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#### Form **990-PF**

#### Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

For calendar year 2014 or tax year beginning DEC 1. 2014 NOV 30, , and ending A Employer identification number Name of foundation THE PICERNE FAMILY CHARITABLE FOUNDATION 05-0487100 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1420 EAST MIMSSOURI AVE #100 401-732-3700 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 85014 PHOENIX, AZ G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 7,198,971. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purpos (cash basis only) expenses per books income 727,869 N/A Contributions, gifts, grants, etc., received Check Check Check If the foundation is not required to attach Sch. B 70 70. STATEMENT 188,976 188,976 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 64,327 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 230,608. 64,327 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications b Less Cost of goods sold c Gross profit or (loss) 11 Other income 981,242 253,373 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits b Accounting fees 0. STMT 3 2,000 0 c Other professional fees Ö 7 Interest 0 6 2016 8 Taxes ςŅ 3,948. Ō. STMT 4 19 Depreciation and deplettor 20 OCCUPANCEN. UT 21 Travel, conferences, and meetings 22 Printing and publications Ō. STMT 5 818. 0. 23 Other expenses 24 Total operating and administrative 6,766 0 0. expenses. Add lines 13 through 23 216,420 216,420. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 216,420. 223,186 0 Add lines 24 and 25 27 Subtract line 26 from line 12: 758,056 8 Excess of revenue over expenses and disbursements 253,373 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

Form 990-PF (2014)

LHA For Paperwork Reduction Act Notice, see instructions.

Page 2

Form **990-PF** (2014)

Form	990-PF	(2014

_		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
Pa	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\neg$	1	Cash - non-interest-bearing	11,313.	45,795.	45,795.
- 1		Savings and temporary cash investments	161,462.	323,546.	323,546.
		Accounts receivable ►			
	•	Less; allowance for doubtful accounts		-	•
l	4	Pledges receivable			
	•	Less; allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			<del>.</del>
	U	disqualified persons			
	7				
	′	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
Assets		Inventories for sale or use			
\ss		Prepaid expenses and deferred charges			
`		Investments - U.S. and state government obligations	4 056 556	1 (10 0 (	6 000 600
	b	Investments - corporate stock STMT 6	4,056,776.	4,618,266.	6,829,630.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	1		
		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			
		instructions. Also, see page 1, item I)	4,229,551.	4,987,607.	7,198,971.
$\Box$	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ᅙ	21	Mortgages and other notes payable		•	
<u> </u>		Other liabilities (describe )			
ĺ					
	23	Total liabilities (add lines 17 through 22)	0.	0.	
$\dashv$		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted			
ances		Temporarily restricted			
Ta I					
or Fund B	20	Permanently restricted  Foundations that do not follow SFAS 117, check here			
اق		·			
5	07	and complete lines 27 through 31. Capital stock, trust principal, or current funds	0.	0.	
te	27		0.		
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	4,229,551.	4,987,607.	
Ž	29	Retained earnings, accumulated income, endowment, or other funds	4,229,551.	4,987,607.	
ž	30	Total net assets or fund balances	4,249,331.	4,907,007.	
			4 220 551	4 007 607	
$\Box$	31	Total liabilities and net assets/fund balances	4,229,551.	4,987,607.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	4,229,551.
	•	r amount from Part I, line 27a		2	758,056.
		r increases not included in line 2 (itemize)		3	0.
-		lines 1, 2, and 3	·	4	4,987,607.
		eases not included in line 2 (itemize)		5	0.
-		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	. 6	4,987,607.

Page 3

P	art IV Capital Gains a	nd Losses for Tax o	on Investment	Income						
(a) List did door ibo till killide) of property one (origin our object)					low ac - Purch - Dona	nase I '	c) Date a (mo., da		(d) Date sold (mo., day, yr.)	
1a	1,135 SHS PHILI	P MORRIS INTE	ERNATIONA	L		1	P 0	4/1:	3/10	03/13/15
ь	3,400 SHS VERIZ	ON COMMUNICAT	TIONS			]	P 0	4/1:	3/10	08/24/15
С										
d					<u> </u>					
<u>e</u>			·		<u> </u>				<del></del>	<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale					in or (loss (f) minus	(g)
_a				59,53						27,708.
_ <u>b</u>	143,363.			106,74	4.					36,619.
C										
_d										
<u>e</u>			11 11 1	40.004.000					<del></del>	
	Complete only for assets showing						(I) (	Bains (Co k) but n	ol. (h) gaın ot less tha	minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				Losses (	from col.	(h))
a		·								27,708.
_b										36,619.
C										
<u>d</u>										
e				···	_					
2	Capital gain net income or (net cap	ortal loss) { If gain, also If (loss), en	enter in Part I, line iter -0- in Part I, line	7 7	}[	2			<u> </u>	64,327.
3	Net short-term capital gain or (loss	s) as defined in sections 1222	(5) and (6);							
-	If gain, also enter in Part I, line 8, c	•	., .,-		ΙÍ					
_	If (loss), enter -0- in Part I, line 8				<u> </u>	3			N/A	
_		nder Section 4940(e	<u> </u>				ent Inco	me		
(Fc	or optional use by domestic private	foundations subject to the se	ction 4940(a) tax on	net investment in	come	:-)				
If a	poeting 4040(d)(2) applied leave the	a nort blank								
11 5	section 4940(d)(2) applies, leave thi	5 part blank.								
	as the foundation liable for the secti				ıod?					Yes X No
	Yes," the foundation does not qualif									
<u> </u>	Enter the appropriate amount in ea	ach column for each year, see	the instructions be	fore making any e				,		747
	(a) Base period years	(b n in) Adjusted qualifyii	)	Net value of no	(c)		uca accate	ĺ,	Distri	(d) bution ratio
_	Calendar year (or tax year beginnin	g in) Adjusted qualityii		Net value of flo				<u> </u>	col. (b) di	vided by col. (c))
_	2013		244,590.				$\frac{1,729}{0.035}$			.040821
_	2012		202,750. 154,800.				9,935.			.091371
_	2011						4,186. 9,641.	-		.047527
_	2010		74,600.							.090752
	2009	l	145,500.			, 60	3,270.	+ -		.090/52
_								١.١		.318290
	Total of line 1, column (d)							2		.310290
3	Average distribution ratio for the 5		total on line 2 by 5,	or by the number	of ye	ars		١.١		063650
	the foundation has been in existen	ce if less than 5 years						3		.063658
								1 1		6 025 036
4	Enter the net value of noncharitable	e-use assets for 2014 from P	art X, line 5					4		6,835,936.
4	Enter the net value of noncharitable	e-use assets for 2014 from P	art X, line 5					4		
	Enter the net value of noncharitable  Multiply line 4 by line 3	e-use assets for 2014 from P	art X, line 5					5		435,162.
		e-use assets for 2014 from P	art X, line 5							435,162.
5			art X, line 5						<u>-</u>	
5 6	Multiply line 4 by line 3  Enter 1% of net investment income		art X, line 5					5		435,162. 2,534.
5 6	Multiply line 4 by line 3		art X, line 5					5		435,162.
5 6 7	Multiply line 4 by line 3  Enter 1% of net investment income  Add lines 5 and 6	e (1% of Part I, line 27b)	art X, line 5					5 6 7		435,162. 2,534. 437,696.
5 6 7	Multiply line 4 by line 3  Enter 1% of net investment income Add lines 5 and 6  Enter qualifying distributions from	e (1% of Part I, line 27b) · Part XII, line 4						5		435,162. 2,534.
5 6 7	Multiply line 4 by line 3  Enter 1% of net investment income  Add lines 5 and 6	e (1% of Part I, line 27b) · Part XII, line 4		olete that part usin	ıg a 1º	% tax r	ate.	5 6 7		435,162. 2,534. 437,696.

	m 990-PF (2014) THE PICERNE FAMILY CHARITABLE FOU		05-04			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4		<del>1948 - se</del>	<u>e instru</u>	<u>ıctio</u>	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter *N/A					
	Date of ruling or determination letter: (attach copy of letter if necessary-		1 1			
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲	and enter 1%	1		<u>5,0</u>	67.
	of Part I, line 27b					
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part	1, line 12, col. (b). 🔰	1 1			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others ent	ter -0-)	2			0.
3	Add lines 1 and 2		3		5,0	<u>67.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others en	nter -0-)	4			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		5,0	<u>67.</u>
6	Credits/Payments:		1 1			
а	a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a	3,300	1			
b	b Exempt foreign organizations - tax withheld at source 6b	<u> </u>	]			
C	c Tax paid with application for extension of time to file (Form 8868)		1 1			
d	d Backup withholding erroneously withheld6d	<u> </u>	]			
	Total credits and payments. Add lines 6a through 6d		7		<u>3,3</u>	<u>00.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8			<u> 2.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9		<u>1,7</u>	69.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	, ▶	10			
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	Refunded ▶	11			
	art VII-A Statements Regarding Activities				-	
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or	r did it participate or interveni	e iu	<u> </u>	Yes	No
	any political campaign?			1a		X
b	<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		•	1b		Х
	If the answer is "Yes" to $_{1a}$ or $_{1b}$ , attach a detailed description of the activities and copie	es of any matenals publish	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 (section 4955) imposed during the year:	•				
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$		_			ĺ
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	imposed on foundation		1 1		
	managers. ▶ \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrume	ent, articles of incorporation,	or			.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		AT / A	4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		x
Э	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5_		<u> </u>
	If "Yes," attach the statement required by General Instruction T					
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory direction</li> </ul>	one that conflict with the stat	o lour			l
		OUS HIGH COMMET WITH THE STATE	t law	6	х	ĺ
7	remain in the governing instrument?	Part II and (a) and Part V	,	7	X	$\vdash$
′	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete I	rait ii, coi (c), and rait X	,	<u> </u>	^_	<del></del>
۰.	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
Va	AZ			-		
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney 6	General (or decionate)		- [	Ì '	1
U	of each state as required by General Instruction G? If *No,* attach explanation	achicial (or designate)		86	X	1
۵	Is the foundation claiming status as a private operating foundation within the meaning of section 49	142(1)(3) or 4942(1)(5) for cal	endar	100		<u> </u>
3	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complet		Jiidui	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			10	_	$\frac{x}{x}$
	Did any persons occome substantial continuators during the tax year. If tes, attach a schedule listing	uron marnes and addresses				<u></u>

orm 990-PF (2014) THE PICERNE FAMILY CHARI			<u>05-04871</u>	00 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:		<del>-</del>		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗓 No	
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire			
any voter registration drive?		Y	es 🗶 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
4945(d)(4)(A)? (see instructions)		Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?		Y	es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n 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				<del>-                                     </del>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		
expenditure responsibility for the grant?			es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 494:				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promising on	[] v	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	erennal hanafit contract?	٠, ت		6b   ^   🛣
	crsonal benefit contract.			<del>"   1"</del>
If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax s	holtor transaction?		es X No	
		r		7b
b If "Yes," did the foundation receive any proceeds or have any net income attributed in the foundation of the part VIII Information About Officers, Directors, Trust		nogore Highly		, n
Paid Employees, and Contractors	ees, roundation ivid	mayers, migni	,	
List all officers, directors, trustees, foundation managers and their	compensation.			
List an officers, directors, diastees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hòurs per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
RONALD R.S. PICERNE	to position TRUSTEE	enter -0-)	compensation	allowances
1420 E MISSOURI AVE, STE 100	IKUSIBB			
	1.00	0.	0.	0.
	TREASURER		0.	<u></u>
DAVID R. PICERNE	TKEASUKEK			
1420 E MISSOURI AVE, STE 100	1 00	١ ,	ا م	^
PHOENIX, AZ 85014	1.00	0.	0.	0.
			:	
	<del></del>			<del>-</del>
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		l	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(a) Evagaça
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other
	devoted to position		compensation	allowances
NONE				
			1	
		1		
		ļ		
				_
		<u> </u>	<u></u>	
Total number of other employees paid over \$50,000		•	<b>&gt;</b>	0
•			Form	990-PF (2014)

orm 990-PF (2014) THE PICERNE FAMILY CHARITABLE FOUND		0487100 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Name Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NON		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<del></del>
		<del></del>
Total number of others receiving over \$50,000 for professional services	· · · · · ·	▶ 0
Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info	rmation such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, et	С.	Expenses
1 N/A		
	<del></del>	
2		
3		
A		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	ind 2.	Amount
1 N/A		
		1
2		1
		1
All other program related greatments. Con untrustrons	<del>-</del>	
All other program-related investments. See instructions.	:	
3		
		0.

Form **990-PF** (2014)

THE PICERNE FAMILY CHARITABLE FOUNDATION 05-0487100 Form 990-PF (2014) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 6,640,186. a Average monthly fair market value of securities 299,851. 1b b Average of monthly cash balances 1c c Fair market value of all other assets 6,940,037. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 6,940,037. 3 Subtract line 2 from line 1d 104,101 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 6,835,936 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 341,797 6 Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 🕨 🔛 and do not complete this part.) 341,797. Minimum investment return from Part X, line 6 5,067. 2a Tax on investment income for 2014 from Part VI, line 5 2b Income tax for 2014. (This does not include the tax from Part VI.) 5,067. c Add lines 2a and 2b 336,730. 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 216,420. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 36 b Cash distribution test (attach the required schedule) 216,420. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2014)

216,420.

Λ.

5

6

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (se	e instructions)			
	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	ourpus	Tears prior to 2010	2010	336,730.
line 7 2 Undistributed income, if any, as of the end of 2014				330,730.
a Enter amount for 2013 only			0.	
b Total for prior years:				<u> </u>
, -		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009   66,628.				
b From 2010				
c From 2011 71,551.				
d From 2012				
e From 2013				
f Total of lines 3a through e	138,179.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ▶\$ 216, 420.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				216,420.
e Remaining amount distributed out of corpus	0.1		<del></del>	
5 Excess distributions carryover applied to 2014	120,310.			120,310.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	17,869.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.	4			
Subtract lines 7 and 8 from line 6a	17,869.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011 17,869.				
c Excess from 2012				
d Excess from 2013				

e Excess from 2014 423581 11-24-14

	ERNE FAMILY			05-04	87100 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described i	n section	4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	1	[	ľ	ĺ	
used directly for active conduct of	ļ				
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.			ł	1	
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				<del>                                     </del>	
an exempt organization					
(4) Gross investment income	<del></del>		<del></del>		<u> </u>
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t					
Information Regarding Foundation     a List any managers of the foundation where year (but only if they have contributed in RONALD R.S. PICERNE	no have contributed more more than \$5,000). (See s	section 507(d)(2).)			
<b>b</b> List any managers of the foundation who other entity) of which the foundation ha	io own 10% or more of this a 10% or greater intere	ne stock of a corporation ( st.	(or an equally large porte	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does r		
a The name, address, and telephone num	ber or e-mail address of	the person to whom appli	cations should be addre	ssed:	
b The form in which applications should be	be submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines;	<del> </del>	<u> </u>			
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	- <del> </del>

3 Grants and Contributions Paid During the	Coor or Approved for Fishing	Daymont	T	
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
OAK HILL ELEMENTARY SCHOOL PTO 34 TRUCKHOUSE RD. SEVERNA PARK, MD 21146		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE  OPERATIONS	50
SEVERNA PARK, ND 21140	<del> </del>		1 1	
RUNNING FOR REMISSION 119 STONE DRIVE CRANSTON, RI 02920		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	100
HOCKOMOCK AREA YMCA 300 ELMWOOD STREET N. ATTLEBORO, MA 02760		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	200
ONCOLOGY FUND AT MIRIAM 164 SUMMIT AVE. PROVIDENCE, RI 02906		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	200
TEMPLE SINAI 30 HAGAN AVE. CRANSTON, RI 02920		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	200
	NTINUATION SHE	ET(S)	▶ 3a	216,420
<b>b</b> Approved for future payment				
NONE				
		<del> </del>	-	<del></del>
			ì	

Total

Cates areas amounts uplace otherwise advantal	Unrelated	ousiness income	Excluded b	y section 512, 513, or 514	(2)
Enter gross amounts unless otherwise indicated.		(b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	(a) Business code	Amount	sion	Amount	function income
a			+		
<u> </u>	-		+		
c	-		<del> </del>		
d					<del></del>
e					·
f	-			-	· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies	_				
2 Membership dues and assessments					, <u> </u>
3 Interest on savings and temporary cash					
investments	1 1		14	70.	
4 Dividends and interest from securities			14	188,976.	
5 Net rental income or (loss) from real estate;					
a 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				64 227	
than inventory			18	64,327.	
9 Net income or (loss) from special events			+		<del></del>
10 Gross profit or (loss) from sales of inventory	<u> </u>		+ +-		<u></u>
11 Other revenue:					
a			++-		
b			+		
<u> </u>	-		+		<del></del>
d			<del></del>		
e 12 Subtotal. Add columns (b), (d), and (e)	- <del> </del>	0	+	253,373.	0
13 Total. Add line 12, columns (b), (d), and (e)	<u></u>		<u>•1</u>	13	253,373
(See worksheet in line 13 instructions to verify calculations.)	١			13	233,313
` <u> </u>					
Part XVI-B Relationship of Activities	s to the Accor	nplishment of E	xempt Pi	urposes	
Line No. Explain below how each activity for which in	come is reported in	column (e) of Part XVI-	A contributed	importantly to the accom	plishment of
the foundation's exempt purposes (other the				•	
				<del></del>	

Form **990-PF** (2014)

423621 11-24-14

(3) Rental of facilities, equipment, or other assets

(6) Performance of services or membership or fundraising solicitations

(4) Reimbursement arrangements

(5) Loans or loan guarantees

1b(3)

1b(4) 1b(5)

Fori	11 990-PF (2014) THE PICERNE FAMILII CHARITABLE FOUNDATION 03-0487	TOO	Pa	ige 13
P	art XVII Information Regarding Transfers To and Transactions and Relationships With Nonchar	table	•	
	Exempt Organizations			
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
а	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets .	1a(2)		Х
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		Х

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in

column (d) the value of the goods, other assets, or services re  (a) Line no (b) Amount involved (c) Name of nonc		ncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements			
· ·			N/A			
	<u> </u>					
					11.1	
L						
		<u> </u>				
		<del></del>	<del>-</del>	<del> </del>		
	,	<del></del>		<u> </u>		
2a Is the f	foundation directly or indirectly	affiliated with, or relat	ed to, one or more tax-exempt organ	nizations described		
ın sect	tion 501(c) of the Code (other t	than section 501(c)(3)	or in section 527?		Yes X No	
b If Yes,	," complete the following sched					
	(a) Name of orga	nization	(b) Type of organization	(c) Desi	cription of relationship	
	N/A					
				ļ		
					··· <del>·</del>	
Tue	nder penalties of person I declare th	at I have examined this ret	urn, including accompanying schedules an	d statements, and to the best of r	my knowledge	
			er (other than taxpayer) is based on all info		knowledge return with the preparer	
Here	X DO V	0	= 12/28/16	TRUSTEE	shown below (see instr )?  X Yes No	
	Signature of officer or trustee		Date	Title	Land Yes 22 110	
	Print/Type preparer's nan	ne Pr	eparer's signature	Date Check	if PTIN	
	JOHN E. FIN	INERTY,	O = A		mployed	
Paid	JR.	<u> </u>	ohn O. Demnet	01/18/16	P00252261	
Preparer Firm's name ► LGC&D LLP			Aut Servine Age	Firm'	sEIN ► 45-3994797	

Form **990-PF** (2014)

Phone no. 401-421-4800

Use Only

Firm's address ► TEN WEYBOSSET STREET

PROVIDENCE, RI 02903

# 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

Name of the organization				_	Employer identification number
THE	PICERNE	FAMILY	CHARITABLE	FOUNDATION	05-0487100

Organiz	ation type (check or	ne)·
Filers of	:	Section:
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	·	
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
General	Rule	
	For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions
Special	Rules	
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.
		nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

#### THE PICERNE FAMILY CHARITABLE FOUNDATION

05-0487100

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	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
2	RONALD R S PICERNE  6737 NORTH 60TH STREET  PARADISE VALLEY, AZ 85253	\$ 313,600.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

**Employer identification number** 

#### THE PICERNE FAMILY CHARITABLE FOUNDATION

05-0487100

(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
893 SHS BRISTOL MYERS SQUBB CO.	_	
	\$\$	02/17/15
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
800 SHS HOME DEPOT INC.	_	<del></del>
	313,600.	02/17/15
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	     \$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	     \$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Description of noncash property given  (b)  (b)  Description of noncash property given	(b) Description of noncash property given  \$ 313,600.  \$ 313,600.  (c) FMV (or estimate) (see instructions)  \$ 313,600.  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  \$ (c) FMV (or estimate) (see instructions)

Name of orga	nization	<del> </del>	Employer identification number
	CERNE FAMILY CHARITABLE	E FOUNDATION	05-0487100
Part III	Exclusively religious, charitable, etc., contributer. Complete completing Part III, enter the total of exclusively religious.  Use duplicate copies of Part III if additional	s, chantable, etc., contributions of \$1,000 or	in section 501(c)(/), (8), or (10) that total more than \$1,000 for ving line entry. For organizations less for the year (Enter this info once) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, an	d ZiP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferonis nome address or	(e) Transfer of gift	Relationship of transferor to transferee
	Transferee's name, address, ar	10 &IF T 4	netationally of dataset of to datasetee

423454 11-05-14

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the		<del></del>		
Recipient  Name and address (home or business)	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		
CHILDREN'S HOSPITAL BOSTON TRUST 401 PARK DRIVE SUITE 102		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	
BOSTON, MA 02215		DRGANIZATION	DPERATIONS	250
NEWPORT HOSPITAL AUXILLARY		CHARITABLE	SUPPORT CHARITABLE	
11 FRIENDSHIP ST.		ORGANIZATION	OPERATIONS	
NEWPORT, RI 02840		<u> </u>	1	250
SOPHIA ACADEMY		CHARITABLE	SUPPORT CHARITABLE	
582 ELMWOOD AVE. PROVIDENCE, RI 02907		ORGANIZATION	OPERATIONS	250
THE GRODEN CENTER		CHARITABLE	SUPPORT CHARITABLE	
86 MOUNT HOPE STREET		ORGANIZATION	OPERATIONS	
PROVIDENCE, RI 02906				250
HARVARD UNIVERSITY BUSINESS SCHOOL		CHARITABLE	SUPPORT CHARITABLE	
SOLDIERS FIELD BOSTON, MA 02163		ORGANIZATION	OPERATIONS	500
boblon, Mr oblos				
COLLEGE OF CHARLESTON		CHARITABLE	SUPPORT CHARITABLE	
66 GEORGE STREET		ORGANIZATION	OPERATIONS	
CHARLESTOWN, SC 29424		1		1,000
METHODIST UNIVERSITY 5400 RAMSEY STREET		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	
PAYETTEVILLE, NC 28311		D. C.	of Bigil Tond	1,000
THE UNIVERSITY OF CONNECTICUT		CHARITABLE	SUPPORT CHARITABLE	
233 GLENBROOK RD.		ORGANIZATION	OPERATIONS	
STORRS, CT 06269				1,000
CROSSROADS RHODE ISLAND		CHARITABLE	SUPPORT CHARITABLE	
160 BROAD STREET		ORGANIZATION	OPERATIONS	
PROVIDENCE, RI 02903	<u> </u>			2,000
STOP & SHOP		CHARITABLE	SUPPORT CHARITABLE	
575 GREENWICH AVE.		DRGANIZATION	OPERATIONS	2 820
WARWICK, RI 02886  Total from continuation sheets	_1_	1		2,820 215,670

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear (Continuation)			
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	ochaloudon .	
THE UNIVERSITY OF RHODE ISLAND		CHARITABLE	SUPPORT CHARITABLE	
6 RHODY RAM WAY		ORGANIZATION	OPERATIONS	
KINGSTON, RI 02881				3,000
DVINNOV VIOLE		CV11 D T M 1 D V D		
P.O. BOX 851		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	
PROVIDENCE, RI 02901				4,000
SCOTTSDALE ARTISTS SCHOOL		CHARITABLE	SUPPORT CHARITABLE	
3720 N MARSHALL WAY		ORGANIZATION	OPERATIONS	
SCOTTSDALE, AZ 85251				5,600
ST PATRICK ACADEMY		CHARITABLE	SUPPORT CHARITABLE	
244 SMITH STREET		ORGANIZATION	OPERATIONS	7 500
PROVIDENCE, RI 02908				7,500
THE SAN MIGUEL SCHOOL		CHARITABLE	SUPPORT CHARITABLE	
525 BRANCH AVENUE		ORGANIZATION	OPERATIONS	
PROVIDENCE, RI 02904				8,750
FRIARS FOREVER FUND		CHARITABLE	SUPPORT CHARITABLE	
333 EATON STREET		ORGANIZATION	OPERATIONS	
PROVIDENCE, RI 02908				10,000
TOLL GATE HIGH SCHOOL		CHARITABLE	SUPPORT CHARITABLE	
575 CENTERVILLE RD.		ORGANIZATION	OPERATIONS	
WARWICK, RI 02886				10,000
PILGRIM HIGH SCHOOL		CHARITABLE	SUPPORT CHARITABLE	
111 PILGRIM PARKWAY		ORGANIZATION	OPERATIONS	
WARWICK, RI 02888				20,000
WARWICK VETERANS MEMORIAL		CHARITABLE	SUPPORT CHARITABLE	
2401 WEST SHORE RD.		ORGANIZATION	OPERATIONS	
WARWICK, RI 02889			ļ	20,000
CRANSTON HIGH SCHOOL WEST		CHARITABLE	SUPPORT CHARITABLE	
80 METROPOLITAN AVE		ORGANIZATION	OPERATIONS	
CRANSTON, RI 02920		<u> </u>	1	22,500

Part XV Supplementary Information 3 Grants and Contributions Paid During the You	ear (Continuation)			
	If recipient is an individual	T	T .	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		<u> </u>
RANSTON HIGH SCHOOL EAST		CHARITABLE	SUPPORT CHARITABLE	
55 CENTER STREET		ORGANIZATION	OPERATIONS	
MA 02459				35,000
GEORGETOWN UNIVERSITY		CHARITABLE	SUPPORT CHARITABLE	
2115 WISCONSIN AVE NW		ORGANIZATION	OPERATIONS	
ASHINGTON, DC 20007				60,00
<del></del>	-		-	
				!
-				
		1		
		T		
Total from continuation sheets		•		

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CASH 1	INVESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
INTEREST INCOME			70.	70.	
TOTAL TO PART I, LI	NE 3		70.	70.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECU	JRITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST MENT INCOM	
DIVIDEND INCOME	188,976	•	0. 188,976	188,976	5.
TO PART I, LINE 4	188,976	•	188,976	188,976	5.
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
TAX PREPARATION FEE	- S	2,000.	0.	•	0.
TO FORM 990-PF, PG	1, LN 16B	2,000.	0.		0.
FORM 990-PF		TAX	ES		STATEMENT 4
		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOMI	(D) CHARITABLE PURPOSES
DESCRIPTION					
DESCRIPTION	-	3,948.	0.	•	0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
BANK CHARGES	818.	0	•	0.	
TO FORM 990-PF, PG 1, LN 23	818.	0	•	0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6	
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE	
MARKETABLE SECURITIES			4,618,266.	6,829,630.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		4,618,266.	6,829,630.	