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Form **990-PF**

Return of Private Foundation

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

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

			ndar year 2015 or tax yea	r beginning DEC	2 1, 2015	, and ending	NOV 30, 2016	
	Na	ne o	of foundation				A Employer identification	n number
	ľ	ΗE	PICERNE CHA	ARITABLE TRU	IST		05-0487100)
			and street (or P O box number	B Telephone number				
			0 EAST MISSO				401-732-37	00
			town, state or province, col DENIX , AZ 85	untry, and ZIP or foreign p 5 0 1 4	oostal code		C If exemption application is p	pending, check here
	G (hec	k all that apply:	Initial return		ormer public charity	D 1. Foreign organizations	s, check here
				Final return	Amended return		2. Foreign organizations me	eeting the 85% test
	н с	'hac	k type of organization;	Address change X Section 501(c)(3) ex	Name change		2. Foreign organizations me check here and attach co	pmputation
	Γ		ection 4947(a)(1) nonexem		Other taxable private found	ation	E If private foundation sta	
	I Fa		arket value of all assets at			Accrual	under section 507(b)(1)	• •
			Part II, col. (c), line 16)		ther (specify)		F If the foundation is in a under section 507(b)(1)	
		\$		3 , 521 . (Part I, colu	mn (d) must be on cash	basis)	(2)(1)	((2), chook note
	Pa	rt	(The total of amounts in colunecessarily equal the amount	nd Expenses mns (b), (c), and (d) may not ats in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
•		1			3,906,379.		N/A°	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4		2	Check If the foundation	n is not required to attach Sch. B	**		<i>#</i>	
2017		3	Interest on savings and temper cash investments	orary	894.	894.		STATEMENT 1
-		4	Dividends and interest fro	om securities	244,207.	244,207.		STATEMENT 2
0			a Gross rents					
₹		_	Net rental income or (loss)		\$4	zudze, zamuz	30 34 32 _{4 1}	Sor a north-rede
$\mathbf{\Sigma}$	μĒ	H	Net gain or (loss) from sale of Gross sales price for all	assets not on line 10				
0	Revenue	7	assets on line 6a Capital gain net income (from	Part IV, line 2)	· - · · · · · · · · · · · · · · · · · · ·	0.	,	
7	æ		Net short-term capital gai	,		*, *		,
Ž		9	Income modifications			* *		< · · ·
SCANNED MAY		10a	Gross sales less returns and allowances		,	,	· ′;′	•, • • • • • •
5			Less Cost of goods sold		* ,		* }	<i>y</i> ,
			Gross profit or (loss)					· .
			Other income Total. Add lines 1 throug	h 11	4,151,480.	245,101.		<u>, </u>
-		13	Compensation of officers, dire		0.	0.		0.
		14	Other employee salaries a					
	"	15	Pension plans, employee	benefits				
	pense		Legal fees				RECEIV	ED
	Kpei		Accounting fees	STMT 3	2,000.	0.		<u> </u>
	e Ex		Other professional fees Interest				S APR 19 ?	017
	atıv	18	Taxes	STMT 4	1,768.	0.	8	₩ Ø 0.
	istr	19	Depreciation and depletio		277000		AN OWNER	
	Administrative	20	Occupancy					1 40 1 41
	Ac	21	Travel, conferences, and	-				
	and		Printing and publications					
	ting		Other expenses	STMT 5	447.	0.		0.
	Operating	24	Total operating and adm		4,215.	0.		
	o	25	expenses. Add lines 13 to Contributions, gifts, grant	-	472,655.	<u> </u>		0. 472,655.
			Total expenses and disb	•	172,033.			4/2,033.
		_	Add lines 24 and 25		476,870.	0.		472,655.
•		27	Subtract line 26 from line	12:			·-·	
			Excess of revenue over expens		3,674,610.			
			Net investment income (n			245,101.	/-	
Ţ	2350 11-24	C	Adjusted net income (d ne		·		N/A	
1	11-24	-15	LHA FOI Paperwork R	eduction Act Notice, see	INSTRUCTIONS.	1	6-26	Form 990-PF (2015)

Г	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
뜨	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	45,795.	11,583.	11,583.
	2	Savings and temporary cash investments	323,546.	169,584.	169,584.
	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			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			** * * * * * * * * * * * * * * * * * * *
ģ	8	Inventories for sale or use			-
Assets	9	Prepaid expenses and deferred charges			
Ř		Investments - U.S. and state government obligations			
	ı	Investments - corporate stock STMT 6	4,618,266.	8,481,050.	10,942,354.
	ı	Investments - corporate bonds	ii	<u> </u>	
	١	Investments - land, buildings, and equipment basis	* * * * * * * * * * * * * * * * * * * *		ί.
		Less accumulated depreciation	(«A »« ′	*
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis	,		· · · · · · · · · · · · · · · · · · ·
		Less accumulated depreciation	[^-	,
	15	Other assets (describe ▶			
		Total assets (to be completed by all filers - see the			
	'	instructions. Also, see page 1, item I)	4,987,607.	8,662,217.	11,123,521.
_	17	Accounts payable and accrued expenses	2/30//00/0	0,002,22,0	
	18	Grants payable			
Ø	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ğ	21	Mortgages and other notes payable			
<u>"</u>		Other liabilities (describe)			
					(
	23	Total liabilities (add lines 17 through 22)	0.	0.	***************************************
_		Foundations that follow SFAS 117, check here			(*
	İ	and complete lines 24 through 26 and lines 30 and 31.			5.7
es	24	Unrestricted	 		<i>2</i> ' ',
ances		Temporarily restricted			
		Permanently restricted			
힏	-~	Foundations that do not follow SFAS 117, check here			
2		and complete lines 27 through 31.			
ŏ	27	Capital stock, trust principal, or current funds	0.	0.	, , , , , , , , , , , , , , , , , , ,
ete	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	,
Net Assets or Fund Ba	29	Retained earnings, accumulated income, endowment, or other funds	4,987,607.	8,662,217.	٠ \$
et	30	Total net assets or fund balances	4,987,607.	8,662,217.	1
2	•			3,000,000	1
	31	Total liabilities and net assets/fund balances	4,987,607.	8,662,217.	4
	_				
뜨	art	Analysis of Changes in Net Assets of Fund E	Dalances		
1		net assets or fund balances at beginning of year - Part II, column (a), line	30	. [
	(mu	st agree with end-of-year figure reported on prior year's return)		1	4,987,607.
		r amount from Part I, line 27a		2	3,674,610.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	8,662,217.
		eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	8,662,217.
					Form 990-PF (2015)

Part IV Capital Gains and I	osses for Tax on Inve	estment	Income		_	· · ·			
	kınd(s) of property sold (e.g., re e; or common stock, 200 shs. M			(b)	How a - Purc - Don	cquired chase ation	(c) Date (mo., c	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a									
b NONE									
<u>c</u>									
_d		 .		_					
<u>e</u>			 	<u> </u>					<u> </u>
(e) Gross sales price	f) Depreciation allowed (or allowable)		t or other basis xpense of sale					iain or (loss s (f) minus	
_a				_					
b				_		·			
- C									
<u>d</u>			 						
Complete only for assets showing gain	n column (h) and owned by the	foundation	on 12/31/69				N Caupe (Col (h) goin	minus
Complete only for assets showing gain				-		col	i) Gairis (0 L. (k), but	Col. (h) gain not less tha	n -0-) or
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any				Losses	(from col.	(h)) '
a				\neg		 -			
b									
С									
d									
е									
	∫ If gain, also enter in	Part I, line	7	J					
2 Capital gain net income or (net capital los				J	_2	ļ			
3 Net short-term capital gain or (loss) as d	efined in sections 1222(5) and (6):		\		ì			
If gain, also enter in Part I, line 8, column	ı (c).			 					
If (loss), enter -0- in Part I, line 8	Cooking 4040/oV for D		Tau an Nat		3				
<u> </u>	Section 4940(e) for R					nent inc	Joine		
(For optional use by domestic private found	ations subject to the section 494	U(a) tax on	net investment in	come	e.)				
If section 4940(d)(2) applies, leave this part	blank.								_
Marsha foundation table for the contract 40	10 4	-4 -4							Yes X No
Was the foundation liable for the section 49- If "Yes," the foundation does not qualify und			•	riou r					res _A NO
1 Enter the appropriate amount in each co				ntries					
(a)	(b)	1		(c)					(d) bution ratio
Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying distrib	utions	Net value of no			-use assets		Distri (col. (b) de	butión ratio vided by col. (c))
2014		,420.		-6	. 8.3	5,936	:.1—	(00.1 (0) 0.	.031659
2013		,590.				1,729			.040821
2012		,750.				9,935			.047819
2011		,800.				4,186			.091371
2010		,600.				9,641			.047527
					-	· · · ·			
2 Total of line 1, column (d)							2	}	.259197
3 Average distribution ratio for the 5-year l	pase period - divide the total on I	ine 2 by 5,	or by the number	of ye	ears				
the foundation has been in existence if le	ss than 5 years						3		.051839
									
4 Enter the net value of noncharitable-use	assets for 2015 from Part X, line	5					4		9,588,304.
5 Multiply line 4 by line 3							5	<u> </u>	497,048.
							i	1	
6 Enter 1% of net investment income (1%	of Part I, line 27b)						6	ļ	2,451.
								1	
7 Add lines 5 and 6							7		499,499.
6 Fataranaldura detel territori B. 15	di las A						_	1	172 655
8 Enter qualifying distributions from Part)		and:	alaka dhada . '		n/ +=:		8	L	472,655.
If line 8 is equal to or greater than line 7, See the Part VI instructions.	check the box in Part VI, line 1b.	, and comp	nete that part usin	ıg a 1	% tax	rate.			

Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4946 - see instructions)	<u> </u>	<u>487100</u>		age 4
Dates for fulling or determination letter: (attach copy of letter if acessary-see instructions)		ee instru	ction	s)
D Domestic foundations that meet the section 4947(e) requirements in Part V, check here ▶ and enter 1% of Part I, line 127b. All other domestic foundations center 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(e)(1) trusts and taxable foundations only. Others enter -0-) 3 4, 902. 4 50 bible A (income) bax (domestic section 4947(e)(1) frusts and taxable foundations only. Others enter -0-) 5 Tax based on investment fincome, Subtract line 4 from line 3, Il zero or less, enter -0- 5 Cordist/Paymenti: 2 2 1015 estimated tax payments and 2014 overpayment credited to 2015 5 Exempt foreign organizations - tax withheld at source 6 Tax pad with application for extension of time to life (Form 8868) 6 Bab	1 1 1			
of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and baxable foundations only. Others enter -0-) 3 Add fines 1 and 2 5 Subtitle A (income) bax (domestic section 4947(a)(1) trusts and baxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Exempt foreign organizations: tax withhold at source 6 Tax gaid with application for extension of time to fell (Form 8868) 6 Better any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached 7 Total cridids and payments. Add lines 5 at frough 6 6 Tax dee. If the total clines 5 and 6 is more than line 7, enter amount owed 9 5 5, 0.499. 10 Overpayment, if time 7 is more than the total or lines 5 and 6, enter the amount overpaid 10 Overpayment, if time 7 is more than the total clines 5 and 6, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2016 sentiated tax. Per line 1 form 2016 the 10 transfer of the 10 transfer and 1 to 10 transfer and 1 transfer and 1 transfer	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
a. All other domestic foundations enter 2% of the 27b, Exempt foreign organizations enter 4% of Part I, line 12, oct. (b). 2	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔛 and enter 1%		4,90	02.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 4 4, 90.2. 3 44, 90.2. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 1 ax based on investment facenee. Subtract line 4 from line 3. It zero or less, enter -0- 5 1 ax based on investment facenee. Subtract line 4 from line 3. It zero or less, enter -0- 5 5 4, 90.2. 5 4, 90.2. 6 Credits/Payments: 2 0.016 setimated tax payments and 2014 overpayment credited to 2015 5 Exempt foreign organizations -1s withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 B	of Part I, line 27b			
3 4,902. 4 Subitile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 6 C redist/Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Exempt foreign organizations - tax withheld at source 7 Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and psymmats. Add lines 6 attrough 6d 8 Exter any penalty for underpayment of estimated tax. Check here 【X] if Form 2220 is attached 8 14.7. 9 Tax dae. If the total of lines 5 and 8 is more than line 7, enter amount ower paid 11 Enter the amount of line 10 to be. Credited to 2016 estimated tax. ▶ Refunded ▶ 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical campaign. 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical campaign. 1b During th				
Subtible A (income) but (domeste section 4947(a)(1) trusts and taxable foundations only, Others enter -0- 5 4 , 90 2.	· · · · · · · · · · · · · · · · · · ·			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credis/Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Exempt foreign organizations - tax withheld at source 7 Tax paid with application for extension of time to file (Form 8668) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 althrough 6d 8 Total credits and payments of estimated tax. Check here X If Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter a mount of were 10 Overpayment. If line 7 is more than the total of lines 5 and 8 is more than line 7, enter a mount of were 11 Enter the amount of the 10 bet Credited to 2016 estimated tax ▶ Part VII-A Statements Regarding Activities 11 Enter the amount of the 10 bet Credited to 2016 estimated tax ▶ Part VII-A Statements Regarding Activities 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any potical campager? D but is spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for the definition!? 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 connectron with the activities 1 but is great foundation. For miscription of the activities 2 but the foundation fer form 112-P0-fl. for the year? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities 3 but the foundation fer form 112-P0-fl. for the year (section 4955) imposed during the year. It is the foundation engaged in any activities that have not previously been reported to the IRS? If Yes, attach a detailed business gross income of \$1,000 or more during the year? If Yes, attach a detailed business gross income of \$1,000 or more during the year? If Yes, a the filed a bar return or form 990-Fr to the Attorney General (or des	·		4,90	12.
6 CreditsPayments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt Proregn organizations - tax withheld at source c Tax gaid with application for extension of time to file (Form 8868) b Exempt Proregn organizations - tax withheld at source c Tax gaid with application for extension of time to file (Form 8868) b Center any penalty for underpayment of estimated tax. Check here c Tax day. If the total of lines 5 and 8 is more than line 7, enter amount owed c Tax day. If the total of lines 5 and 8 is more than line 7, enter amount owed c Tax day. If the total of lines 5 and 8 is more than line 7, enter amount owed c Tax day. If the total of lines 5 and 8 is more than line 7, enter amount owed c Tax day. If the common to file 10 to be Credited to 2015 testimated tax by the form 2220 is attached c Tax day. If the common to the 10 to be Credited to 2015 testimated tax by the form 2220 is attached c Tax day. If the common to the 10 to be Credited to 2015 testimated tax by the form 2220 is attached c Tax day. If the common to the 10 to be Credited to 2015 testimated tax by the form 2220 is attached c Tax day. If the common to the form 2015 testimated tax by the form 2220 is attached c Tax day. If the common the 10 to the Credited to 2015 testimated tax by the form 2015 testimated to 4 to	——————————————————————————————————————		4 0	<u>0.</u>
a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to title (Form 8668) d Backup withholding erroneously withheld 7 Total credits and payments. Add time Sa through 6d 5 Enter any penalty for underpayment of estimated tax. Check here 1 If Form 2220 is attached 7 Total credits oil rises 3 and 8 is more than line 7, enter amount owed 9 \$5,049. 10 Overpayment. If line 7 is more in than the total of lines 5 and 8, enter the amount owed 10 Part VII-A 1 11 Enter the amount of line 10 to be; Credited to 2016 estimated tax Part VII-A 1 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 11 Enter the amount of line 10 to be; Credited to 2016 estimated tax 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 13 Line answer is "Yes" to 1 a or 10, attach a detailed description of the activities 14 Did the foundation in a connection on with the activities 15 Did the foundation in a connection on with the activities 16 Did the foundation in the 10 to political expenditures (section 4955) imposed during the year. 16 Enter the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. (2) On foundation managers. \$ 0. (2) On foundation managers. \$ 0. (3) On foundation managers. \$ 0. (3) On foundation on the activities 16 Line the activities of microproration, or bybans, or other similar instruments? If "Yes," attach a detailed description of the activities 16 Line the activities of microproration, or substantial contraction during the year? 16 Line			4,90	12.
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Sackup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☑ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 \$5,049. 10 Overpayment. If his 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If his 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any potitical campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b X Yes No 1a X Yes No 1a X Yes No 1b Us spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b X If the answer is Yes' to face 1b, attach a defauled description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1 but the foundation in Form 1120-PDL for this year? 1 the the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. S 0 L 1 test the remundation and any activities that have not previously been reported to the IRS? 2 X X X 4 but the foundation have unleaded business gross is some of \$1,000 or more during the year? If Yes, attach the statement required by General Instruction 7 8 Are the requirements of section 508(c) (relating to sections 4941 through 4945) satisfied either: 8 by language in the governing instrument, or 9 by state legislation that efficitively amends the governing instrument so that no mandatory directions that conflict with the				
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding crineously withheld 1 Total credits and payments. Add thes 6a through 66 Total credits and payments. Add thes 6a through 66 Trad use. If the total of lines 5 and 8, enter than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 7, enter amount owed Trad use. If the total of lines 5 and 8 is more than line 8 is 4, 5, 0.49. The answer is 'Yes' to 1a or 1b, aftach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in 6 cent 120-00 to the year? If the answer is 'Yes' to 1a or 1b, aftach a detailed description of the activities of line 1, and 1, a				
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 147. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 5,049. 10 Overpayment, If the 10 lines 5 and 8 is more than line 7, enter amount owed 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11				
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 9 Tax due. If the folat of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax > 10 Unity of the 10 Unity of 11 Unity of 11 Unity of 12 Unity of 13 Unity of 14 Unity of				
8 Enter any penalty for underpayment of estimated tax. Check here ☑ if Form 2220 is attached	<u> </u>	×		^
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11 Part VIII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in tax year. b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b			- 1	47
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u> </u>	40
Part VII-A Statements Regarding Activities	·		5,04	19.
Part VII-A Statements Regarding Activities	<u> </u>			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for the definition)? 1b 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 1c Did the foundation file Form 1120-PDL for this year? 2d 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. ► \$ 0 . 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 1/ "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS? 1/ "Yes," attach a detailed description of the activities 3 Has the foundation have unrelated business gross income of \$1,000 or more during the year? 1/ If "Yes," it if the at aix return on Form 990-T for this year? 1/ If "Yes," attach a dax return on Form 990-T for this year? 1/ "Yes," attach a flued at ax return on Form 990-T for this year? 1/ "Yes," attach the statement required by General Instruction T 2 At the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 2 By language in the governing instrument, or 3 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, or 3 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, or 3 By It is the states to which the foundation reports or with which it is registered (see instructions) 4 Did any persons become substantial contributors durin				
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	UID any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			20045

Part VII-A Statements Regarding Activities (continued)			
	7	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1 1	[
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u> </u>	
Website address ► N/A			
14 The books are in care of ► BRIAN TOUGAS, C/O PICERNE Telephone no. ► 401-7		<u> 700</u>	
Located at ► 75 LAMBERT LIND HWY, WARWICK, RI ZIP+4 ►0.	<u> 2886</u>		,
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	لـــا
and enter the amount of tax-exempt interest received or accrued during the year	N/		
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
foreign country	Щ		<u> </u>
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Vac	No
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? Yes X No		^	
(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?			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1	\$	
(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 1	,	1
for the benefit or use of a disqualified person)?	1.0004	J.	.3.
(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	1 1	_	
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	1 1		Ì
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	1 1		 ` ,
before the first day of the tax year beginning in 2015?	10		X
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));	,	2	*
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1 1		
before 2015? Yes X No	*	*	
If "Yes," list the years 🖊,,,	\$r	*	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1 1		1
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	s'		
statement - see instructions.) N/A	2b		Ь—
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1	,	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1
	1 1		l
during the year? Yes X No			
b If "Yes," did it have excess business holdings in 2015 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			l
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 2015.) N/A	1.		
3 ,	3b 4a		X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	-4a		 ^
had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		x
	orm 990	-DF	

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u> </u>	
<u></u>		
Total number of others receiving over \$50,000 for professional services Part IX-A! Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A	010.	
I N/A		
2		
<u> </u>		
3		
4		
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	l and 2.	Amount
1 N/A		
<u> </u>		
2		
All other program-related investments. Conjunctivisticans		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3		0.
		Form 990-PF (2015)

THE PICERNE CHARITABLE TRUST 05-0487100 Page 8 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; 9,412,911. a Average monthly fair market value of securities 321,408. 1b b Average of monthly cash balances c Fair market value of all other assets 1c 9,734,319. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 734,319. 3 Subtract line 2 from line 1d 146,015. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 5 9,588,304. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 479,415. 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 and do not complete this part.) foreign organizations check here 479,415. Minimum investment return from Part X, line 6 2a Tax on investment income for 2015 from Part VI, line 5 b Income tax for 2015. (This does not include the tax from Part VI.) c Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 5 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: 472,655. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 b Program-related investments - total from Part IX-B 1b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3b **b** Cash distribution test (attach the required schedule) 472,655. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b

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

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472,655.

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7		, sale pilo, is 2011	2011	
2 Undistributed income, if any, as of the end of 2015				474,513.
a Enter amount for 2014 only			^ ^o.	
b Total for prior years:			•	
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				·
b From 2011 17,869.				
c From 2012				
d From 2013			,	
e From 2014	4 - 0 - 0	•		
f Total of lines 3a through e	17,869.	х,		
4 Qualifying distributions for 2015 from	,	\$		*
Part XII, line 4: ►\$ 472,655.	,		,	N. S.
a Applied to 2014, 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			х ,	
(Election required - see instructions)	0.		*	
d Applied to 2015 distributable amount			*	472,655.
e Remaining amount distributed out of corpus	0.		est state of the	
5 Excess distributions carryover applied to 2015	1,858.	·	***************************************	1,858.
(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:	, , , , , , , , , , , , , , , , , , ,	λ	, , , , , , , , , , , , , , , , , , ,	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	16,011.	`	, ',	`
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			.5 .	
the section 4942(a) tax has been previously assessed	• (0.	w);	, (
d Subtract line 6c from line 6b. Taxable	<u> </u>		**	^
amount - see instructions		0.	· .	\$ \$
e Undistributed income for 2014. Subtract line		,		·
4a from line 2a. Taxable amount - see instr.		٠ ک	0.	, , , , ,
f Undistributed income for 2015. Subtract	<i>3</i>		*	
lines 4d and 5 from line 1. This amount must	·		"	
be distributed in 2016	· /			0.
7 Amounts treated as distributions out of				** *
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			·
may be required - see instructions) 8 Excess distributions carryover from 2010	0.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.	0.			
Subtract lines 7 and 8 from line 6a	16,011.	İ		
Analysis of line 9:	20,0220			
a Excess from 2011 16,011.				·
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				,
e Excess from 2015				

	ERNE CHARIT				87100 Page
Part XIV Private Operating Fo			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	t it is a private operating			
foundation, and the ruling is effective for	2015, enter the date of t	the ruling	▶		
b Check box to indicate whether the founda	ition is a private operatir	ng foundation described	ın section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		l			
d Amounts included in line 2c not			 		
used directly for active conduct of					
exempt activities]	•	
e Qualifying distributions made directly			 		
for active conduct of exempt activities.)	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			 	 	
alternative test relied upon:					
a "Assets" alternative test - enter:		ļ.	1		
(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,		ļ			
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)			ļ		
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			 		
an exempt organization					
(4) Gross investment income			 		
Part XV Supplementary Infor	mation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during th					
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who	•	than 2% of the total cor	tributions received by th	e foundation before the clo	ose of any tax
year (but only if they have contributed me					,
RONALD R.S. PICERNE					···
 b List any managers of the foundation who other entity) of which the foundation has 			(or an equally large por	tion of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribution	on, Grant, Gift. Loan	, Scholarship, etc., F	Programs:		
Check here ► X if the foundation on				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc. (s					
a The name, address, and telephone numb	er or e-mail address of	the person to whom app	lications should be addr	essed:	
b The form in which applications should be	submitted and informa	tion and materials they	should include:	······································	
c Any submission deadlines:					
<u>-</u>					
d Any restrictions or limitations on awards,	, such as by geographic	al areas, charitable field	s, kinds of institutions, o	r other factors:	

Grants and Contributions Paid During to	he Year or Approved for Future	Payment		
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	John Library	
a Paid during the year				
BUTTON HOLE		CHARITABLE	SUPPORT CHARITABLE	
P.O. BOX 851		ORGANIZATION	OPERATIONS	
PROVIDENCE, RI 02901		DRGANIZATION	DF BRATTONS	1,00
COLLEGE OF CHARLESTON		CHARITABLE	SUPPORT CHARITABLE	
66 GEORGE STREET		ORGANIZATION	OPERATIONS	
CHARLESTOWN, SC 29424				1,00
CRANSTON HIGH SCHOOL EAST 899 PARK AVENUE		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	
CRANSTON, RI 02910		ONGAMIZATION .	OT EKKI TONG	52,50
				·
CRANSTON HIGH SCHOOL WEST		CHARITABLE	SUPPORT CHARITABLE	
80 METROPOLITAN AVE		ORGANIZATION	OPERATIONS	
CRANSTON, RI 02920				35,00
GEORGETOWN UNIVERSITY		CHARITABLE	SUPPORT CHARITABLE	
2115 WISCONSIN AVE NW		ORGANIZATION	OPERATIONS	
WASHINGTON, DC 20007				168,59
	CONTINUATION SHE	ET(S)	▶ 3a	472,65
b Approved for future payment				
NONE				
Total .			▶ 3b	
10101				rm 990-PF (20

I dit Att A Andiyolo of moonic-i roddonig Additite	Part XVI-A	Analysis of Income-Producing Activ	ities
--	------------	------------------------------------	-------

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b					
C					
d					
e					
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	894.	
Dividends and interest from securities			14	244,207.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
7 Other investment income					
Gain or (loss) from sales of assets other	}			1	
than inventory					
Net income or (loss) from special events		·· ·			
Gross profit or (loss) from sales of inventory					
1 Other revenue:	1				
a					
b	_				
c		· · · · · · · · · · · · · · · · · · ·			
d	_				<u> </u>
e	-				
2 Subtotal. Add columns (b), (d), and (e)			0.	245,101.	C
3 Total. Add line 12, columns (b), (d), and (e)				13	245,101
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	plishment of	Exempt P	urposes	

▼ .	the foundation's exempt purposes (other than by providing funds for such purposes).	·
		
		
		<u></u>
		
523621 11-24	-15	Form 990-PF (2015)

The bit the organization directly or indirectly, engage in any of the following with any other organizations? In clock (other than section 501(c)(s) organizations) or in section 527; risking to political organizations? 1 (1) Cash 12 (2) Other assets 1 (2) Other assets 1 (2) Set assets 1 (2) Set assets 1 (2) Set assets 1 (2) Set assets to a noncharidable exempt organization 1 (2) Purchases of assets from a noncharidable exempt organization 1 (3) Set of a decisions, coursement, or other assets 1 (4) Set of a decisions, coursement, or other assets 1 (5) Set of a decisions, coursement, or other assets 1 (6) Exhibition and organization 1 (7) Exhibition and organization 1 (8) Performance of services or membership or fundrasing solectations 1 (9) Performance of services or membership or fundrasing solectations 1 (10)	Part XVII	Information Re Exempt Organ		sfers To a	and Transa	ctions a	nd Relations	hips With Nonch	aritable	е	
the Code (ofter than section 531(c)(3) organizations) or in section 537, relating to poletical organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets (3) Each of assets from a noncharitable exempt organization (3) Perchased of assets from a noncharitable exempt organization (3) Perchased of assets from a noncharitable exempt organization (3) Perchased of assets from a noncharitable exempt organization (3) Perchased of assets from a noncharitable exempt organization (3) Renal of facilities, equipment, or other assets (4) Rendulbrased of services or membership or fundrissing selectations (5) Loans or loan quarantees (6) Performance of services or membership or fundrissing selectations (6) It is an answer to any of the above is "Nest," complete the following scheduler, Column (6) should always show the fair market value of the goods, other assets, or reviews given by the reporting foundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services featived. (6) Turn in o (7) Amount involved (6) Turn of moncharitable exempt organization (7) Turn or market value in any transactions, and sharing arrangements. (6) Turn in o (7) Amount involved (7) Amount involved (8) Turn of moncharitable exempt organization (9) Description of relationship (6) Turn o (7) Amount involved (9) Turn of moncharitable exempt organization (9) Description of relationship (6) Turn or (7) Amount involved (9) Turn of moncharitable exempt organization (9) Description of relationship (6) Turn or (7) Amount involved (1) Turn organization (1) Turn organization (1) Description of relationship (6) Turn organization (1) Turn organization (1) Turn organization (1) Turn organization (1) Description of relationship (6) Turn organization (1) Turn org	1 Did the ord			of the following	g with any other	r organization	described in secti	on 501(c) of		Yes	No
a Transfers from the reporting foundation to a nonchardable exempt organization of: (1) Calle (2) Other assets 5) Other transactions: (1) Sales of assets from a nonchardable exempt organization (2) Purchases of assets from a nonchardable exempt organization (3) Renal of facilities, equipment or other assets (4) Remodursement arrangements (5) Loans or data quarantees (5) Loans or data quarantees (6) Performance of services or membership or fundrasing solicitations (7) In the asset of the above is "Fes," complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services green by the reporting foundation. If the foundation received sest than fair market value in any transaction or sharing arrangement, show a column (6) the wave to the goods, other assets, or services green by the reporting foundation. If the foundation received sest than fair market value in any transaction or sharing arrangement, show a column (6) the wave to the goods, other assets, or services green. (a) Lean ric (6) Amount involved (6) Name of noncharable exempt organization (4) Description of relationship. (b) If "res," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship. N/A (b) Type of organization (c) Description of relationship. N/A (c) Name of organization (c) Type of organization (c) Description of relationship. N/A (a) If the complete the following schedule. (b) Name of organization (c) Type of organization (c) Description of relationship. N/A (c) Description of relationship. N/A (d) Description of relationship. N/A (e) Description of relationship. N/A (f) Name of organization (c) Type of organization (c) Description of relationship. N/A (g) Name of organization (c) Type of organization (c) Description of relationship. N/A (g) Name of organization (c) Type of organization (c) Description of relationship. N/A (g) Name of operator of property of the column of the following of the col		-				•			'		
(2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reinbursement arrangements (5) Loans or Otan guarantees (6) Performance of services or membership or fundrising solicitations (6) Performance of services or membership or fundrising solicitations (7) Fundrising or organization (8) Sales assets or services green byte in the properties of the production in the boundation received less than fair market value in any transaction of sharing arrangement, show in column (6) the value of the goods, other assets, or services green byte of the production in the boundation received less than fair market value in any transaction of sharing arrangement, show in column (6) the value of the goods, other assets, or services green byte of the production of the production of sharing arrangement, show in column (6) the value of the goods, other assets, or services greened. (3) Loans or (6) Amount involved (6) Name of noncharribile exempt organization (9) Description of sharing arrangement, show in column (6) the value of the goods, other assets, or services greened. (4) Loans of (6) Amount involved (7) Name of noncharribile exempt organization (9) Description of sharing arrangement. (4) Loans of (6) Amount involved (7) Name of noncharribile exempt organization (9) Description of relationship N/A N/A N/A N/A N/A N/A N/A N/		•				•					
(2) Other assets b Other transactions: (1) Sales of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Retail of facilities, equipment, or other assets (4) Remoduresment arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundrasing solicitations (7) Enter to any of the above is "Res," complete the following schedule, Column (b) should always show the fair market value of the goods, other assets, or services previously be reported productions or eventually the production of the column of th	(1) Cash								1a(1)		X
(1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Retail of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or total nigurantees (6) Performance of services or membership or fundrating solicitations (7) Performance of services or membership or fundrating solicitations (8) Performance of services or membership or fundrating solicitations (9) Performance of services or membership or fundrating solicitations (19) Experiment of the assets of the assets, or paid employees (10) If the answer to any of the above is "15", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or excess greated the same and	(2) Other	assets									X
2) Purchases of assets from a noncharable exempt organization 15(3) X 15(3) X 15(4) X 15(5) X 15(5) X 15(6) X	b Other trans	sactions:									
(3) Rental of facilities, equipment or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Earns or loan guarantees (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) 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 received. (a) Lien inc (b) Amount involved (c) Name of noncharistible exempt organization (d) the value of the goods, other assets, or services received. (a) Lien inc (b) Amount involved (c) Name of noncharistible exempt organization (d) Description of revealure, transactions, and alwaining arrangements 10 A S T S S S S S S S S S S S S S S S S S	(1) Sales	of assets to a noncharita	able exempt organiza	tion					16(1)		X
(4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundrasing solicitations 10(6) X 10(6) X 10(6) X 10(6) X 10(7) X 10(8) X 10(8) X 10(9) X 10	(2) Purch	ases of assets from a no	oncharitable exempt (organization					1b(2)		X
(§) Leans or loan guarantees (B) Performance of services or membership or fundrasing solicitations (B) Performance of services or membership or fundrasing solicitations (B) Performance of services or membership or fundrasing solicitations (C) Sharing of Lacidiuse, equipment, mailing lists, other assets, or paid employees (B) It is answer to any of the above is Y'es; complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services provided lists that are market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (A) Line no (b) Amount involved (c) Name of noncharbible exempt organization (A) Line no (b) Amount involved (c) Name of noncharbible exempt organization (d) Description of varieties, transactions, and sharing arrangements N / A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes; complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N / A Under penaltys of penalty, Localize that ThisPhylamonic of penalty in the code (other than section 501(c)(3)) or in section 527? Under penaltys of penalty, Localize that ThisPhylamonic of penaltys of penaltys of penalty, Localize that ThisPhylamonic of penaltys of p	(3) Renta	l of facilities, equipment,	or other assets						1b(3)		X
(6) Performance of services or membership or fundrassing solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above sor "ser," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services equen by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) heavale of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and alturing arrangements N / A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N / A N / A	(4) Reimt	bursement arrangements	3						1b(4)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "4s", 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 received. (4).ne no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and albuming arrangements. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Very than the continue of the code (other than section 501(c)(3)) or in section 52?? Very than the code (other than section 501(c)(3)) or in section 52?? Very than the code (other than section 501(c)(3)) or in section 52?? Very than the code (other than section 501(c)(3)) or in section 52?? Very than the code of the code (other than section 501(c)(3)) or in section 52?? Very than the code of the code (other than section 501(c)(3)) or in section 52?? Very than the code of the code (other than section 501(c)(3)) or in section 52?? Very than the code of the code (other than than section 501(c)(3)) or in section 52?? Very than the code of the code (other than section 501(c)(3)) or in section 52?? Very than the code of the code (other than than section 501(c)(3)) or in section 52?? Very than the code of the code (other than than section 501(c)(3)) or in section 52?? Very than the code of the code (other than than section 501(c)(3)) or in section 52?? Very than the code of the code (other than than section 501(c)(3)) or in section 52?? V	(5) Loans	s or loan guarantees							16(5)		X
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 open by the reporting foundation. If the foundation received less than tair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (d) the value of the goods, other assets, or services received. (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and aharing arrangements in N/A. 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship in N/A. Under pointings of penuty, I declare that I have garmed dhis return, including a coornearying schedules and statements, and to the best of my knowledge and belief, if at this correct, and dynamic geological penuty in the penuty of penuty, I declare that I have garmed dhis return, including a coornearying schedules and statements, and to the best of my knowledge and belief, if a true, correct, and dynamic geological penuty in the penuty of the penuty in the penuty of the penuty in the penuty of the penuty in the penuty of the	(6) Perfo	rmance of services or me	embership or fundra	ısıng solicitatio	ns				1b(6)		
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(a) the value of the goods, other assets, or services received. (a) the role (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and shawing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? b if "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under pensitype of perpry, I declare that I high examined this return, including accompanying schedules and statements, and to the best of my knowledge and befer, if is true, correct, and objective preparation of programs from the preparation of the properation with the preparation in the preparation of the programs of the preparation of the programs of the preparation of the programs of the programs of the programs of the preparation of the programs of the preparation of the programs of the preparation of the programs of the preparation of the preparation of the programs of the preparation of the programs of the preparation of the programs of the preparation of the preparation of the programs of the preparation of the										sets,	
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2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes	(a)Line no	(b) Alliount involved	(c) Name o		e exempt organi	zauon	(U) Description	of transfers, transactions, an	d sharing ar	rangeme	ents
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes		 _	 	IN/A			 				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes			 				}				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes			 				 				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes			<u> </u>				 				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes			 				 				
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes	2a Is the four	idation directly or indirec	tly affiliated with, or	related to, one	or more tax-ex	empt organiz	ations described				
Sign Under penaltys of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and compete pectaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst)? Visual Correct Vi									Yes	X	☐ No
N/A Sign Under penaltyes of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and better, it is true, correct, and compéte pectaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)? Yes											
Sign Here Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? TRUSTEE Tritle		(a) Name of or	ganization		(b) Type of o	rganization		(c) Description of relation	iship		
Sign Here and bettef, it is true, correct, and complete peculiration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge April		N/A									
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Sign Here and belief, it is true, correct, and complete peculiration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Yes No											
Sign Here and bettef, it is true, correct, and complete peculiration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TRUSTEE TRUSTEE Tritle Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type											
Sign Here and belief, it is true, correct, and complete peculiration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Yes No											
Here Signature Signature Date Title	and he							N	May the IRS	discuss	this
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Paid GERALD IADELUCA Preparer Use Only Print/Type preparer's name Preparer's signature Jewy Padetuce 1/30/17 Preparer's signature 1/30/17 PO0 247569 Preparer Use Only Firm's address ► TEN WEYBOSSET STREET - SUITE 700	Z	Jana de I	XI		-12/	<i>7/17</i>		EE	X Yes	; L	oN ك
Paid Preparer Use Only Paid Firm's name ► CITRIN COOPERMAN & COMPANY LLP Firm's address ► TEN WEYBOSSET STREET - SUITE 700	Sign			To				La Contraction of the state of			
Paid Preparer Use Only Firm's address ►TEN WEYBOSSET STREET - SUITE 700		Print/Type preparer's n	ame	1	Ī	İ	Date	— I			
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Use Only Firm's address ► TEN WEYBOSSET STREET - SUITE 700											<u> </u>
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Form **990-PF** (2015)

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.

2015

OMB No. 1545-0047

Name of the organization

Employer identification number

05-0487100 THE PICERNE CHARITABLE TRUST 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

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) (2015)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 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).

Name of organization

Employer identification number

THE PICERNE CHARITABLE TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al 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		Person
	6737 NORTH 60TH STREET	\$165,007.	Payroll Noncash X (Complete Part II for
	PARADISE VALLEY, AZ 85253		noncash contributions)
(a) <u>N</u> o.	(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	\$ 362,610.	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
4	RONALD R S PICERNE 6737 NORTH 60TH STREET PARADISE VALLEY, AZ 85253	\$153,842.	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
5	RONALD R S PICERNE 6737 NORTH 60TH STREET PARADISE VALLEY, AZ 85253	\$ 149,375.	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
6	RONALD R S PICERNE	405 200	Person Payroll
	PARADISE VALLEY, AZ 85253	\$ 406,300.	(Complete Part II for noncash contributions)
523452 10-2		Schedule B (Form	1990, 990-EZ, or 990-PF) (2015

Name of organization

Employer identification number

THE PICERNE CHARITABLE TRUST

THE P	1CERNE CHARITABLE TRUST		-0487100
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al 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	\$396,644.	Person Payroli 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	\$ 96,257.	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
9	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
10	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
11	RONALD R S PICERNE 6737 NORTH 60TH STREET PARADISE VALLEY, AZ 85253	\$ 318,977.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	RONALD R S PICERNE 6737 NORTH 60TH STREET PARADISE VALLEY, AZ 85253	\$\$258,835.	Person Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-2		Schedule B (Form	990. 990-EZ. or 990-PF) (2015)

Name of organization

Employer identification number

THE PICERNE CHARITABLE TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	RONALD R S PICERNE 6737 NORTH 60TH STREET PARADISE VALLEY, AZ 85253	\$518,611.	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
14	JOHN G. PICERNE 6737 NORTH 60TH STREET PARADISE VALLEY, AZ 85253	\$38,596.	Person X Payroll
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	JAMES BENNETT 6737 NORTH 60TH STREET PARADISE VALLEY, AZ 85253	\$5,000.	Person X 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
523452 10-2		\$	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2015

Employer identification number

THE PICERNE CHARITABLE TRUST

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
	2100 SHS HOME DEPOT INC		
1			
		\$271,068.	01/06/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	3490 SHS CDK GLOBAL		
		\$\$	01/06/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	5400 SHS BRISTOL MYERS SQUIBB		
		ss362,610.	01/06/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	2600 SHS ALTRIA		
4			
		\$\$	01/06/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	2500 SHS AIG		
5			
		\$ 149,375.	01/06/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	5000 SHS ADP		
6			
		\$ 406,300.	01/06/16

Employer identification number

THE PICERNE CHARITABLE TRUST

art II	Noncash Property (see instructions) Use duplicate copies of Pa	art 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
	6140 SHS ALTRIA		
_7			
		396,644.	05/10/16
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	700 SHS HOME DEPOT		
_8			
		\$ 96,257.	05/10/16
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
0	10,900 SHS MONDELEZ		
9			
		\$ 490,936.	05/10/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	3600 SHS BRISTOL MYERS SQUIBBS		
10			
		\$ 274,320.	07/12/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	3,633 SHS KRAFT HEINZ		
11			
		\$\$	07/12/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	1,920 SHS KIMBERLY CLARK		
12			
		\$ 258,835.	07/12/16 90, 990-EZ, or 990-PF) (3

Employer identification number

THE PICERNE CHARITABLE TRUST

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
	5470 SHS ADP		
13			
Ì		<u> </u>	07/12/16
(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
}			
]		\$	
(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
			
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(see instructions)	Date received
			
- 1		\$	990, 990-EZ, or 990-PF) (2

Name of org	anization		Employer identification number
THE PI	CERNE CHARITABLE TRUST	י	05-0487100
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition	itributions to organizations describer columns (a) through (e) and the follows, chartable, etc., contributions of \$1,000 c	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ft
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>		(e) Transfer of gi	ft
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
}	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			T
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
523454 10-26	-15		Schedule B (Form 990, 990-EZ, or 990-PF) (201

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	CONTRIBUTION	, mount
HARVARD UNIVERSITY BUSINESS SCHOOL		CHARITABLE	SUPPORT CHARITABLE	
FOLDIERS FIELD		ORGANIZATION	OPERATIONS	EO
BOSTON, MA 02163		 		50
PILGRIM HIGH SCHOOL		CHARITABLE	SUPPORT CHARITABLE	
111 PILGRIM PARKWAY		ORGANIZATION	OPERATIONS	
WARWICK, RI 02888		 -	 	32,50
SCOTTSDALE ARTISTS SCHOOL		CUADIMADIE	SUPPORT CHARITABLE	
3720 N MARSHALL WAY		CHARITABLE ORGANIZATION	OPERATIONS	
SCOTTSDALE, AZ 85251		DRGANIZATION	OF ERATIONS	7,03
SOPHIA ACADEMY		CHARITABLE	SUPPORT CHARITABLE	
582 ELMWOOD AVE.		ORGANIZATION	OPERATIONS	
PROVIDENCE, RI 02907				1,00
ST PATRICK ACADEMY		CHARITABLE	SUPPORT CHARITABLE	
244 SMITH STREET		ORGANIZATION	OPERATIONS	
PROVIDENCE, RI 02908	<u> </u>	ļ		6,00
STOP & SHOP		CUADIMADIE	SUPPORT CHARITABLE	
575 GREENWICH AVE.		CHARITABLE ORGANIZATION	OPERATIONS	:
WARWICK, RI 02886	ļ			7,63
THE GRODEN CENTER		CHARITABLE	SUPPORT CHARITABLE	
86 MOUNT HOPE STREET PROVIDENCE, RI 02906		ORGANIZATION	OPERATIONS	25
TOLL GATE HIGH SCHOOL		CHARITABLE	SUPPORT CHARITABLE	
575 CENTERVILLE RD.		ORGANIZATION	OPERATIONS	
WARWICK, RI 02886		 		22,50
WARWICK VETERANS MEMORIAL		CHARITABLE	SUPPORT CHARITABLE	
2401 WEST SHORE RD.		ORGANIZATION	OPERATIONS	
WARWICK, RI 02889		 		28,75
ALZHEIMERS ASSOCIATION	{	CHARITABLE	SUPPORT CHARITABLE	
PO BOX 96011		ORGANIZATION	OPERATIONS	l
WASHINGTON, DC 20090				2,00
Total from continuation sheets				214,55

3 Grants and Contributions Paid During the				
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	Contribution	
AMPRICALL TRADEGG				
P-1082412	 	CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	5,09
RUSH UNIVERSITY MEDICAL CENTER		CHARITABLE	SUPPORT CHARITABLE	
L611 W HARRISON, SUITE 300 CHICAGO, IL 60612		DRGANIZATION	OPERATIONS	10,00
SOUTH COUNTY HOSPITAL 100 KENYON AVE		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	
WAKEFIELD, RI 02879		DRGANIZATION	OF EART TONS	70,00
TIDES FAMILY SERVICES		CHARITABLE	SUPPORT CHARITABLE	
215 WASHINGTON ST WEST WARWICK, RI 02893		ORGANIZATION	OPERATIONS	1,85
BILLY ANDRADE-BRAD FAXTON PO BOX 3305		CHARITABLE	SUPPORT CHARITABLE	
SOUTH ATTLEBORO, MA 02703		ORGANIZATION	OPERATIONS	2,00
BROWN ATHLETICS HALL OF FAME PO BOX 1925 PROVIDENCE, RI 02912		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	25
,				
R.S. PICERNE / WALMART 650 BALD HILL ROAD WARWICK, RI 02886		CHARITABLE ORGANIZATION	SSUPPORT CHARITABLE OPERATIONS	4,69
BROWN SPORTS FOUNDATION		CHARITABLE	SUPPORT CHARITABLE	
PO BOX 1925 PROVIDENCE, RI 02912	<u> </u>	ORGANIZATION	OPERATIONS	5,00
BHRI SERVICE CORPS 172 EXCHANGE ST, SUITE 101 PAWTUCKET, RI 02860		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	2,5
THE PRESERVATION SOCIETY NEWPORT		CHARITABLE ORGANIZATION	SUPPORT CHARITABLE OPERATIONS	
424 BELLEVUE AVE NEWPORT, RI 02840				5,0

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE		(A REVEI PER BO	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME			894.	894.	
TOTAL TO PART I, LI	NE 3		894.	894.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SE	CURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENU S PER BOO		
DIVIDEND INCOME	244,207	. (0. 244,2	244,20	07.
TO PART I, LINE 4	244,207	'. '	0. 244,2	244,20	07.
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
TAX PREPARATION FEE	s S	2,000.		0.	0.
TO FORM 990-PF, PG	1, LN 16B	2,000.	======	0.	0.
FORM 990-PF		TAX	ES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
IRS		1,768.		0.	0.
TO FORM 990-PF, PG	1, LN 18	1,768.		0.	0.
	=			======	_= ==

FORM 990-PF	OTHER EXPENSES			STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
MISCELLANEOUS INTEREST	102. 345.	0		0.	
TO FORM 990-PF, PG 1, LN 23	447.	0	•	0.	
ORM 990-PF CORPORATE STOCK			STATEMENT 6		
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE	
MARKETABLE SECURITIES			8,481,050.	10,942,354.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		8,481,050.	10,942,354.	