, or 990-PF) (2013)

Employer identification number

# THE PICERNE FAMILY CHARITABLE FOUNDATION

a) io. om art i	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	1250 SHS AUTOMATIC DATA PROCESSING	_		<del></del>
_1	INC.	_		
		_	99,763.	01/16/14
a) lo. om art i	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
2	1900 SHS BRISTOL MYERS SQUIBB CO.	-1		·
		_ _ _	104,120.	01/16/14
a) lo. om urt l	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
3	800 SHS CHEVRON CORP.	_		
		_ _	95,064.	01/16/14
a) o. om	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
4	1000 SHS EXXON MOBIL CORP.	_		
_		_ _ _	98,940.	01/16/14
o. om	(b)  Description of noncash property given	į	(c) FMV (or estimate) (see instructions)	(d) Date received
5	3700 SHS GENERAL ELECTRIC CO.	-		
		_ _	100,640.	01/16/14
a) o. om rt l	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
6	1050 SHS MCDONALD'S CORP	_		
_		_	100,863.	01/16/14

**Employer Identification number** 

#### THE PICERNE FAMILY CHARITABLE FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	1150 SHS SCHLUMBERGER LTD		
		\$s	01/16/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	1300 SHS WAL-MART STORES INC		
		ss	01/16/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		*	

Employer identification number

THE PIC	ERNE FAMILY CHARITABLE	FOUNDATION	V/\ /8\ or /10\ organizatio	05-0487100
Part III	Exclusively religious, charitable, etc., indivi year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additiona	or following line entry. For organization, contributions of \$1,000 or less for it space is needed.	ins completing Part III, enter the year. (Enter this information once	) > \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	<u> </u>	
	Transferee's name, address, and	d ZIP + 4	Relationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, and	d ZIP + 4	Relationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of giff		
	Transferee's name, address, and			nsferor to transferee

	MGS AND	TEMPOR	ARY CAS	H IN	VESTMENTS	STATEMENT	1
			51.	-,	51.		
IE 3			51.		51.		
DIVIDEND	S AND IN	PEREST	FROM S	ECUR	ITIES	STATEMENT	2
GROSS AMOUNT	GAI	NS		UE			
162,120	•	0.	162,	120.	162,12	0.	
162,120	•	0.	162,	120.	162,12	0.	
	OTHE	R INCO	ME	<del></del>		STATEMENT	3
		RE	VENUE				
			26	0.	0	•	
, PART I,	LINE 11		26	0. ====================================	0	•	
	ACCOU	NTING :	FEES			STATEMENT	4
					(C) ADJUSTED NET INCOM		
	2,00	00.		0.			0.
	GROSS AMOUNT 162,120 162,120	DIVIDENDS AND ING GROSS GAID AMOUNT DIVIDENDED 162,120.  OTHER  ACCOUNT  (A) EXPENSES PER BOOK	REVENUE PER BOOK  NE 3  DIVIDENDS AND INTEREST  CAPITAL GAINS GAINS DIVIDENDS  162,120. 0.  162,120. 0.  OTHER INCO  REPER  PER  ACCOUNTING  (A)  EXPENSES NEPER BOOKS ME	REVENUE   NE   PER BOOKS	REVENUE   NET IN	REVENUE   NET INVESTMENT   INCOME	REVENUE   NET INVESTMENT   ADJUSTED

FORM 990-PF	TAXES				STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
IRS	3,709.		0.			0.
TO FORM 990-PF, PG 1, LN 18	3,709.		0.			0.
FORM 990-PF	OTHER E	OTHER EXPENSES S		STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
BANK CHARGES OFFICE SUPPLIES	397. 1,018.		0.			0.
TO FORM 990-PF, PG 1, LN 23	1,415.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKE	r
MARKETABLE SECURITIES		,	4,056,776.		6,320,600.	
TOTAL TO FORM 990-PF, PART II, LINE 10B				4,056,776. 6,320		00.

# THE PICERNE FAMILY CHARITABLE FOUNDATION 05-0487100

3 Grants and Contributions Paid During the	fear (Continuation)	<del></del>		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	<del></del>	
HARVARD UNIVERSITY		CHARITABLE	SUPPORT CHARITABLE	
SOLDIERS FIELD		ORGANIZATION	OPERATIONS	
BOSTON, MA 02163				5(
SCOTTSDALE ARTISTS SCHOOL		CHARITABLE	SUPPORT CHARITABLE	
3720 N MARSHALL WAY		DRGANIZATION	OPERATIONS	
COTTSDALE, AZ 85251			<del></del>	8,69
THE DAMESTON ACADEMY		CHARITABLE	SUPPORT CHARITABLE	
T PATRICK ACADEMY		ORGANIZATION	OPERATIONS	
		DRGANIZATION	OPERATIONS	7 5
ROVIDENCE, RI 02908				7,50
THE GRODEN CENTER		CHARITABLE	SUPPORT CHARITABLE	
66 MOUNT HOPE STREET		ORGANIZATION	OPERATIONS	
PROVIDENCE, RI 02906		D.K.G.		45
, 33				
THE SAN MIGUEL SCHOOL		CHARITABLE	SUPPORT CHARITABLE	
25 BRANCH AVENUE		ORGANIZATION	OPERATIONS	
PROVIDENCE, RI 02904				8,50
WALKING IN LOVE, INC.		CHARITABLE	SUPPORT CHARITABLE	
147 S NOVA ROAD		ORGANIZATION	operations	
RMOND BEACH, FL 32174		<u> </u>		50,00
			avanana avanamana	
SOUTH COUNTY HOSPITAL		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	
.00 KENYON AVE NAKEFIELD, RI 02879		DRGANIZATION	UPERATIONS	1,10
RANSTON HIGH SCHOOL WEST		CHARITABLE	SUPPORT CHARITABLE	
0 METROPOLITAN AVE		ORGANIZATION	OPERATIONS	
RANSTON, RI 02920				10,00
PILGRIM HIGH SCHOOL		CHARITABLE	SUPPORT CHARITABLE	
11 PILGRIM PARKWAY		ORGANIZATION	OPERATIONS	4.4.4.
ARWICK, RI 02888				10,00
INDINTOR URMEDING MOMORTH		CUADIMADI P	CIIDDODM CUADIMADI P	
MARWICK VETERANS MEMORIAL		CHARITABLE	SUPPORT CHARITABLE	
401 WEST SHORE RD.		DRGANIZATION	OPERATIONS	10.00
ARWICK, RI 02889  Total from continuation sheets	<u> </u>	1	<u> </u>	10,00

Part XV Supplementary Information 3 Grants and Contributions Paid During the N				
Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	, milount
VNS HOME HEALTH SERVICES		CHARITABLE	SUPPORT CHARITABLE	
14 WOODRUFF AVE		ORGANIZATION	OPERATIONS	
NARRAGANSETT, RI 02882			<u> </u>	150
CORVIAS FOUNDATION		CHARITABLE	SUPPORT CHARITABLE	
1405 SOUTH COUNTY TRAIL		ORGANIZATION	OPERATIONS	
EAST GREENWICH, RI 02818				1,500
ALZHEIMER'S ASSOCIATION		CHARITABLE	SUPPORT CHARITABLE	
31915 RANCHO CALIFORNIA		ORGANIZATION	OPERATIONS	
TEMECULA, CA 92591				700
INSPIRING MINDS		CHARITABLE	SUPPORT CHARITABLE	
763 WESTMINSTER ST.		DRGANIZATION	OPERATIONS	
PROVIDENCE, RI 02903				2,000
THE THOUSAND WORD COMMON TO DODGE				
ST. THOMAS MORE CATHOLIC PARISH		CHARITABLE	SUPPORT CHARITABLE	
53 ROCKLAND ST. NARRAGANSETT, RI 02882		ORGANIZATION	OPERATIONS	5,000
MARKAGENEDETT, NT 02002				3,000
ST. MARY'S CHURCH		CHARITABLE	SUPPORT CHARITABLE	
1525 CRANSTON ST.		ORGANIZATION	OPERATIONS	
CRANSTON, RI 02920				5,000
				-
Total from continuation sheets	<u> </u>	1	<u> </u>	