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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements 12/01 11/302011 For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply Initial return Initial Return of a former public charity Final return Amended return Address change Name change Α Employer identification number THE PICERNE CHARITABLE TRUST 05-0487100 1420 EAST MISSOURI AVE #100 Telephone number (see the instructions) В PHOENIX, AZ 85014 (401) 732-3700 If exemption application is pending, check here 1 Foreign organizations, check here Check type of organization |X| Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated Fair market value of all assets at end of year Accounting method X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 1,511,098 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net Expenses (The total of amounts in expenses per books for charitable income income columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (seé the instructions)) 59,282 Contributions, gifts, grants, etc, received (att sch) If the foundn is not req to att Sch B Interest on savings and temporary cash investments 37,685 Dividends and interest from securities 37,685 5a Gross rents. **b** Net rental income or (loss) -11,398. 6a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a 562,298. 0. Capital gain net income (from Part IV, line 2). Net short-term capital gain 20,382. Income modifications 10a Gross sales less returns and allowances. **b** Less Cost of c Gross profit/(loss) (att-sch) 11 Other income (attach schodile)-See Statement <u>1,4</u>34 1,154. Total. Add lines Sthrough 11 87,003 38,839 20,382 S Compensation of officers, directors, trustees es et 201 13 ळ Other employee salaries and wages Pension plans, employee 16a Legal fees (attach schedule) b Accounting fees (attach sch) c Other prof fees (attach sch) NISTRAT 17 Interest Taxes (attach schedule)(see instr.) Depreciation (attach 19 sch) and depletion ١ ٧ E Occupancy Travel, conferences, and meetings 21 Printing and publications 23 Other expenses (attach schedule) See Statement 2 58. 58 Total operating and administrative 24 expenses. Add lines 13 through 23 58 58 Contributions, gifts, grants paid Part. XV 74,600. 74,600. Total expenses and disbursements. Add lines 24 and 25 58 0. 74,600 74,658. Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 12,345 38,781 **b** Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) 20,382.

BAA For Paperwork Reduction Act Notice, see the instructions.

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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) 762,873. 2 Enter amount from Part I, line 27a 2 12,345. 3 Other increases not included in line 2 (itemize) 4 775,218. Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 775,218. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

(a) List and descr	d Losses for Tax on Investment ribe the kind(s) of property sold (e.g., re ouse, or common stock, 200 shares ML	eal estate,	How acquired Purchase Dunation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a See Statement 3	D — bonati				
b					
С					
d		_			
e (5) (2) (3)	1 00	420 1 11 1		42.0	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	(loss) linus (g)
b	-	·· · · · · · · · · · · · · · ·			· · · · · ·
d			- -		
е					
	owing gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Coli	umn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any		gain minus column (l an -0-) or Losses (fi	<), but not less
a b					
C					· -
d			-		
e					
2 Capital gain net income or (r	net capital loss) — If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	2		-11,398.
3 Net short-term capital gain o	or (loss) as defined in sections 1222(5)	and (6)			
If gain, also enter in Part I, I in Part I, line 8	ine 8, column (c) (see the instructions)	If (loss), enter -0-	3		20,382.
Part V Qualification Und	ler Section 4940(e) for Reduced	Tax on Net Investmen	t Income		·
If 'Yes,' the foundation does not qu	section 4942 tax on the distributable amulalify under section 4940(e). Do not cont in each column for each year; see the	mplete this part		Yes (d)	X No
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets	s (col	Distribution umn (b) divided	
2009	145,500.	1,603,			0.090752
2008	315,637.	1,429,			0.220837
2007	267,181.	2,564,			0.104179
2006 2005	205,932. 190,283.	3,596, 3,405,			0.057258 0.055876
2003	1 150,283.	5,405,	331.	1	0.033676
2 Total of line 1, column (d)			2		0.528902
3 Average distribution ratio for number of years the foundation	the 5-year base period — divide the tollion has been in existence if less than 5	tal on line 2 by 5, or by the years.	3		0.105780
4 Enter the net value of nonch	arıtable-use assets for 2010 from Part X	X, line 5	4		1,569,641.
5 Multiply line 4 by line 3	5 Multiply line 4 by line 3				166,037.
6 Enter 1% of net investment i	income (1% of Part I, line 27b)		6		388.
7 Add lines 5 and 6			7		166,425.
8 Enter qualifying distributions	from Part XII, line 4		8		74,600.
If line 8 is equal to or greate Part VI instructions	r than line 7, check the box in Part VI,	line 1b, and complete that par	rt using a 1%	6 tax rate See t	he

Form	n 990-PF (2010) THE PICERNE CHARITABLE TRUST	5-0487100		P	age 4
Par	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see the instruc	tions)		
1 a	a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter 'N/A' on line 1. ☐				
	Date of ruling or determination letter (attach copy of letter if necessary — see instr.)				
b	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1		7	76.
	check here ☐ and enter 1% of Part I, line 27b				
c	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
	foundations only Others enter -0-)	2			0.
3	Add lines 1 and 2	3		7	76.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-	 			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			76.
6	Credits/Payments	,			1
	a 2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 1,29	<u>,2.</u>			
	b Exempt foreign organizations — tax withheld at source 6b				
	c Tax paid with application for extension of time to file (Form 8868)	-			
	d Backup withholding erroneously withheld 6d	<u> </u>			
_		7		1,2	<u> 92.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be. Credited to 2011 estimated tax. S16. Refunded	10			0.
11		<u>► 11 </u>			- 0 .
	rt VII-A Statements Regarding Activities			Yes	No
1 a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	ıt	1a	163	X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1b		Χ_
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any material or distributed by the foundation in connection with the activities	's published			
С	c Did the foundation file Form 1120-POL for this year?		1c		X
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	•			
	(1) On the foundation \$\ \\$ 0. (2) On foundation managers \$\ \\$	0.		,	
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo foundation managers ►\$ 0.	sea on			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		
_	If 'Yes,' attach a detailed description of the activities				
_		A1			ì
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, ar of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change.	ticies s	3		X
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If 'Yes,' attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				
	By language in the governing instrument, or				İ
	By state legislation that effectively amends the governing instrument so that no mandatory directions the state of th	at conflict			
	with the state law remain in the governing instrument?	at commet	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions) AZ	<u> </u>			
b	b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation.		8b	<u>X</u>	J
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(a for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' com	3) or 4942(j)(5) oplete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the and addresses.		10		Х
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charitable purposes?

the tax year beginning in 2010?

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3b

4a

4b

N/A

X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of

Form 990-PF (2010) THE PICERNE CHARI			05-048	87100	Page 6
Part VII-B Statements Regarding Activit	ies for Which Forn	n 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu	•		□., •		
(1) Çarry on propaganda, or otherwise attemp	ot to influence legislation	on (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		H - H	No	
(3) Provide a grant to an individual for travel,			∐ Yes X	No	
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o i 4940(d)(2)? (see instr	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientifion of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a a current notice regar	qualify under the excep ding disaster assistance	tions	5 b	N/A
Organizations relying on a current notice rega	irding disaster assistan	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	cemption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulatıons sectıon 53 494	5-5(d)			
6a Did the foundation, during the year, receive at on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premium:	Yes X	No	_
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indired	ctly, on a personal bene	fit contract?	6b	X
7a At any time during the tax year, was the found				No]]
b If yes, did the foundation receive any proceed				N/A 7b	
Part VIII Information About Officers, D and Contractors				mployees	,
1 List all officers, directors, trustees, foundation			· ·	1	
(a) Name and address	(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) Expense other allow	account, wances
RONALD R.S. PICERNE	Trustee	0.	0.		0.
1420 E. MISSOURI AVE, STE 100 PHOENIX, AZ 85014	1				
DAVID R. PICERNE 1420 E. MISSOURI AVE, STE 100 PHOENIX, AZ 85014	Treasurer 1	0.	0.		0.
2 Compensation of five highest-paid employee	s (other than those inc	cluded on line 1— see ir	structions). If none, e	nter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
None					
				_	
Total number of other employees paid over \$50,000	TEEA0306L	07/23/10	<u> </u>	<u> </u>	0 - PF (2010)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 2 All other program-related investments See instructions.

All other program-related investments	its see instructions.	
Total. Add lines 1 through 3		 •

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0.

Adjusted qualifying distributions. Subtract line 5 from line 4

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see.instructions.) 1 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 1 a 1,500,155. 93,389. 1b **b** Average of monthly cash balances c Fair market value of all other assets (see instructions) 10 1,593,544. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1c 0. 1e (attach detailed explanation) 0. 2 Acquisition indebtedness applicable to line 1 assets 2 1,593,544. 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) 23,903. 5 1,569,641. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 78,482. Minimum investment return. Enter 5% of line 5 6 RartXI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 1 Minimum investment return from Part X, line 6 78,482. 776. 2a 2a Tax on investment income for 2010 from Part VI, line 5 2b b Income tax for 2010 (This does not include the tax from Part VI) 2 c 776. c Add lines 2a and 2b 77,706. 3 Distributable amount before adjustments Subtract line 2c from line 1 3 4 4 Recoveries of amounts treated as qualifying distributions 5 77,706. Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 7 77,706. Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Part XIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 74,600. 1 a 1 b **b** Program-related investments — total from Part IX-B 2 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 **b** Cash distribution test (attach the required schedule) 4 74,600. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) 5 6 74,600.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years Form 990-PF (2010)

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Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				77,706.
2 Undistributed income, if any, as of the end of 2010			_	!
a Enter amount for 2009 only			0.	
b Total for prior years 20, 20, 20, 20		0.		
a From 2005 37,336.				
b From 2006 29, 785.			Ì	
c From 2007 147, 187.				
d From 2008 249, 899.				
e From 2009 66, 628. f Total of lines 3a through e	530,835.			· ·
4 Qualifying distributions for 2010 from Part	330,033.			
XII, line 4 ► \$ 74,600.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2010 distributable amount				74,600.
e Remaining amount distributed out of corpus	0.			2 106
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the	3,106.			3,106.
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	527,729.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
• • •	-	0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2009. Subtract line 4a from			0.	
line 2a. Taxable amount — see instructions				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2005 not				
applied on line 5 or line 7 (see instructions).	34,230.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	493,499.			
10 Analysis of line 9				
a Excess from 2006 29, 785. b Excess from 2007 147, 187.	+			
c Excess from 2008 249, 899.	1			
d Excess from 2009 66, 628.]			
e Excess from 2010				F 000 BF (0010)

Form 990-PF (2010) THE PICERNE CHA	RITABLE TRUST			05-048/10	U Page IU
PartXIV Private Operating Foundat	ions (see instruc	tions and Part	VII-A, question 9	3)	N/A
1a If the foundation has received a ruling o is effective for 2010, enter the date of the		that it is a private	operating foundatio	n, and the ruling	
b Check box to indicate whether the found	•	erating foundation (described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	Taking touridation t	Prior 3 years	[] 13 12 () (0) 01	13 12 () (0)
income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter					
(1) Value of all assets				-	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalities) 					
(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					
Rank XVI Supplementary Information assets at any time during	n (Complete this	part only if the	e organization ha	ad \$5,000 or mo	re in
		istructions.)		·	
1 Information Regarding Foundation Mar a List any managers of the foundation who close of any tax year (but only if they have None	have contributed m	ore than 2% of the than \$5,000). (See	total contributions in section 507(d)(2)	received by the four	ndation before the
b List any managers of the foundation wh	o own 10% or more o	of the stock of a co	rporation (or an equ	ally large portion of	the ownership of
a partnership or other entity) of which the None	ne foundation has a l	0% or greater inte	rest		
2 Information Regarding Contribution, General Check here X if the foundation only requests for funds. If the foundation matcomplete items 2a, b, c, and d	makes contributions	s to preselected ch	arıtable organızatıon		
a The name, address, and telephone num	ber of the person to	whom applications	should be addresse	d	
	·				
See Statement 4					
b The form in which applications should b	e submitted and info	rmation and materi	als they should inclu	ude.	
See Statement for Line 2a	<u> </u>				
c Any submission deadlines					
See Statement for Line 2a	ì				
d Any restrictions or limitations on awards	s, such as by geograp	phical areas, charit	able fields, kinds of	institutions, or othe	r factors
See Statement for Line 2a	a				
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3 Grants and Contributions Paid During the Year or Approved for Future Payment						
· Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	substantial contributor	recipient				
a Paid during the year						
See Statement 5						
	i					
	:					
		<u></u>				
Total	,	1	► 3a	74,600.		
b Approved for future payment						
			İ			
			1			
]					
· Total		1	<u> </u>	-		

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Part XVI-A Analysis of Income-Producing Activities

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Enter gross	s amounts unless otherwise indicated	Unrelated	d business income	Excluded by :	section 512, 513, or 514	
•		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (see the instructions)
_	am service revenue			code		,
						·
			-	- -		
f						
g Fees	and contracts from government agencies					
2 Mem	bership dues and assessments.					·
3 Interes	t on savings and temporary cash investments				 	
4 Divid	ends and interest from securities			14	37,685.	
	ental income or (loss) from real estate					
	financed property	-				
	ebt-financed property					
	ntal income or (loss) from personal property					
	r investment income					11 200
	r (loss) from sales of assets other than inventory			+		-11,398.
	ncome or (loss) from special events			+ +		
10 Gross11 Other	s profit or (loss) from sales of inventory					
	SS ACTION SETTLEMENT			14	1,154.	
	ERAL TAX REFUND			1 1	1,104.	280.
	IIII IIII IIII IIII					
d						
е						
12 Subto	otal Add columns (b), (d), and (e)				38,839.	-11,118.
13 Total	. Add line 12, columns (b), (d), and (e)				13	27,721.
(See works	heet in line 13 instructions to verify calculation	ons)				
Part XVI	-B Relationship of Activities to the	Accomplis	shment of Exem	pt Purpose	!S	
Line No. ▼	Explain below how each activity for which in accomplishment of the foundation's exempt	ncome is repoi purposes (oth	rted in column (e) of ner than by providing	Part XVI-A co	ontributed important th purposes) (See the	ly to the ne instructions)
N/A						
						
						 .
		•				
						, , , , , , , , , , , , , , , , , , , ,

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Form 990-PF (2010) THE PICERNE CHARITABLE TRUST 05-0487100 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

							1 '	Yes	No
describe	organization directly order in section 501(c) or to political organizati	f the Code (oth	gage in any of the following ver than section 501(c)(3) orga	uth any ot anizations)	her organization or in section 52	7,		103	
			noncharitable exempt organ	zation of					. 1
(1) Cas							1a (1)		X
	(2) Other assets						1a (2)		X
• •	ansactions								
	es of assets to a none	charitable exem	pt organization				1b(1)		X
• •			e exempt organization				1b (2)		X
	tal of facilities, equip		, •				1b (3)		X
` '	nbursement arranger	•					1b (4)		X
	ns or loan guarantees						1 b (5)		X
• •	-		or fundraising solicitations				1b (6)		X
		•	, other assets, or paid emplo	vees			1c		X
Conamig	or radiiitioo, oquipiirio	one, manning note	, other assets, or para empire	,					
the good	ds, other assets, or s	ervices given by	omplete the following schedu the reporting foundation If w in column (d) the value of	the founda	ation received les	s than fair marke	et value in	ue of	
(a) Line no	(b) Amount involved	(c) Name of I	noncharitable exempt organization	(d)	Description of transfe	ers, transactions, and	sharing arrar	ngement	s
N/A									
	_								
						, = , = .			
						-			
	oundation directly or i ed in section 501(c) o complete the following		ed with, or related to, one or er than section 501(c)(3)) or	more tax- in section			Yes	X	No
) Name of organization	on	(b) Type of organization	n	(c)	Description of rel	<u>ationship</u>		
I/A					· ,				
. 								_	
ign lere	onald of	e that have examine of preparer (other that	ed this return, including accompanying in taxpayer or fiduciary) is based on al	schedules and I information of Date	d statements, and to the of which preparer has	ne best of my knowledge any knowledge		it is true	
1810	pnature of officer or trustee Print/Type preparer's nam	ne	Preparer's signature	Date	Date		PTIN		
	. Time Type preparer 5 flatt		r reporter a arginature		340	Check if if			
Paid					<u> </u>	self-employed			
Preparer	Firm's name				F	irm's EIN 🟲 🔣			کی
Jse Only	Firm's address								
					P	Phone no		0.5=	(00:0:
BAA							Form 99	7U-PF	(2010)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization		Employer identification number
THE PICERNE CHARITABLE TE	RUST	05-0487100
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not to 527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treate 501(c)(3) taxable private foundation	ed as a private foundation
Check if your organization is covered by Note. Only a section 501(c)(7), (8), or (1)	the General Rule or a Special Rule 10) organization can check boxes for both the General F	Rule and a Special Rule See instructions
General Rule X For an organization filing Form 990, contributor (Complete Parts I and II	990-EZ, or 990-PF that received, during the year, \$5,00)	00 or more (in money or property) from any one
Special Rules		
509(a)(1) and $170(b)(1)(A)(vi)$, and r	filing Form 990 or 990-EZ, that met the 33-1/3% support received from any one contributor, during the year, a co 30, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complet	ontribution of the greater of (1) \$5,000 or
aggregate contributions of more that	organization filing Form 990 or 990-EZ, that received fron \$1,000 for use <i>exclusively</i> for religious, charitable, sci or animals Complete Parts I, II, and III	om any one contributor, during the year, lentific, literary, or educational purposes, or
contributions for use exclusively for If this box is checked, enter here the purpose Do not complete any of the	organization filing Form 990 or 990-EZ, that received from religious, charitable, etc., purposes, but these contributions total contributions that were received during the year few parts unless the General Rule applies to this organization.	ons did not aggregate to more than \$1,000 for an exclusively religious, charitable, etc.
religious, charitable, etc, contribution	ns of \$5,000 or more during the year	- \$
990-PF) but it must answer 'No' on Part	rered by the General Rule and/or the Special Rules does t IV, line 2 of their Form 990, or check the box on line H the filing requirements of Schedule B (Form 990, 990-E	of its Form 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act No 990EZ, or 990-PF.	tice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of org	CERNE CHARITABLE TRUST	' -	487100
Part I	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	RONALD PICERNE 6737 NORTH 60TH ST PARADISE VALLEY, AZ 85253	\$59,282.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- .\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash Complete Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Part II if there is a noncash contribution Payroll Part II if there is a noncash contribution Payroll Payr
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

chedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page	1	of 1	of Part II
ame of organization		E	nployer identification n	umber
THE PICERNE CHARITABLE TRUST		0	5-0487100	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	350 SHS OF ERF		
-		\$ 9,282	. 12/17/10
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	_

TEEA0703L 10/26/10

of Part III

THE PICERNE CHARITABLE TRUST

Employer identification number 05-0487100

Part III	Exclusively religious,	charitable, etc, i	ndividual cont	ributions to section	1 501(c)(7), (8), or (1	0)
	organizations aggreg	ating more than	\$1,000 for the y	/ear.Complete cols (a)	through (e) and the follow	wing line entry

	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of exclusively religious, ch (Enter this information once S	iaritable, etc, ee instructions	,) > \$	N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift		
	N/A					
						
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	gift 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	
	Transferee's name, addres	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			onship of transferor to trans	feree	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held	
	Transferee's name, addres	Relati	onship of transferor to trans	sferee		
	1					

201	•
ZU I	U

Federal Statements

Page 1

THE PICERNE CHARITABLE TRUST

05-0487100

Statement 1 Form 990-PF, Part I, Line 11 Other Income

		Rev	(a) venue <u>Books</u>	(b) Net Investment Income	(c) Adjusted Net Income
CLASS ACTION SETTLEMENT FEDERAL TAX REFUND		\$	1,154. 280.	\$ 1,154.	
	Total	\$	1,434.	\$ 1,154	.\$ 0.

Statement 2 Form 990-PF, Part I, Line 23 Other Expenses

Expenses Investment Adjusted Cha	
	aritable
<u>per BooksIncomeP</u>	<u>Purposes</u>
BANK CHARGES \$ 58. \$ 58	
Total \$ 58. \$ 58. \$ 0. \$	0.

Statement 3
Form 990-PF, Part IV, Line 1
Capital Gains and Losses for Tax on Investment Income

		(d) How	(c) Date	(d) Date
Item	(a) Description	Acquired	Acquired	Sold
1	VARIOUS MS 9% ELKS ON JP MORGAN	Purchased	$6/\overline{24}/2010$	12/27/2010
2	350 SHS ENERPLUS CORP	Purchased	10/11/2010	5/05/2011
3	700 SHS CVS	Purchased	10/23/2009	5/20/2011
4	7 SHS CALL CVS	Purchased	3/14/2011	5/20/2011
5	VARIOUS MS 7% ELKS ON JP MORGAN	Purchased	12/27/2010	6/24/2011
6	1000 SHS EL PASO CORP	Purchased	5/16/2008	7/15/2011
7	10 SHS CALL EL PASO CORP	Purchased	3/14/2011	7/15/2011
8	2551 SHS GENON ENERGY INC	Purchased	6/26/2008	11/16/2011
				ŀ

<u>Item</u> 1 2 3 4 5	(e) Gross Sales 250,000. 10,385. 25,094. 372. 250,000. 18,894.	(f) Deprec. <u>Allowed</u>	(g) Cost Basis 239,803. 9,282. 26,418. 0. 241,985. 20,585.	(h) Gain (Loss) 10,197. 1,1031,324. 372. 8,0151,691.	(i) FMV 12/31/69	(j) Adj. Bas. <u>12/31/69</u>	(k) Excess (i)-(j)	(1) Gain (Loss) \$ 10,197. 1,103. -1,324. 372. 8,015. -1,691.
5 6								
7	695.		0.	695.				695.
8	6,858.		35,623.	-28,765.			Total	-28,765. \$ -11,398.

2010	Federal Statements	Page 2
	THE PICERNE CHARITABLE TRUST	05-0487100

Statement 4 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

N/A

Name:

Care Of:

Street Address: City, State, Zip Code: Telephone: Form and Content: N/A Submission Deadlines: N/A

Restrictions on Awards:

Statement 5 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation <u>Status</u>	Purpose of Grant	Amount	<u>t</u>
HARVARD UNIVERSITY SOLDIERS FIELD BOSTON, MA 02163	_		SUPPORT OPERATIONS	\$	500.
SERVANT HEART MINISTRIES 12340 KRIBY SMITH RD ORLANDO, FL 32832			SUPPORT OPERATIONS		100.
EMBRACED BY GRACE 447 S NOVA ROAD ORMOND BEACH, FL 32174			SUPPORT OPERATIONS	50,	000.
THE BRADLEY HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901			SUPPORT OPERATIONS	5,	000.
SAINT IGNATIUS 1076 WEST ROOSE CHICAGO, IL 60601			SUPPORT OPERATIONS	10,	000.
OUR FAMILY FOR FAMILIES FIRST 6946 POST RD, SUITE 300 NORTH KINGSTOWN, RI 02852			SUPPORT OPERATIONS	7,	500.
HOME & HOSPICE CARE OF RI 1085 NORTH MAIN STREET PROVIDENCE , RI 02901			SUPPORT OPERATIONS		250.
THE LIGHTHOUSE HOSPICE FOUNDATION INC 529 MAIN STREET STE 101 CHARLESTOWN, MA 02129			SUPPORT OPERATIONS		250.

010	Federal State	ements			Page
	THE PICERNE CHARITABLE TRUST				
Statement 5 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year					
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose (Grant	of	Amount
VISITING NURSE SERVICES OF NEWPORT 1184 E MAIN RD PORTSMOUTH, RI 02871	<u> </u>		SUPPORT OPERATIONS		\$ 1,00
				Total	\$ 74,60

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

► File a congrate application for each return

OMB No 1545-1709

internal Reven	tue Service	ie a separate appi	ication for each return.	i	
• If you a	are filing for an Automatic 3-Month Extension	on, complete only	Part I and check this box		► X
	are filing for an Additional (Not Automatic)			s form)	
	mplete Part II unless you have already been				
Associated	filing (e-file). You can electronically file Forn required to file Form 990-T), or an addition extension of time to file any of the forms lid With Certain Personal Benefit Contracts, with filing of this form, visit www.irs.gov/efile.and	hich must be sent	to the IRS in paper format (see instruction	to file (6 months fo ctronically file Form formation Return foi ons) For more deta	r a 8868 to r Transfers uls on the
Part I	Automatic 3-Month Extension of Ti	ime. Only subn	nit original (no copies needed).		
A corporati	ion required to file Form 990-T and requesti	ng an automatic 6	-month extension - check this box and c	complete Part I only	▶ [
All other co	orporations (including 1120-C filers), partne x returns	rships, REMICS, a	nd trusts must use Form 7004 to request	an extension of tim	ne to file
	Name of exempt organization			Employer identification r	number
Type or print	THE PICERNE CHARITABLE TR	UST		05-0487100	
File by the due date for	Number, street, and room or suite number. If a P O b	ox, see instructions			
filing your return See	1420 EAST MISSOURI AVE #1	00			
instructions	City, town or post office, state, and ZIP code For a for				
	PHOENIX, AZ 85014				
Application	Return code for the return that this application	on is for (file a sep	parate application for each return)		04 Return
Is For		Code	ls For		Code
Form 990	T	01	Form 990-T (corporation)		07
Form 990-6	BL	02	Form 1041-A		08
Form 990-E	EZ	03	Form 4720		09
Form 990-F		04	Form 5227		10
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
Telepho If the o If this is check to the extension I required	oks are in the care of ROBERT HADLE one No. 401-732-3700 organization does not have an office or place as for a Group Return, enter the organization this box If it is for part of the group tension is for uest an automatic 3-month (6 months for a care 2/15, 2012, to file the exer- extension is for the organization's return for	FAX Note of business in the street of business in the street of the stre	e United States, check this box Exemption Number (GEN) and attach a list with the names a	this is for the whole nd EINs of all meml	▶ ☐ group, bers
▶	calendar year 20 or				

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 776. За b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 1,292. 3Ы\$ c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

lack X tax year beginning 12/01 , 20 10 , and ending 11/30 , 20 11

2 If the tax year entered in line 1 is for less than 12 months, check reason. | Initial return

BAA For Paperwork Reduction Act Notice, see Instructions.

Change in accounting period

Form 8868 (Rev 1-2011)

0.

| Final return