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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

2015

Department of the Treasury Internal Revenue Service

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Open to Public inspection

For calendar year 2015, or tax year beginning	, 2015, and ending		
Name of foundation	witchle Mount	A Employer identification numb	er
Sherman and Linda Saperstein Cha Number and street (or PO box number if mail is not delivered to street a 7363 E. McLellan Blvd.	address) Room/suite	B Telephone number (see instruction (480) 596-1675	
City or town, state or province, country, and ZIP or foreign postal code			
Scottsdale	AZ 85250	C If exemption application is pe	ending, check here.
G Check all that apply Initial return	Initial return of a former public charity Amended return	D 1 Foreign organizations, check	here · · · · · ►
Address change	Name change	2 Foreign organizations meetin	ng the 85% test, check
	(c)(3) exempt private foundation	here and attach computation	
Section 4947(a)(1) nonexempt charitable tru	· · · · · · · · ·	E If private foundation status w	as terminated
	counting method: X Cash Accrual	under section 507(b)(1)(A), c	neck nere
(from Part II, column (c), line 16) ► S 17,412 (Part I.	Other (specify) column (d) must be on cash basis.)	F If the foundation is in a 60-mi under section 507(b)(1)(B), c	
Partia Analysis of Revenue and	T		-
Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books (b) Net investme income	int (c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc, received (attach schedule)		·李明 李 (1) · 李 (1) · 李 (1) · 李 (1)	· · · · · · · · · · · · · · · · · · ·
2 Ck In the foundation is not required to attach Sch B	· · · · · · · · · · · · · · · · · · ·	· 歌· · · · · · · · · · · · · · · · · ·	
3 Interest on savings and temporary cash investments · · · ·	1.	1.	* 4 2 2 4 4 4 4 4
4 Dividends and interest from securities			
Net rental income	1		
or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all			* 4 * 1 * 7 9 9 9
B Gross sales price for all assets on line 6a · · ·	Referrance 1		
Capital gain net income (from Part IV, line 2)			*
U 9 Income modifications			& ** * * * * * * * *
allowances b Less Cost of	- J. B. B. R. R. B. P. C. B.		
goods sold	the second secon		**************************************
11 Other income (attach schedule) · · · · · · ·		? 	
12 Total. Add lines 1 through 11	40,001.	1.	李母子 不正子如此
13 Compensation of officers, directors, trustees, etc			
14 Other employee salaries and wages	RECEIV	/ED	
A 16a Legal fees (attach schedule)		131	
b Accounting fees (attach sch)	12 MAY 1 6	2016 91	
C Other prof fees (attach sch)	S mai x o	20 0 18	,
P S 18 Taxes (attach schedule)(see instrs)	OGDEN		
R R 40 Depression (attach	- ABLIV	10 -	* * * * * * * * * * * * * * * * * * *
1 1 00 0	<u> </u>		中分十四本重查事:
G E 21 Travel, conferences, and meetings			
A E 22 Printing and publications			
Έ			
N S 24 Total operating and administrative			· · · · · · · · · · · · · · · · · · ·
expenses. Add lines 13 through 23 · · · · · · · · · · · · · · · · · ·	21 645		31,645.
25 Contributions, gifts, grants paid	31,645.	Salar	31,043.
Add lines 24 and 25 · · · · · · · · · · · · ·	31,645.		31,645.
27 Subtract line 26 from line 12: a Excess of revenue over expenses	A COMPANY OF THE STATE OF THE S	Company of the second	·寒寒寒寒寒寒寒寒
and disbursements	8,356.		*** ** *** *** **** **** **** **** **** ****
b Net Investment Income (if negative, enter -0-).	in stone & it is about it.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
C Adjusted net Income (if negative, enter -0-) BAA For Paperwork Reduction Act Notice, see Ins	tructions. TEEA0301 1		Form 990-PF (2015)

المحال	5111	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	Ena o	year
ren	5 U. J	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash non-interest-bearing			
	2	Savings and temporary cash investments	9,056.	17,412.	17,412.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable	~ & & # * *	* * * * * * * *	******
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)		2 1 h & & og 4 w v	
A		Less: allowance for doubtful accounts			
A S E T	8	Inventories for sale or use			
E	9	Prepaid expenses and deferred charges			
Ś	10 a	a Investments — U.S. and state government obligations (attach schedule)			
	l t	b Investments — corporate stock (attach schedule)			
	(c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis ▶	- 4 4 4 4 4 2 5 7 2 4 4 4 4 5 7 5 7	<i>推</i> 模模模模式 4 作录 (中部模型单数 3 一年	
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment: basis	* 4 9 1 9 2 2 2 2 2 2		
		Less accumulated depreciation (attach schedule)			
	15 16	Other assets (describe Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	9,056.	17,412.	
Ļ	17	Accounts payable and accrued expenses			表表 参表 中央情事事。
A	18	Grants payable			
В	19	Deferred revenue			a state of the state of the
I L	20	Loans from officers, directors, trustees, & other disqualified persons			0 + + 4
I T	21	Mortgages and other notes payable (attach schedule)			****
1	22	Other liabilities (describe			and the second second second
E S	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.			* * * * * * * * * * * * * * * * * * *
N F	24	Unrestricted			
E U T N	25	Temporarily restricted			* - * * * 3 * *
D	26	Permanently restricted			1 2 4 4 × 6 . 8
A 5 B 5 A		Foundations that do not follow SFAS 117, check here . A and complete lines 27 through 31.			
S A E L T A	27	Capital stock, trust principal, or current funds	9,056.	17,412.	
SN	28	Paid-in or capital surplus, or land, bldg , and equipment fund			z
O E	29	Retained earnings, accumulated income, endowment, or other funds			b
RS	30	Total net assets or fund balances (see instructions)	9,056.	17,412.	
	31	Total liabilities and net assets/fund balances (see instructions)	9,056.	17,412.	
Par	} [[[[Analysis of Changes in Net Assets or Fund Balance	· 	- · · · · · - · · · · · · · · · · ·	
1	Total	I net assets or fund balances at beginning of year — Part II, column of-year figure reported on prior year's return)	(a), line 30 (must agree w	vith	9,056.
2	Ente	r amount from Part I, line 27a	. .	2	8,356.
3	Other	Increases not included in tine 2 (Itemize)		3	2,353.
4	Add I	Increases not included in line 2 (itemize)		4	17,412.
5	Decre	eases not included in line 2 (itemize)		5	,
6_	Total	I net assets or fund balances at end of year (line 4 minus line 5) - F	Part II, column (b), line 30	6	17,412.

(a) List and des	and Losses for Tax on Investment cribe the kind(s) of property sold (e.g., real chouse; or common stock, 200 shares MLC (estate, (b) F	low acquired - Purchase - Donation	(C) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr)
1-			- Donadon	 	
				 	
<u> </u>				·	
<u>e</u>	(0.0	(a) Cook on other harin	I	(h) Corp or	(lens)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
<u>a</u>					
b c				<u></u>	
					
			-		
	howing gain in column (h) and owned by the	e foundation on 12/31/69			
(i) F.M.V.	(i) Adjusted basis	(k) Excess of col. (i)	─	(1) Gains (Co gain minus col. (k), b	
as of 12/31/69	as of 12/31/69	over col. (j), if any	ti ³	ian -0-) or Losses (fi	rom col (h))
a			<u> </u>		
b					
C					
d					
е					
2 Capital gain net income or	(net capital loss) If gain, also e	enter in Part I, line 7 or -0- in Part I, line 7	2		
3 Net short-term capital gain	or (loss) as defined in sections 1222(5) and	- '	-		
· -	line 8, column (c) (see instructions). If (loss	_			
			3		
PartiV Qualification U	nder Section 4940(e) for Reduce	d Tax on Net Investment	Income		
	section 4942 tax on the distributable amoun		?	Yes	No
	unt in each column for each year; see the in		tnes		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution . (b) divided by c	
2014	36,270.	7,4	65.		4.858674
2013	19,800.	22,1			0.892656
2012	18,900.	5,0			3.760446
2011	15,600.	6,1			2.530824
2010	14,800.	2,4			6.053170
2 Total of line 1, column (d)			2		18.095770
3 Average distribution ratio for	or the 5-year base period — divide the total attention has been in existence if less than 5 ye	on line 2 by 5, or by the			3.619154
·	charitable-use assets for 2015 from Part X, I				5,059.
·					18,309.
	t income (1% of Part I, line 27b)				
					10 200
				 	18,309.
	ns from Part XII, line 4 · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	• • 8		31,645.
	er than line 7, check the box in Part VI, line			_	

Par		instru	ictions)		
	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	ì			
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			0.
	check here . ► X and enter 1% of Part I, line 27b			x.	5 Å
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	, ,	*	1 54 de	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3_			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5			0.
6	Credits/Payments:			e & e≵ 3	
а	2015 estimated tax pmts and 2014 overpayment credited to 2015 6 a	. 75		\$ 44 Sp 1	* *
	Exempt foreign organizations — tax withheld at source		orrite of	+ 9 🛊 9	* \$
	Tax paid with application for extension of time to file (Form 8868) 6 c	* G	* " 3 "	- 4 & A	
	Backup withholding erroneously withheld	e (ex	15. Vo. 8.	ب به بهٔ به غ	
7	Total credits and payments. Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			0.
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11			
_	Statements Regarding Activities				
				Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1	b	Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		*	- \$ - \$ - 5 - \$ - \$	* * * *
c	Did the foundation file Form 1120-POL for this year?		1	C	X
_	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$		40		ger eges.
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers • \$				is the
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.		*	4 4	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If Yes, attach a conformed copy of the changes			$\rightarrow \rightarrow$	Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			a	<u> </u>
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?			Ь	X_
5	$Was there a liquidation, termination, dissolution, or substantial contraction during the year? \dots \dots$		5		<u> </u>
	If 'Yes,' attach the statement required by General Instruction T		7	igi to as	2. 0
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		22.5		
	By language in the governing instrument, or		, est		de de
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6	X	* * .
7	Did the foundation have at least \$5,000 in assets at any time during the year? If Yes,' complete Part II, col. (c), and Part XV		7	' X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)			9 F 40	· j. 2
	AZ - Arizona		*	. # £ ;:	* *
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8	b b	X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part X	(5)	- 45.	4 & ÷	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10	, 🔝	х
BAA				990-PF (2	

None

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Pan	Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Employees	s,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NO		
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Comp	ensation
йой	E		
			_
Total	number of others receiving over \$50,000 for professional services	· · · · •	None
Par	Summary of Direct Charitable Activities		
List the	foundation's four largest direct charitable activities during the tay year. Include relevant statictical information such as the number of		_
organiz	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of cations and other beneficiaries served, conferences convened, research papers produced, etc.	Exper	nses
1			
2			
3			-
4			
			=
Кац	Summary of Program-Related Investments (see instructions)		_
Desc	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amo	unt
1			
2			
-			
All ot	her program-related investments. See instructions		
3			
Total	Add lines 1 through 3	•	
RAA			-DE (2015)

For		20-6981976	Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign foundation	ns,
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	
	Average of monthly cash balances	1b	5,136.
	Fair market value of all other assets (see instructions)	1c	
	d Total (add lines 1a, b, and c)		5,136.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)	[V-258]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,136.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3		
_	(for greater amount, see instructions)		<u>77.</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4		5,059.
6	Minimum investment return. Enter 5% of line 5		<u>253.</u>
Pa	Tixi Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations and certain foreign organizations check here □ and do not complete this part.)	ng toundations	
1	Mınımum investment return from Part X, line 6	1	253.
2 :	Tax on investment income for 2015 from Part VI, line 5). [3]	
1	Income tax for 2015. (This does not include the tax from Part VI.)		
(Add lines 2a and 2b	2 с	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	253.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	253.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	253.
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	31,645.
	Program-related investments – total from Part IX-B		· · · · · · · · · · · · · · · · · · ·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	<u> </u>
3	Amounts set aside for specific chantable projects that satisfy the	3a	
	Cash distribution test (attach the required schedule)		
_	· · · · · · · · · · · · · · · · · · ·		21 645
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		31,645.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	31,645.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
Distributable amount for 2015 from Part XI, line 7	,	*	*	253.
2 Undistributed income, if any, as of the end of 2015:			- **	
a Enter amount for 2014 only	*	, ·	0.	
b Total for prior years. 20 , 20 , 20	. ,		4 ,	, , , , , , , , , , , , , , , , , , ,
3 Excess distributions carryover, if any, to 2015.		· · · ·	* >	`
a From 2010 14,678.	. , , , ,	. *	* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	, , , , , ,
b From 2011	, ,		. * : *	, , , , , , , , , , , , , , , , , , ,
c From 2012		, - », n		
d From 2013 18, 691.			* * * * * * * * * * * * * * * * * * * *	
e From 2014		* *	* * * * * * * * * * * * * * * * * * * *	
f Total of lines 3a through e	103,207.	* * .	2 & 2 *********************************	* * * * * *
4 Qualifying distributions for 2015 from Part				
XII, line 4: \$ 31,645.			- 1 10 1 A 1 1 2 C	. * . * *
a Applied to 2014, but not more than line 2a	* * * * * * * * *	* * * * * * * .		
b Applied to undistributed income of prior years				· · · · · · · · · · · · · · · · · · ·
(Election required — see instructions)			* * * * * * * *	La L
c Treated as distributions out of corpus (Election required — see instructions)		****		
d Applied to 2015 distributable amount				253.
e Remaining amount distributed out of corpus	31,392.	A 10.7 10.7 10.7 10.7 10.7	~ & & *	000700000000000000000000000000000000000
5 Excess distributions carryover applied to 2015	32,000	\$ \$ \$ \$ \$ \$. 4 & \$	
(If an amount appears in column (d), the		* * * * * * * * *		
same amount must be shown in column (a).)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
6 Enter the net total of each column as		\$ *. \$ * \$ * * * * * * *	# a r % \$ \$ \$ * .	1
6 Enter the net total of each column as indicated below:	; & * * a / * 1 0	444,44	* * * * * * * * * * * * *	
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	134,599.		* * * * * * * * * * * * * * * * * * *	
b Pnor years' undistributed income. Subtract	₩		新のかい しゅう 事事	\$ - 4 - 4 + 4 * *
line 4b from line 2b	2 2 4 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.	ラックルドスを夢覧し	
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	19 1 November 19		* * 4 ¾ ½ ° °	
d Subtract line 6c from line 6b. Taxable				* * * * *
amount - see instructions		0.	3 - 4 4 4 4 3	
Undistributed income for 2014 Subtract line 4a from	* * * *			
line 2a. Taxable amount — see instructions			0.	* * * * * * * * * * * * * * * * * * * *
f Undistributed income for 2015. Subtract lines			* ' * ' ' '	
4d and 5 from line 1. This amount must be	& w		· • • • • • • • • • • • • • • • • • • •	_
distributed in 2016	£ ; * * *	· · · · · · · · · · · · · · · · · · ·		0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by		* * i,	2	1 4 4 5 5 5 5 5 4 min
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions)				*
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	14,678.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	119,921.	* * * * * * * * * * * * * * * * * * * *	, 4 + 4 - A	
10 Analysis of line 9.	119,921.	*************************************		
·				
a Excess from 2011 1 15 202	.			• '
a Excess from 2011			. * • •	» , ====
b Excess from 2012 18,649.			, " v '	
b Excess from 2012	10		- v' *	
b Excess from 2012 18,649.			- 1	2

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	Private Operating Foundat					N/A		
1ε	If the foundation has received a ruling or deto	ermination letter tha ing	t it is a private opera	iting foundation, and	the ruling			
k	Check box to indicate whether the foundation	n is a private operati	ing foundation descr	ibed in section	4942(J)(3) or	4942(j)(5)		
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years				
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Totai		
	85% of line 2a							
	Qualifying distributions from Part XII, Inne 4 for each year listed							
	Amounts included in line 2c not used directly for active conduct of exempt activities							
	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon:							
а	'Assets' alternative test — enter:							
	(1) Value of all assets			 				
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
	'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
C	'Support' alternative test — enter:							
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)							
	(3) Largest amount of support from an exempt organization							
	(4) Gross investment income							
Par	Supplementary Information assets at any time during th	(Complete this e vear – see in	part only if the structions.)	foundation had	d \$5,000 or more	in		
1	Information Regarding Foundation Manag		,					
а	List any managers of the foundation who have close of any tax year (but only if they have co	e contributed more entributed more than	than 2% of the total a \$5,000). (See section	contributions receive on 507(d)(2).)	ed by the foundation b	efore the		
	Sherman Saperstein							
b	List any managers of the foundation who own a partnership or other entity) of which the foundation.	10% or more of the ndation has a 10% of	e stock of a corporat or greater interest.	ion (or an equally lar	ge portion of the own	ership of		
2	2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs: Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.							
а	The name, address, and telephone number of	r e-mail address of	the person to whom	applications should	be addressed:			
	Sherman and Linda Saperster 7363 E. McLellan Blvd	in						
	Scottsdale	AZ 8525	0 (48	30) 596-1675				
b	The form in which applications should be sub			•				
	By letter explaining the cl	naritable us	e to which t	the grant wou	ıld be applied	i.		
c	Any submission deadlines: None							
d	Any restrictions or limitations on awards, such	n as by geographica	Il areas, charitable fi	elds, kinds of institut	ions, or other factors:			
	None							

Part Supplementary Information (continued)

Recipient Name and address (home or business) a Paid during the year Tewish Family & Children's Service 747 N. 7th St., ste. 100 Phoenix AZ 85014 Tewish Federation of Greater Phoenic 2701 N. Scottsdale Rd Scottsdale AZ 85254 Sama Hill's Help, Inc.	1 ×	Foundation status of recipient	Purpose of grant or contribution for general support of mission for general	Amount
a Paid during the year Tewish Family & Children's Service 1747 N. 7th St., ste. 100 Phoenix AZ 85014 Tewish Federation of Greater Phoeni 2701 N. Scottsdale Rd Scottsdale AZ 85254 Tama Hill's Help, Inc.	e 1 x		support of mission	
Tewish Family & Children's Service 1747 N. 7th St., ste. 100 Phoenix AZ 85014 Ewish Federation of Greater Phoenice 2701 N. Scottsdale Rd Scottsdale AZ 85254 Eama Hill's Help, Inc.	1 ×	PC	support of mission	
Phoenix AZ 85014 Pewish Federation of Greater Phoenix 2701 N. Scottsdale Rd Cottsdale AZ 85254 Cama Hill's Help, Inc.	1 ×	PC	support of mission	1 000
Phoenix AZ 85014 Tewish Federation of Greater Phoenic 2701 N. Scottsdale Rd Scottsdale AZ 85254 Tama Hill's Help, Inc.	×	PC	mission	
Tewish Federation of Greater Phoeni 2701 N. Scottsdale Rd Scottsdale AZ 85254 Mama Hill's Help, Inc.	×	PC		1 1100
2701 N. Scottsdale Rd Scottsdale AZ 85254 Mama Hill's Help, Inc.			lini denerar i	1,000
cottsdale AZ 85254 Mama Hill's Help, Inc.	1	1	support of	
Mama Hill's Help, Inc.	•	PC	mission	5,000
<u>-</u> :	1	FC	for general	3,000
EE T 0254 C+			support of	
55 E. 92nd St. os Angeles CA 90002	,	PC	mission	2,000
SU Foundation		-	general support	2,000
2.0. Box 2260			of educational	
Tempe AZ 85280	,	PC	mission	4,100
cottsdale Cultural Council	'		for support of	1,100
380 E. 2nd St			the arts	
scottsdale AZ 8525		PC		5,800
ewish Federalon of Metro Chicago			for general	0,000
0 S. Wells St.			support of	
Chicago IL 60600	5	PC	mission	180
lyde Square Task Force			general support	
75 Centre St			of youth	
Tamaica Plain MA 02130		PC	development	5,000
Phoenix Symphony		-	general support	·
N. 1st St.			of artistic	
Phoenix AZ 85004	1	PC	mission	500
cottsdale Healthcare Foundation	n		general support	
125 N. Hayden Rd			of mission	
cottsdale AZ 85258	3	PC		500
ee Line 3a statement				
				7,565
Total			3a	31,645
b Approved for future payment				

nter gross amounts unless otherwise indicated.	Unrelated I	ousiness income	Excluded by	section 512, 513, or 514	(0)	
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions.)	
1 Program service revenue			code			
b						
C						
d						
е						
f						
g Fees and contracts from government agencies			<u> </u>			
2 Membership dues and assessments			4			
3 Interest on savings and temporary cash investments	ļ		14	1.		
4 Dividends and interest from securities	(Sustangue)			Market service saleshimming service		
5 Net rental income or (loss) from real estate:	<u> </u>					
a Debt-financed property			+			
b Not debt-financed property			-			
6 Net rental income or (loss) from personal property		<u> </u>	+			
7 Other investment income	<u> </u>		+			
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events			+			
O Gross profit or (loss) from sales of inventory		nome/second to second se		***	2 2 4	
1 Other revenue:	SECULATION SECULATION AND ADDRESS OF A SECURATION AND ADDR				ACCOUNTS OF THE PERSON OF THE	
a		·	+ +			
b			1 1			
	+					
С						
c d e				1		
c d e Subtotal Add columns (b), (d), and (e)	24.5			1.		
c d e Subtotal Add columns (b), (d), and (e)				1 13		
c d e Subtotal Add columns (b), (d), and (e)	ns.)			13		
c d e Subtotal Add columns (b), (d), and (e)	ns.)			13		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation art XVI-B2 Relationship of Activities to the	ns.) ne Accomplis	hment of Exem	npt Purpos	ses	he	
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation art XVIB: Relationship of Activities to the line No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) ne Accomplis	hment of Exem	npt Purpos	ses	he	
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c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation art XVIB: Relationship of Activities to the line No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) ne Accomplis	hment of Exem	npt Purpos	ses	he	
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c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation art XVIB: Relationship of Activities to the line No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) ne Accomplis	hment of Exem	npt Purpos	ses	he	

0/11/10	50- 11 (4				. Charten							
(Intes	SYN)	ntormation Reg Exempt Organiz	arding Trai	nsfers To an	d Transactio	ns and	Relationship	s With No	ncha	ritable		
de re	id the or escribed elating to	rganization directly or in section 501(c) of political organization	r indirectly engathe Code (otherns?	er than section 50)1(c)(3) organizat	tions) or i	rganization n section 527,			***	Yes	No
		from the reporting for								4 (1)		, 954 -
(1) Cash								• • • •	1 a (1)		<u> X</u>
(2) Othe	rassets						• • • • • •			-	X
_		nsactions:									Madd	
		s of assets to a nonch										_X
		nases of assets from										X
		al of facilities, equipm										X
		bursement arrangem										Х
		s or loan guarantees										X
(6) Perfo	rmance of services of	or membership	or fundraising so	licitations					1 b (6)		X
c S	haring c	f facilities, equipmen	t, mailing lists,	other assets, or	paid employees.					1 c		Х
d If th ai	the ans e goods ny trans	wer to any of the abo s, other assets, or ser action or sharing arra										
(a) Line	no	(b) Amount involved	(c) Name o	of noncharitable exer	npt organization	(d)	Description of transf	fers, transaction	is, and s	haring arran	gements	<u> </u>
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de	escribed	ndation directly or inc I in section 501(c) of omplete the following	the Code (othe	d with, or related er than section 50	to, one or more to 01(c)(3)) or in sec	tax-exem tion 5271	pt organizations	• • • • • •		. Yes	х	No
	(a)	Name of organization	1	(b) Type	of organization		(c)	Description	of relati	onship		
Sign	Under pe correct, a	enalties of perjury, I declare to and complete Declaration of	that I have examine f preparer (other tha	d this return, including in taxpayer) is based o	accompanying schedum all information of wh	iles and stat ich preparer	ements, and to the bes has any knowledge.	st of my knowledg	e and be	lief, it is true, May the I	RS discu	ISS
Here	Signati	ung of officer or trustee	Z gre	*************************************	5/12/1	<u>6</u>	TRUSTEE			this return preparer (see instr	n with the shown be uctions);	elow
	- CHINA	Print/Type preparer's name		Preparer's			Date		Π.	PTIN	Yes	No
		ypo propuloi o name	-	, , , , , , , , , , , , , , , , , , , ,	g/			Check	∐ıf	,		
Paid			<u> </u>	= <u>-b~~</u>	naror	₹	1	self-employ	ed	<u> </u>		
^o repa	rer	Firm's name	Seli	<u>-Pre</u>	<u>parec</u>	<u> </u>		Firm's EIN				

Preparer

Use Only

Firm's address

Phone no

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Sherman and Linda Saperstein	Charitable Trust	20-6981976
Organization type (check one):	-	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organ	nization
	4947(a)(1) nonexempt chantable trus	st not treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trus	at treated as a private foundation
		a sould do a private rounding.
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Gene	eral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) organia	zation can check boxes for both the Gener	al Rule and a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-FZ	or 990-PF that received, during the year, o	ontnbutions totaling \$5,000 or more (in money or
property) from any one contributor. Complete	Parts I and II. See instructions for determine	ning a contributor's total contributions.
Special Rules		
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the	e 33-1/3% support test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during the	vear, total contributions of the greater of (1	10-E2), Part II, line 13, 16a, or 16b, and that 1) \$5,000 or (2) 2% of the amount on (I)
Form 990, Part VIII, line 1h, or (II) Form 990-E	Z, line 1. Complete Parts I and II.	
	-V7V (0) (40) files Form 000 000 F7	I that received from any and contributor
For an organization described in section 501(n \$1.000 <i>exclusively</i> for religious, chantab	ole, scientific, literary, or educational
purposes, or for the prevention of cruelty to ch	nildren or animals. Complete Parts I, II, and	J III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E2	that received from any one contributor,
during the year, contributions exclusively for r \$1,000. If this box is checked, enter here the	eligious, charitable, etc., purposes, but no otal contributions that were received durin	o the year for an exclusively religious.
charitable, etc., purpose. Do not complete any	of the parts unless the General Rule app	lies to this organization because
it received nonexclusively religious, charitable	, etc., contributions totaling \$5,000 or more	eduring the year · · · · · · ▶ ♀
Caution. An organization that is not covered by the 990-PF), but it must answer 'No' on Part IV, line 2	e General Rule and/or the Special Rules of its Form 990; or check the box on line	loes not file Schedule B (Form 990, 990-EZ, or H of its Form 990-FZ or on its Form 990-PF
Part I, line 2, to certify that it does not meet the fili	ng requirements of Schedule B (Form 990	, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule	: B (FUIII 990, 990-E2, 01 990-F1) (2013)	·	<u>ugo 1 0, 1 0, uno</u>
Name of or	•	Employer Identification number 20-6981976	
	an and Linda Saperstein Charitable Trust Contributors (see instructions). Use duplicate copies of Part I if additional space		20-0901910
(a) Number	·	(c) Total contribution	(d) Type of contribution
1	Sherman H. Saperstein 7363 E. McLellan Blvd. Scottsdale AZ 85250	\$ <u>40</u> ,	Person X Payroll OOO. Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		- -\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Form 990-PF, Page 11, Part XV, line 3a . Line 3a statement

Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount	
	contributor	ļ			
a Paid during the year				B	
Colby College			endowment_fund_	Person or	
Mayflower Hill Drive				3,250.	
Waterville ME 04901		PC		Person or	
Ballet Arizona			general support of artistic	Business X	
2835 E. Washington St.		PC	mission	250.	
Phoenix AZ 85034		PC	general support	Person or	
Beth Israel Congregation			General Subborc	Business X	
291 Main St. Waterville ME 04901		PC		200.	
Brigham and Women's Hospital		FC	general support	Person or	
116 Hungtington Ave			general support.	Business X	
Boston MA 02116		PC		100.	
Planned Parenthood Arizona		1	general support	Person or	
4751 N. 15th St			32.02.22.24.2.2.	Business X	
Phoenix AZ 85014		PC		500.	
Hadassah			general support	Person or	
8370 E. Via de Ventura			of mission	Business X	
Scottsdale AZ 85258		PC		1,000.	
Weizmann Institute for Science		l	general support	Person or	
633 Third Ave				Business X	
New York NY 10014		PC _		250.	
American Heart Association			general support	Person or	
7272 Greenville Ave				Business X	
<u>Dallas</u> <u>TX 75231</u>		PC		55.	
Simon Wiesenthal Center _			general support	Person or	
1399 Roxbury Dr				Business X	
Los Angeles CA 90035		PC	1	50.	
Phoenix Art Museum			general support	Person or	
1625 N. Central Ave				Business X 450.	
Phoenix AZ 85004		PC	ganaral gunnart	Person or	
Jewish National Fund			general support		
<u>12 E. 69th St</u> <u>New York</u> <u>NY</u> <u>10021</u>		PC		Business X	
		FC	general support	Person or	
Eight, Arizona PBS 555 N. Central Ave			Aguerar subborr	Business X	
Phoenix AZ 85004		PC		250.	
World Union For Progressive Judaism		1-5	general support	Person or	
633 Third Ave				Business X	
New York NY 10017		PC		250.	
HHRC of Maine		† 	general support	Person or	
46 University Dr				Business X	
Augusta ME 04330		PC		200.	
Detour Company Theatre	†	1	general support	Person or	
P.O. Box 15067				Business X	
Phoenix AZ 85060		PC	1	100.	

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

Recipient	If recipient is	Foun-	Purpose of	Person or	
Name and address (home or business)	an individual, show any relationship to any foundation manager or substantial contributor	dation status of re- cipient	grant or contribution	Business Checkbox Amount	
a Paid during the year TGen Foundation 445 N. 5th St Phoenix AZ 85004		 PC	general support	Person or Business X	
Free Arts of Arizona 103 W. Highland Ave Phoenix AZ 85013		 PC	general support	Person or Business X	
Young Arts Arizona 2009 N. 7th St Phoenix AZ 85006		 PC	general support	Person or Business X	

Total

7,565.

Additional Information For Tax Return

Sherman and Linda Saperstein Charitable Trust	20-6981976
Form 990-PF, p4: Line 8 No	
Arizona has abolished charity registrations and no longer accepts annual reports.	