## EXTENDED TO NOVEMBER 15, 2017 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.lrs.gov/form990pf.

Dep	artment of the Treasury nal Revenue Service Do not enter s		n this form as it may be m e instructions is at <i>WWW.lr</i> .		Open to Public Inspection
For		29, 2016	, and ending	DEC 31, 2016	Open to rabile inspection
	me of foundation			A Employer identification	number
	SINNY L. CLEMENTS CHARITAB				
	C/O VIRGINIA L. CLEMENTS, '			35-7163018	
	mber and street (or P O box number if mail is not delivered to street a	address)	Room/suite	B Telephone number	0.4
_	7361 N. FINGER ROCK PLACE			520-299-94	
_1	y or town, state or province, country, and ZIP or foreign po PUCSON , AZ 85718	ostal code		C if exemption application is pe	ending, check here
3	Check all that apply:		ormer public charity	D 1. Foreign organizations	, check here
	Final return	Amended return		2. Foreign organizations med	eting the 85% test
_	Address change	Name change		2. Foreign organizations med check here and attach col	nputation
	Check type of organization: X Section 501(c)(3) exe	empt private foundation Other taxable private found	ation $\Theta$ $O$	E If private foundation stat	
늗	air market value of all assets at end of year   J   Accountin		Accrual	under section 507(b)(1)	•
	·	ner (specify)	Acciuai	F If the foundation is in a 6 under section 507(b)(1)(	
	\$ 3,000,000. (Part I, colum		basis.)		D), CHECK HERE
P	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
	1 Contributions, gifts, grants, etc., received	3,000,000.	,	; N/A	(cash basis only)
	2 Check If the foundation is not required to attach Sch B	```	(13°)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	3 Interest on savings and temporary cash investments				4 4
	4 Dividends and interest from securities	· · · ·	-		V.
	5a Gross rents				X
	b Net rental income or (loss)	4.9	/×	:	`~;
ē	6a Net gain or (loss) from sale of assets not on line 10			₹,	<u> </u>
Revenue	b Gross sales price for all assets on line 6a	<u> </u>	37	>	
Rev	7 Capital gain net income (from Part IV, line 2)	* 5'	0.	· · · · · · · · · · · · · · · · · · ·	, , ,
	8 Net short-term capital gain 9 Income modifications	*	<i>š</i> , <i>S</i>		<u> </u>
	Gross sales less returns 10a and allowances				* , , ,
	b Less Cost of goods sold	4.3,	×	/ \	····
	c Gross profit or (loss)	·			
20	11 Other income				
2007	12 Total. Add lines 1 through 11	3,000,000.	0.		, ·
N N	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
<b>3</b>	14 Other employee salaries and wages				
Σģ	15 Pension plans, employee benefits	·			
<b>Z</b> S.	b Accounting fees				
_X	b Accounting fees c Other professional fees PECEIVED				
J je	c Other professional fees FIEUEIVED	70			
筵	18 Taxes DEC 1 2 2017	181	·		
nist.	19 Depreciation and depletion	18.			
W.	20 Occupancy	正			
Ă	21 Travel, conferences, and meetings				
au	22 Printing and publications				
Operating and Administrative Expenses	23 Other expenses	_			
era	24 Total operating and administrative	0.	0.		^
Ö	expenses. Add lines 13 through 23  25 Contributions, gifts, grants paid		<b>U.</b>		0.
	26 Total expenses and disbursements.	U•			<u></u>
	Add lines 24 and 25	0.	0.		0.
	27 Subtract line 26 from line 12:				<u> </u>
	2 Excess of revenue over expenses and disbursements	3,000,000.			
	b Net investment income (if negative, enter -0-)		0.		
	c Adjusted net income (if negative, enter -0-)			N/A	

GINNY L. CLEMENTS CHARITABLE TRUST

C/O VIRGINIA L. CLEMENTS, Form 990-PF (2016) TRUSTEE 35-7163018 Beginning of year End of year Balànce Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 3,000,000. 3,000,000. Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 3,000,000. 3,000,000. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 23 Total liabilities (add lines 17 through 22) ▶ X Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 3,000,000. 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 3,000,000. 30 Total net assets or fund balances 0. 0. 3,000,000 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 3,000,000. 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

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

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Page 3

		osses for Tax on Ir		t Income	Т761	How acquired	(a) Data	and visad	(d) Data gold	
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				Ι'P	- Purchase ) - Donation	( <b>c)</b> Date (mo., c	acquired lay, yr.)	(d) Date sold (mo., day, yr.)		
1a										
b NC	NE				<u> </u>					
C					<u> </u>					
d	•		·		ļ					
e	1 (6)	Doggo sisting allowed	(-) (-		L.,	<u> </u>	/53.0	(1	<u> </u>	
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale			(e) plu:	aın or (loss s (f) minus	(g) 	
<u>a</u>	<u> </u>									
<u>b</u>	<del> </del>									
<u>c</u>	<u> </u>									
e	<u> </u>	<del>_</del> .								
Complete only for assets show	no oain in	column (h) and owned by	the foundation	n on 12/31/69			/I) Gaine //	col. (h) gain	minue	
Complete only for about onom		(i) Adjusted basis		xcess of col. (I)		С	ol. (k), but i	not less that	n -0-) or	
(i) F.M.V. as of 12/31/69		as of 12/31/69		r col. (j), if any			Losses	Losses (from col. (h))		
<u>a</u>	ļ									
<u>b</u>	-									
<u>c</u>									<del></del>	
<u>d</u>	<del> </del>								<del></del>	
e	L				_	<del></del>				
2 Capital gain net income or (net c	apital loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	. 7 . 7	}	2				
3 Net short-term capital gain or (lo			d (6):		١,					
If gain, also enter in Part I, line 8		c).			•					
If (loss), enter -0- in Part I, line 8 Part V   Qualification		Continu 4040/a) for	Doduos	J Toy on Not		3				
		ection 4940(e) for					come		37/3	
(For optional use by domestic privat	e foundati	ons subject to the section 4	1940(a) tax oi	n net investment in	come	e.)			N/A	
If section 4940(d)(2) applies, leave t	this part bl	ank.								
Was the foundation liable for the sec	ction 4042	tay on the distributable am	ount of any v	ear in the bace nor	Chor				Yes No	
If "Yes," the foundation does not qua				•	lour				res ino	
1 Enter the appropriate amount in					ntries	S.				
(a)	1	(b)		T ,	(c)			D4-1h	(d)	
Base periód years Calendar year (or tax year beginn	ıng ın)	Adjusted qualifying dist	tributions	Net value of no		ritable-use asset	s		rutión ratio ided by col. (c))	
2015							1			
2014									· · · · · · · · · · · · · · · · · · ·	
2013							1			
2012							ĺ			
2011										
			-					-		
2 Total of line 1, column (d)							2			
3 Average distribution ratio for the	5-year bas	se period - divide the total o	on line 2 by 5,	, or by the number	of ye	ars				
the foundation has been in existe	ence if less	than 5 years					3			
4. C-1	. 1									
4 Enter the net value of noncharita	Die-use as:	sets for 2016 from Part X, I	ine 5				4			
5 Multiply line 4 by line 3							5			
6 Enter 1% of net investment inco	ne (1% of	Part I. line 27h\					6			
	(				•					
7 Add lines 5 and 6							7			
8 Enter qualifying distributions from							8	<u></u>		
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, ch	neck the box in Part VI, line	1b, and com	plete that part using	g a 1	% tax rate.				

Form 990-PF (2016)  C/O VIRGINIA L. CLEMENTS CHARITABLE TRUST  1a Exempt operating foundations do:  Output  Date of	
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or  1a Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter:  b Domestic foundations that meet the section 4940(e) requirements in Part V, check here All other domestic foundations enter 29, etc.  c All other domestic foundations enter 29, etc.	***
1a Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter:  Domestic foundations that meet the section 4940(e) requirements in Part V. et al. (attach copy of letter if necessary-section 1) c. All other domestic foundations that meet the section 4940(e) requirements in Part V. et al. (attach copy of letter if necessary-section 1) c. All other domestic for the section 4940(e) requirements in Part V. et al. (attach copy of letter if necessary-section 1)	
Date of ruling or determination letter:  b Domestic foundations that meet the section 4940(e), requirements in Part V, check here  c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations  TRUSTEE  (attach copy of letter if necessary-see instructions)  and enter "N/A" on line 1.  C All other domestic foundations enter 2% of line 27b. Exempt foreign organizations  Add lines 1 and 2	
Domestic foundations that	35-7100
of Part I, line 27b  c All other domestic foundations enter 2% of line 27b.  Tax under section 511 (4)  and enter "N/A" on line 1.  c All other domestic foundations enter 2% of line 27b.	4948 163018 P
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).  3 Add lines 1 and 2  4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	See instructions
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  2 Tax based on investment income, Subtreet.	
3 Add lines 1 and 2 and enter 1%	12.1
4 Subtitle A (1) Trusts and touch	H-1
5 Tax based on investign double to the section double to the secti	0
Uredite De Court III Come Court III	1. Ja
a 2016 estimated tax payments and 2015 overpayment credited to 2016  C Tax paid with application for extensi	2
b Exempt foreign and 2015 over-	3 0.
c Tax paid with	4 0.
" Palikila make . " " Willistan	5 0.
d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d  8 Enter any penalty for underpayment of our	0.
O Fotor as	
9 Tax due. If the total of the control of the contr	1 .
10 Overnaum of lines 5 and 8 is me. Check here	1.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  10 Overpayment. If line 7 is more than the total of lines 5 and 8. enter the amount of line 10 to be: Creditary of the state of the st	
Part VII-A 10 to be: Credit of lines 5 and 8 enters	· · · · · · · · · · · · · · · · · · ·
10 Overpayment. If line 7 is more than the total of lines 5 and 8 is more than line 7, enter amount owed  11 Enter the amount of line 10 to be: Credited to 2017 estimated tax  12 Intercompage 10 to be: Credited to 2017 estimated tax  13 During the tax year, did the found.	0.
any native	
Did it as a sumpaign?	0.
If the are	
distribute is "Yes" to 18 or 15	
© Did the foundation in attach a detailed describe for political purposes	
In the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or 0 but the foundation in connection with the activities.  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or 0 but the foundation file Form 1120-POL for this year?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities (see instructions for the definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies (see instructions for the definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies (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 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activities and copies of any materials published or 1b, attach a detailed description of the activit	Yes No
(1) On the amount (if any) of tax on next.	1a X
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation  1. Imposed on foundation  2. Has the foundation engaged in any activities that have not previously been reported to the incention made any characteristics.	
manage of the state of the stat	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  3 Has the foundation made any changes, not previously report.	134 1
If "Vo." I asking the year for political expendence of the year for year for the year for the year for year fo	1c X
7 "Yes," attach a detailed decomposition that have not provide	
hylaus made any characteristics been reported to the inco	*
Has the foundation made any changes, not previously been reported to the IRS?  bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  b If "Yes," has it filed a tax return on Form 990-T for this year?  If "Yes," attach the statem.	
b If "Yes," attach a conf.	1 34 1 34
5 Was the data a tax return on F. S. Was the state of the change of the	F
If "Van a liquidation, termination or for this year?"	1 155
6 Are the statement -	1, 1 1
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  8 By state legislation that effectively amends the governing unit.	3 X
By state Is By sta	4a X
remain state legislation that effectively	46
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law  8a Enter the states to which the foundation report.  N/A  Ply language in the governing instrument, or remain in the governing instrument so that no mandatory directions that conflict with the state law  AZ	5 X
and the foundation have at least of one	
88 Enter 1	
The states to which the found is a state law	
h If the	
Temain in the governing instrument?  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  8a Enter the states to which the foundation reports or with which it is registered (see instructions)  9 If the answer is "Yes" to line 7, has the foundation furnished a control of each state as required by Genoral 1.	
9 Is the fa	X
to the foundation claiming and instruction G2 Km.	
year 2016 or the taxable year by status as a private operating four decay attach explanation	1 1 .
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)  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  STMT 1	1 1
Substantial contributors during the substantial contributors durin	1. 1
the tax year? If "Yes," complete Part XIV	X
accept a schedule listing their name.	
straines and addresses STMT 1 9	$- x\rangle$
	V
Form 990-	PF (2016)
3531 11-23-16	(4010)

	990-PF (2016) C/O VIRGINIA L. CLEMENTS, TRUSTEE 35-7163	018		Page 5
P	art VII-A   Statements Regarding Activities (continued)	,		
	·		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			l
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			۱
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ► N/A	000	0.4.0	1
14	The books are in care of VIRGINIA L. CLEMENTS  Telephone no. (520) 2	710	942	<u> </u>
	Located at ► 7361 N. FINGER ROCK PLACE, TUCSON, AZ ZIP+4 ►85	110		т т
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	N	/A	•
	and enter the amount of tax-exempt interest received or accrued during the year	14	Yes	No
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	16	1 62	X
	securities, or other financial account in a foreign country?	10	L	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			,
Б.	foreign country ►  art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	L.,		Щ.
-		Τ	Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  a During the year did the foundation (either directly or indirectly):		103	140
- 11	(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?	ŀ		
	(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		}	
	for the benefit or use of a disqualified person)?			2
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			3
	if the foundation agreed to make a grant to or to employ the official for a period after		(;},	. 4
	termination of government service, if terminating within 90 days.)		¢*.	ĺ
	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		Ċ	•
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		1
	Organizations relying on a current notice regarding disaster assistance check here		×	1
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			,
	before the first day of the tax year beginning in 2016?	1c		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)):			,
	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			Ι.
	before 2016? Yes X No			
	If "Yes," list the years	ŀ		
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			// s
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b		<b> </b>
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	İ		
_	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3				
	during the year?  Yes X No			
ļ	b if "Yes," did it have excess business holdings in 2016 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	1		
	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 2016.)	-  -		ļ -
4		3b 4a	-	X
	a 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	1-4		<del>  ^</del>
	had not been removed from leopardy before the first day of the tax year beginning in 2016?	4h	-	x

GINNY L. CLEMENTS CHARIT C/O VIRGINIA L. CLEMENTS	, TRUSTEE		35- <b>716</b> 30	)18Pag	je <b>6</b>
Part VII-B   Statements Regarding Activities for Which I	orm 4/20 May Be i	Requirea (contin	ued)		
5a During the year did the foundation pay or incur any amount to:		<u></u>	ਿਦਾ		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • • •		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		😾		
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es XI No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		[V].		
4945(d)(4)(A)? (see instructions)			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		<b>□</b>		
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	37 / 3		- :
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	• •				,
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					3.
expenditure responsibility for the grant?	•	I/A L L Y	es L No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d)				, ,
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			- 1 I'	
a personal benefit contract?		. L Yo	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b 2	K
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗓 No	3	3
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	ınagers, Highl	У		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(a) Name and address	<b>(b)</b> Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens account, oth allowance	se ner s
VIRGINIA L. CLEMENTS	TRUSTEE				
7361 N. FINGER ROCK TRAIL					
TUCSON, AZ 85718	1.00	0.	0.		<u>) .</u>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
4-2 Name and address of each ampleyee need more than \$50,000	(b) Title, and average hours per week	/ \Campanastan	(d) Contributions to employee benefit plans	(e) Expens	e
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowance	S
NONE	· ·				
				<u> </u>	
		1		1 .	
		<del> </del>		<del>                                     </del>	
		ļ		<u> </u>	
	L	<u> </u>	l	J	

Total number of other employees paid over \$50,000

Form **990-PF** (2016)

## GINNY L. CLEMENTS CHARITABLE TRUST

Form 990-PF (20	016) C/O	VIRGINIA	L.	CLEMENTS,	TRUSTEE	3
Part VIII	Information	About Officers	. Dir	ectors. Trustee	s. Foundation	Managers, Highly

35-7163018

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3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		<u>,,,</u>
	$\neg$	
	<del>-  </del>	
Total number of others receiving over \$50,000 for professional services		
Part IX-A   Summary of Direct Charitable Activities		
	Attack and a second and a second	<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	sucai information such as the	Expenses
N/A		<del> </del>
N/A		<u></u>
		_
		_
	<u></u>	
}		
<del></del>		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
N/A		
	1	
		7
All other program-related investments. See instructions.		
]		
		_
		$\dashv$
		$\dashv$
		-
		4
	<del></del>	<del></del>
otal. Add lines 1 through 3	•	0

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: a Average monthly fair market value of securities 1a ,590. 1b b Average of monthly cash balances c Fair market value of all other assets 10 24,590 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 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 5 24.221 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 10. Minimum investment return from Part X, line 6 2a Tax on investment income for 2016 from Part VI, line 5 Income tax for 2016. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b 2c 10. Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 10. 5 Add lines 3 and 4 0. Deduction from distributable amount (see instructions) 6 10. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1b 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 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3Ь Cash distribution test (attach the required schedule) ٥. 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 6 Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form **990-PF** (2016)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				10.
2 Undistributed income, if any, as of the end of 2016		· · · · ·		
a Enter amount for 2015 only	C.		0.	, ,
<b>b</b> Total for prior years:				
· · · · · · · · · · · · · · · · · · ·		0.		,
3 Excess distributions carryover, if any, to 2016:		*		,
a From 2011	,	>		,
b From 2012	(a \); (	//6		<
c From 2013			3 3	
d From 2014		* * * * * * * * * * * * * * * * * * * *		• •
e From 2015	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
f Total of lines 3a through e	30			^^ *
4 Qualifying distributions for 2016 from Part XII, line 4: ▶\$ 0 •			ζ,	`
a Applied to 2015, but not more than line 2a	3 2 x x x x x x x x x x x x x x x x x x		0.	
b Applied to undistributed income of prior	<u> </u>			
years (Election required - see instructions)		0.		,
c Treated as distributions out of corpus	<i>X</i>	<u> </u>	/ 0 · / / / / / / / / / / / / / / / / /	
(Election required - see instructions)	0.	, ,		
d Applied to 2016 distributable amount	*:	, , , , , ,	?>	0.
e Remaining amount distributed out of corpus	0.	, ,	`	<del>`</del>
5 Excess distributions carryover applied to 2016	0.	.4 *		0.
(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:		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	> %		
b Prior years' undistributed income. Subtract		•	, .	
line 4b from line 2b	<u> </u>	0.		· · ·
c Enter the amount of prior years undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0	**	1
assessed		0.		•
d Subtract line 6c from line 6b. Taxable	`	0.		, , , , , , , , , , , , , , , , , , ,
amount - see instructions  e Undistributed income for 2015. Subtract line	` ,	0.		*
4a from line 2a. Taxable amount - see instr.			0.	•
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				10.
7 Amounts treated as distributions out of		<del> </del>		!
corpus to satisfy requirements imposed by				,
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

Form 990-PF (2016) C/O VIR Part XIV   Private Operating F	GINIA L. CL			35-71 (	53018 Page 1
1 a If the foundation has received a ruling of			-A, question 9)	N/A	
foundation, and the ruling is effective fo					
b Check box to indicate whether the found		-	n section	4942(J)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig louridation described i	Prior 3 years	4342())(0) (1) 43-4	(12.(1)(3)
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	(-/	(4)44.6	(0)-0.1	(6/20/0	(-,
			}	/	
each year listed  b 85% of line 2a			-	<del>  /  </del>	
c Qualifying distributions from Part XII,				1/	<del></del>
line 4 for each year listed	ľ			X = I	
d Amounts included in line 2c not			<del></del>	<del></del>	
used directly for active conduct of	}			1	
exempt activities	į		/	ļ	
e Qualifying distributions made directly			<del>                                     </del>	<del> </del>	
for active conduct of exempt activities.	ĺ		/	]	
Subtract line 2d from line 2c			/	]	
3 Complete 3a, b, or c for the	<u> </u>		<del>//</del>	<del>                                     </del>	
alternative test relied upon:		/	1		
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying	<u> </u>				<del></del>
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter			<u> </u>		
2/3 of minimum investment return			THE		
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter;					
(1) Total support other than gross	j	<b>/</b>			
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public	/		<del></del>	†	
and 5 or more exempt				l i	
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	/	-			
an exempt organization					
(4) Gross investment income				† †	<del></del>
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or mo	re in assets
at any time during t	the year-see instr	uctions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			ributions received by th	e foundation before the close	of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(d)(2).)			
VIRGINIA L. CLEMENTS	<b>.</b>				
b List any managers of the foundation who ther entity) of which the foundation ha			or an equally large port	on of the ownership of a par	tnership or
NONE	J				
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation of				not accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	cations should be addre	essed:	<del></del>
b The form in which applications should b	ne submitted and informat	ion and materials they st	nould include.		<del></del>
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	l areas, charitable fields,	kınds of institutions, or	other factors:	<del></del>

GINNY L. CLEMENTS CHARITABLE TRUST

Form 990-PF (2016) C/O VIRGINIA L. CLEMENTS, TRUSTEE

Part XV | Supplementary Information (continued)

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Tark XV Supplementary information				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		-		
NONE				
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Total	<del></del>	<del>,                                      </del>	▶ 3a	0.
<b>b</b> Approved for future payment		1		
NONE		]	İ	
-				
		]		
	_			
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		[		
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		[	į	
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		į l		
Total .	<del></del>		<b>&gt;</b> 3b	0.

Part XVI-A	Anal	vsis of	Income-	-Producing	Activities
1 W1 C / V V /	1 /11/41	, 0.0 0.			***********

Enter gross amounts unless otherwise indicated.	Unrelated	d business income	Exclu	ided by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code	<del></del>	Code		
<u> </u>	<del>                                     </del>		-		
b	<del> </del>	<del></del>			
c			-		
d			-		
e	<b>——</b>		-		
<u> </u>					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1				
investments					
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real estate:				, ,	3 12
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	1 1			ł	
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	1 1				
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<del>                                     </del>		
11 Other revenue:					
	1 1				
•	<del></del>	·· ·· · · - · · · · · · · · · · · · · ·	╁		
<u> </u>	$\vdash$		┼		-
	<u> </u>		$\vdash$		
40.0		0.	<u> </u>	0.	0.
12 Subtotal. Add columns (b), (d), and (e)		0.			0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to					
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than the foundation).			contrit	outed importantly to the accor	nplishment of
		·			
<del></del>					
	<del></del>				
	<del></del>				
	<del></del>			=	<del></del>
	<del></del>				
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Part XVII	Information Re Exempt Organ		nsfers To a	and Transactions	and Relations	ships With Noncha	ritabl		<u>ago 10</u>
1 Did the o			of the followin	g with any other organizati	on described in sec	tion 501(c) of	<u> </u>	Yes	No
	- •			7, relating to political organ			ı		
a Transfers	s from the reporting found	ation to a noncharit	able exempt or	ganization of:			-		ĺ
(1) Cast	h						1a(1)	,	X
(2) Othe	er assets	•					1a(2)		X
<b>b</b> Other tra	nsactions:								,
(1) Sale	s of assets to a noncharita	ıble exempt organıza	ation				1b(1)		X
(2) Puro	chases of assets from a no	ncharitable exempt	organization				1b(2)		X
	tal of facilities, equipment,						1b(3)		X
	nbursement arrangements	i					1b(4)		Х
	ns or loan guarantees			•			1b(5)		X
	formance of services or me	' <del>=</del> '	-				1b(6)		X
-	of facilities, equipment, ma						16	<u> </u>	Х
or service		oundation. If the fol	ındatıon receive	dule. Column ( <b>b)</b> should al ed less than fair market vali				sets,	
(a)Line no	(b) Amount involved			exempt organization	(d) Descriptio	n of transfers, transactions, and	sharing ar	rangeme	ents
			N/A	<del></del>		<del></del>			
						·			
	····			<del> </del>					
			<del></del>		_				
				<del></del>	<del>_</del>	<del> </del>			
						<u></u>			
		<del></del> -				<del></del>			
	<del></del>				<del></del>	<del></del>			
				·		<del> </del>			
			<del></del>						
ın sectior	n 501(c) of the Code (other complete the following sch	r than section 501(c edule.			zations described		Yes	X	] No
	(a) Name of org	janization		(b) Type of organization		(c) Description of relations	hip		
	N/A			·	<u> </u>	·			
					<del> </del> -				
		<del>_</del>							
	·	<del></del>			ļ	<del></del>			
Sign Here	or penalties of perjury, I declare belief, it is two, correct, and con the correct of the correc	nplete Declaration of p	es return, including reparer (other than	g accompanying schedules and n taxpayer) is based on all inform  122-6-20 Date	statements, and to the nation of which prepare  TRUSTI	r has any knowledge Return to sho	y the IRS ourn with the own below	e prepare (see inst	er
	(  Print/Type preparer's na		Preparer's si		T Date I	Check   if PTIN			
	V , , , , , , , , , , , , , , , , , , ,	· <del>-</del>		•	[	self- employed			
Paid	SCOTT SEBR	EE	SCOTT	SEBREE	10/22/17		0082	888	
Preparer	Firm's name ▶ CLI				<u>,, ==, =,  </u>	Firm's EIN ▶ 41-0			
Use Only				<del></del>			• /		
_	Firm's address ▶ 52			S CIRCLE, ST	E 5000				
	<u> </u>	CSON, AZ	85711			Phone no. (520)			
						C.	~m QQ(		(2016)

## 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.lrs.gov/form990.

OMB No 1545-0047

Name of the organization

GINNY L. CLEMENTS CHARITABLE TRUST C/O VIRGINIA L. CLEMENTS, TRUSTEE

Employer identification number

35-7163018

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
, ,	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule				
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.			
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year			
	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),			
	Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			
LHA For Paperwork Reduc	ction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)			

Name of organization
GINNY L. CLEMENTS CHARITABLE TRUST
C/O VIRGINIA L. CLEMENTS, TRUSTEE

Employer identification number

35~7163018

Part I	Contributors (See instructions) Use duplicate copies of Part I i	of additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VIRGINIA L. CLEMENTS  7361 N FINGER ROCK PLACE  TUCSON, AZ 85718	\$\$.	Person X Payroli 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
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

GINNY L. CLEMENTS CHARITABLE TRUST C/O VIRGINIA L. CLEMENTS, TRUSTEE

Employer identification number

35-7163018

Part II	Noncash Property (See Instructions). Use duplicate copies of Part II I	f additional space is needed.	
(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) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Employer identification number

GINNY 1	ն.	CLEMENTS	CHARITABLE	TRUST
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C/O VIR	GINIA L. C	LEMENTS,	TRUSTEE	35-7163018
Part III			contributions to organizations described in section 501(c)(7), (8), or	(10) that total more than \$1,000 for

	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once )				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, an	(e) Transfer of gift	sfer of gift  Relationship of transferor to transferee				
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee				
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- =							
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 1
PART VII-A, LINE 10

NAME OF CONTRIBUTOR

VIRGINIA L. CLEMENTS

7361 N. FINGER ROCK PLACE
TUCSON, AZ 85718