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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Frust Treated as a Private Foundation he foundation may be able to use a copy of this return to cate the cate the cate

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	2011

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Department of the Treasury

<u>Ir</u>	ternal F		ay be able to use a copy of this			
<u>F</u>	or cal	lendar year 2011, or tax year beginning	<u>9/01</u> , 2011 ,	and ending 8	/31 , 2012	
I	PENN	SYLVANIA CINCINNATI CHARITAB	LE TRUST		A Employer identification	n number
		JAMES O PRINGLE	-		23-6692145	. <u> </u>
		EAT FALLS ROAD HAM, ME 04062-4970			B Telephone number (see 207-253-56	the instructions)
_				·	C If exemption application	on is pending, check here 🕨 🗌
G	i Che	eck all that apply. Initial return	Initial Return of a form	mer public charity	D 1 Foreign organizations,	check here
H		Address change	Name change (c)(3) exempt private for	oundation	2 Foreign organizations here and attach comp	meeting the 85% test, check utation
_		X Section 4947(a)(1) nonexempt charitable tr	ust Other taxable p	rivate foundation	E If private foundation s under section 507(b)(
!		from Dad II askum (a) lus 10)	ounting method: Ca Other (specify)	ash X Accrual		a 60-month termination
-	⊳ \$	<u> </u>	column (d) must be on	cash basis)	under section 507(b)(
L	Part I		(a) Revenue and	(b) Net investme	nt (c) Adjusted ne	(d) Disbursements
		Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	income	income	for charitable purposes (cash basis only)
		1 Contributions, gifts, grants, etc, received (att sch)	7,013.			
ଟ୍ର		2 Ck Inf the foundn is not req to att Sch B				
2013		3 Interest on savings and temporary			۵ ا	
		cash investments 4 Dividends and interest from securities	9. 6,667.	6,66	9.	
₩.		5a Gross rents	0,007.	_0,00		
		b Net rental income				
	R E	or (loss) 6a Net gain/(loss) from sale of assets not on line 10. b Gross sales price for all				
Ω	٧	assets on line 6a				·
Щ	ENUE	7 Capital gain net income (from Part IV, line 2) . 8 Net short-term capital gain				
4	Ü	9 Income modifications			-	
SCANNED	E	10 a Gross sales less returns and allowances				
တ		b Less Cost of				····
		goods sold . c Gross profit/(loss) (att sch) .				
		11 Other income (attach schedule)		· · · · · · · · · · · · · · · · · · ·		
		12 Total. Add lines 1 through 11	13,689.	6,67	76.	0.
		13 Compensation of officers, directors, trustees, etc	0.			
		14 Other employee salaries and wages				
		15 Pension plans, employee benefits				
	Ą	16a Legal fees (attach schedule)			·	
	Ņ		1,260.			
	Ň	c Other prof fees (attach sch)				
	O I P S E T	17 Interest .				
	Ŗ R	18 Taxes (attach schedule)(see instrs)				
		sch) and depletion				
	N V	20 Occupancy				
		21 Travel, conferences, and meetings.				
	A E N X D P	22 Printing and publications				
	EXPENSES	23 Other expenses (attach schedule)				
	Ñ	7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		-		
	Ě	24 Total operating and administrative expenses. Add lines 13 through 23	1,260.			
	•	25 Contributions, gifts, grants paid PART XV	14,500.			14,500.
		26 Total expenses and disbursements. Add lines 24 and 25	15,760.		0.	0. 14,500.
_	•	27 Subtract line 26 from line 12:				
		a Excess of revenue over expenses	2 071		1	
		and disbursements	-2,071.		76	-
		b Net investment income (if negative, enter -0-)		6,67	70.	0.
-	A A .	C Adjusted net income (if negative, enter -0-) .	<u> </u>	L	TEE A 0 E 0 A 1 2 / 0 E / 1 1	U.)

Parl	H	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
<u>- ar</u>		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	22,397.	12,585.	_12,585.
	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 (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach sch)			
S		Less. allowance for doubtful accounts ▶			
A S E T	8	Inventories for sale or use .			
Ē	9	Prepaid expenses and deferred charges .			
Š	10 a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule)			
	c	: Investments — corporate bonds (attach schedule)			
	11	investments – land, buildings, and equipment basis.			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans.			
		Investments — other (attach schedule)	241,679.	249,297.	309,589.
		Land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)			
i	15	Other assets (describe			
		Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I).	264,076.	261,882.	322,174.
Ļ	17	Accounts payable and accrued expenses			
I A	18	Grants payable			
A B	19	Deferred revenue			
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe			
E	23	Total liabilities (add lines 17 through 22)	0.	0.	
	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here X X			
	}	and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted	264,076.	261,882.	
TN	25	Temporarily restricted			
A D	26	Permanently restricted .			
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds .			
SŅ	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds .			
ŔŠ	30	Total net assets or fund balances (see instructions)	264,076.	261,882.	
	31	Total liabilities and net assets/fund balances	264,076.	261,882.	
Dar	<u> </u>	(see instructions) Analysis of Changes in Net Assets or Fund Balance		201,002.	
					 _
1	Total	I net assets or fund balances at beginning of year – Part II, colu of year figure reported on prior year's return)	mn (a), line 30 (must ag	ree with	264,076.
2		or-year tigure reported on prior year's return) r amount from Part I, line 27a		2	-2,071.
3		increases not included in line 2 (itemize)	•	3	2,0,1.
4		lines 1, 2, and 3			262,005.
5		ases not included in line 2 (itemize) SEE STATEMENT	2	5	123.
-		I net assets or fund balances at end of year (line 4 minus line 5)		 _	261,882.
					<u> </u>

(a) List and describ 2-story brick warehou	be the kind(s) of property sold (e.g., resise; or common stock, 200 shares ML	eal estate, C Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A			D DONALON	_	
b				-	
c				<u></u>	
e					
(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) inus (g)
a					
b					
С					
d					
е					•
Complete only for assets show	ving gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Coli	ımn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any	·/ 1	gain minus column (I nan -0-) or Losses (fi	(), but not less
a					
b					
С					
d					
e			1		
2 Capital gain net income or (ne	et capital loss). If gain, also If (loss), enti	enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6):	ļ		
If gain, also enter in Part I, lin	e 8, column (c) (see instructions). If ((loss), enter -0-	_3		
Part V Qualification Unde	r Section 4940(e) for Reduced	Tax on Net Investmen	nt Income		
If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable am alify under section 4940(e). Do not cor in each column for each year, see the	mplete this part.		Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse		(d) Distribution lumn (b) divided	
2010	17,072.	299	,525.		0.056997
2009	10,500.		,136.		0.040364
2008	15,000.		,789.		0.067938
2007	15,000.		,238.		0.051860
2006	21,407.		,069.		0.074312
	21,407.		, , , , , ,		0.011012
2 Total of line 1, column (d)			2		0.291471
3 Average distribution ratio for t number of years the foundation	he 5-year base period — divide the to in has been in existence if less than 5	tal on line 2 by 5, or by the years	3	<u> </u>	0.058294
4 Enter the net value of nonchar	ritable-use assets for 2011 from Part	X, line 5	4		307,401.
5 Multiply line 4 by line 3			5		17,920.
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6		67.
7 Add lines 5 and 6			7		17,987.
8 Enter qualifying distributions f					
	rom Part XII, line 4	•	8	<u> </u>	14,500.
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI,	Ine 1b, and complete that p		// tax rate See t	

	EXCISE TAX DASED ON INVESTMENT INCOME (Section 4940(a), 4940(b), 4940(e), or 4948 – see	Instruct	TOTIS)
1 a	Exempt operating foundations described in section 4940(d)(2), check here I and enter 'N/A' on line 1.		
	Date of ruling or determination letter: (attach copy of letter if necessary - see instrs)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1	134.
	check here ► and enter 1% of Part I, line 27b		
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	<u> </u>
3	Add lines 1 and 2	3	134.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	134.
6	Credits/Payments:		
а	2011 estimated tax pmts and 2010 overpayment credited to 2011		
b	Exempt foreign organizations — tax withheld at source 6b		
C	Tax paid with application for extension of time to file (Form 8868) 6c 125.		
d	Backup withholding erroneously withheld	70	对对自然,有关和
7	Total credits and payments Add lines 6a through 6d	7	125.
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	<u>9.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11	
Par	VII A Statements Regarding Activities		Carra a l
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes No
	participate or intervene in any political campaign?		1a X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes		
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1b X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials put	ıblıshed	
	or distributed by the foundation in connection with the activities		
	-		
_	Did the foundation file Form 1120-POL for this year?		1c X
	Did the foundation file Form 1120-POL for this year? . Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers		1c X
	Did the foundation file Form 1120-POL for this year? . Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		
e	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers (3) Paid by the foundation during the year for political expenditure tax imposed foundation managers (4) Form 1120-POL for this year? (5) On foundation managers		
e	Did the foundation file Form 1120-POL for this year? 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 \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS?		
e 2	Did the foundation file Form 1120-POL for this year? 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 \$ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.	on	
e 2	Did the foundation file Form 1120-POL for this year? 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 \$ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.	on	0. 2 X
2	Did the foundation file Form 1120-POL for this year? 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 \$\\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers \$\\$\$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	on	0. 2 X
2 3 4a	Did the foundation file Form 1120-POL for this year? 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 \$ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.	on	0. 2 X
2 3 4a	Did the foundation file Form 1120-POL for this year? 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 \$\\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers \$\\$\$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	on	2 X 3 X 4a X
2 3 4a	Did the foundation file Form 1120-POL for this year? 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 \$\\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers \$\\$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	on	2 X 3 X 4a X 4b N/A
2 3 4a	Did the foundation file Form 1120-POL for this year? 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 \$\\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers \$\\$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If 'Yes,' has it filed a tax return on Form 990-T for this year?	on	2 X 3 X 4a X 4b N/A
2 3 4a t	Did the foundation file Form 1120-POL for this year? 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 \$\\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers \$\\$ Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If 'Yes,' has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T.	on	2 X 3 X 4a X 4b N/A
2 3 4a t	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation	on s	2 X 3 X 4a X 4b N/A
2 3 4a t	Did the foundation file Form 1120-POL for this year? 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 \$\\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers \$\\$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If 'Yes,' has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	on s	2 X 3 X 4a X 4b N/A
2 3 4a t	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation	on s	2 X 3 X 4a X 4b N/A 5 X
2 3 4 4 4 5 5 6	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation	on s	2 X 3 X 4a X 4b N/A 5 X
2 3 4 4 4 5 5 6	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 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If 'Yes,' has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that of with the state law remain in the governing instrument? 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	on s	2 X 3 X 4a X 4b N/A 5 X
2 3 4a t 5 6	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation	on s	2 X 3 X 4a X 4b N/A 5 X
2 3 4a t 5 6	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\ \\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	on s	0. 2 X 3 X 4a X 4b N/A 5 X 6 X 7 X
2 3 4a t 5 6	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation	on s onflict	0. 2 X 3 X 4a X 4b N/A 5 X 6 X 7 X
2 3 4 a b 5 5 6 7 8 a l	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation	on s onflict	0. 2 X 3 X 4a X 4b N/A 5 X 6 X 7 X
2 3 4 a b 5 5 6 7 8 a l	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation	onflict r 4942(j) te Part \(\times \)	0. 2 X 3 X 4a X 4b N/A 5 X 6 X 7 X 8b X
2 3 4 4 4 5 5 6 6 7 8 4 8 1 9	Did the foundation file Form 1120-POL for this year? 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 \$ 5. (2) On foundation managers \$ 5. (3) On foundation managers \$ 6. (4) On the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If 'Yes,' has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that of with the state law remain in the governing instrument? 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 Enter the states to which the foundation reports or with which it is registered (see instructions) \$ 5. (1) The foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part II, value as schedule listing their and addresses	onflict r 4942(j) te Part \(\times \)	0. 2 X 3 X 4a X 4b N/A 5 X 6 X 7 X

	990-PF (2011) PENNSYLVANIA CINCINNATI CHARITABLE TRUST	<u> 23-</u>	669214:			age 5
Pai	t VII-A Statements Regarding Activities (continued)				- ,	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		<u>x</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified advisory privileges? If 'Yes,' attach statement (see instructions)	ed perso	on had	12	_	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address N/A			13	X	
14	The books are in care of ► JAMES O PRINGLE Telephone		_(207)_		<u>-565</u>	6
	Located at ► 3 GREAT FALLS ROAD WINDHAM ME ZIP + 4 ►	040	<u>62-497</u>	<u> </u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	► L	15			X 0.
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other autbank, securities, or other financial account in a foreign country?	hority o	ver a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the nar foreign country. ▶	me of th	ie			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	During the year did the foundation (either directly or indirectly):	٦	.			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes Yes	X No			
	(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)?	Yes	XNo			
	(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 termination of government service, if terminating within 90 days.)	Yes	XNo			
ŧ	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•			- 1	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 2011?.			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))					
í	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	Yes	XNo			
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20					
I	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see instructions.)	a)(2))(2) to		2 b	N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years high	ere.				
•	► 20, 20, 20					
3	a Did the foundation hold more than a 2% direct or indirect interest in any hisiness	Yes	X No			
I	b If 'Yes,' did it have excess business holdings in 2011 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 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					(2)
4:	determine if the foundation had excess business holdings in 2011.) a Did the foundation invest during the year any amount in a manner that would jeopardize its			_3b	N	/A
	charitable purposes?.			4a		X
1	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 the tax year beginning in 2011?			4b		Х
BAA			Fo	rm 99	0-PF	(2011)

•					•
orm 990-PF (2011) PENNSYLVANIA CINCI				92145	Page 6
বার VII-B Statements Regarding Activiti		<u>1 4720 May Be Req</u>	<u>uired (continued)</u>		
5a During the year did the foundation pay or incu(1) Carry on propaganda, or otherwise attempt	=	n (section 4945(e))?	☐ Yes 🏻	No	
(2) Influence the outcome of any specific pub	lic election (see section	•			
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,		purposes?		No No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instri	ganization described	☐ Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific	, literary, or		No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in	-			11.0	
(see instructions)? Organizations relying on a current notice rega	• • • • •	•	►[_ 5b	N/A
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	sibility for the grant?		N/A Yes	No	
If 'Yes,' attach the statement required by Regu		``			
6a Did the foundation, during the year, receive ar on a personal benefit contract?.	ny funds, directly or ind	irectly, to pay premium:	S ☐ Yes X	No No	
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870.	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b	X
7a At any time during the tax year, was the found	dation a party to a proh	ıbıted tax shelter transa	ction? Yes X	No	
b If 'Yes,' did the foundation receive any procee				N/A 7b	
<u>Part VIII III</u> Information About Officers, Di and Contractors				Employees,	,
1 List all officers, directors, trustees, foundatio	n managers and their o	compensation (see inst	ructions).		
(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	
WILLIAM H OLINGER	SECRETARY	0.	0.	 	0.
18 IMPERIAL PLACE	0				
PROVIDENCE, RI 02903				 	
CHARLES L COLTMAN III PO BOX 1301	PRESIDENT 0	0.	0.		0.
BETHANY BEACH, DE 19930-1301					
THOMAS C ETTER, JR 2904 SOUTH BUCHANAN STREET	VICE PRESIDE	0.	0.		0.
ARLINGTON, VA 22206-1504				<u> </u>	
JAMES O PRINGLE3 GREAT FALLS ROAD	TREASURER	0.	0.		0.
WINDHAM, ME 04062-4970	1.00				
2 Compensation of five highest-paid employee	es (other than those inc	luded on line 1- see ir	structions). If none, o	enter '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	other allo	
NONE					

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

List the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1	Form 990-PF (2011) PENNSYLVANIA CINCINNATI CHARITABLE TRUST	23-6692145 Page 7
(g) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Described Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities overweld, research papers produced, etc. N/A 2 3 4 List of the foundation's four largest direct charitable activities overweld, research papers produced, etc. 3 List of the foundation's four largest program-related investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments. See instructions. 3 List of the program-related investments. See instructions.	Information About Officers, Directors, Trustees, Foundation Manager and Contractors (continued)	s, Highly Paid Employees,
Total number of others receiving over \$50,000 for professional services. > 0 **Total number of others receiving over \$50,000 for professional services. > 0 **Total number of others receiving over \$50,000 for professional services. > 0 **Total number of others receiving over \$50,000 for professional services. > 0 **Expenses** **Expenses** **Expenses** **Expenses** **Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convenid, research papers produced, etc. **Include Televant Services** **Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convenid, research papers produced, etc. **Include Televant Services** **Include relevant statistical information such as the number of Expenses organization and the services and the number of Services and Serv		
Total number of others receiving over \$50,000 for professional services. O Conditions		of service (c) Compensation
Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1	NONE	
Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1		
Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1		
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Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1		
Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1	Total number of others receiving over \$50,000 for professional services	▶ 0
1 N/A 2 3 4 Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments. See instructions. 3 Cotal. Add lines 1 through 3	Part No. A Summary of Direct Charitable Activities	
2 3 4 Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A 2 All other program-related investments. See instructions. 3 —————————————————————————————————	List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	e number of Expenses
3	1 <u>N/A</u>	
Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A All other program-related investments. See instructions. Total. Add lines 1 through 3	2	
Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A All other program-related investments. See instructions. Total. Add lines 1 through 3		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A All other program-related investments. See instructions. Total. Add lines 1 through 3.	3	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A All other program-related investments. See instructions. Total. Add lines 1 through 3.	4	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A All other program-related investments. See instructions. Total. Add lines 1 through 3.		
1 N/A 2	Part K-B Summary of Program-Related Investments (see instructions)	
All other program-related investments. See instructions. 3 Total. Add lines 1 through 3	Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2 Amount
All other program-related investments. See instructions. 3 Total. Add lines 1 through 3	N / 7	
3	2	
3	All other program-related investments. See instructions.	
Total Tide inter through a .		
Total Tide inter through a .		
	Total. Add lines 1 through 3 .	Form 990-PF (2011)

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 287,975. 24,107. 1b **b** Average of monthly cash balances c Fair market value of all other assets (see instructions) 1 c 312,082 1 d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c 0. (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 2 0. 312,082 Subtract line 2 from line 1d . . 3 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 4,681 (for greater amount, see instructions). 5 307,401. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 15,370. Minimum investment return. Enter 5% of line 5 6 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.) 15,370. 1 Minimum investment return from Part X, line 6 2a Tax on investment income for 2011 from Part VI, line 5. 2a 134 b Income tax for 2011. (This does not include the tax from Part VI) 2b 2 c 134. c Add lines 2a and 2b. 15,236. 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 15,236 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 15,236 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 1 a 14,500. **b** Program-related investments — total from Part IX-B 1 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) За **b** Cash distribution test (attach the required schedule) 3 b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 14,500

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.

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) .

Adjusted qualifying distributions. Subtract line 5 from line 4

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Form 990-PF (2011)

14,500.

5

6

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				15,236.
2 Undistributed income, if any, as of the end of 2011:				
a Enter amount for 2010 only .			0.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 7, 190.				
b From 2007 794.				
c From 2008 4,172.				•
d From 2009				
e From 2010	14 275			
f Total of lines 3a through e	14,375.			
4 Qualifying distributions for 2011 from Part				
XII, line 4: ► \$ 14,500. a Applied to 2010, but not more than line 2a.			0.	
b Applied to undistributed income of prior years (Election required – see instructions)	<u></u>	0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			·
d Applied to 2011 distributable amount .				14,500.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011.	736.			736.
(If an amount appears in column (d), the same amount must be shown in column (a))				
same amount must be snown 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	13,639.			
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.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions .		0.		·
e Undistributed income for 2010. Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2011. Subtract lines				
4d and 5 from line 1. This amount must be				0
distributed in 2012. 7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
, ,	<u> </u>			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	6,454.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	7,185.			
10 Analysis of line 9:				
a Excess from 2007 . 794.				
b Excess from 2008 4,172.				
c Excess from 2009				
d Excess from 2010 . 2, 219.		1		
e Excess from 2011.				

Form 990-PF (2011) PENNSYLVANIA CIN				23-669214	Page 10
Part XIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or is effective for 2011, enter the date of the	ruling	•	•		
b Check box to indicate whether the founda		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2011	(b) 2010	Prior 3 years (c) 2009	(d) 2008	(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	ļ				
a 'Assets' alternative test — enter:					
(1) Value of all assets					
section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, land for each year lated.					
line 6 for each year listed c 'Support' alternative test — enter:	-		<u> </u>		
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)		_			
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	<u> </u>	<u> </u>		<u>l</u>	_
Supplementary Information assets at any time during the Information Regarding Foundation Managers of the foundation who close of any tax year (but only if they have NONE	e year — see in gers: have contributed m	ore than 2% of the	total contributions	eceived by the foun	
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	of the stock of a cor 0% or greater inter	poration (or an equ est.	ally large portion of	the ownership of
2 Information Regarding Contribution, Gra Check here ► X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d.	makes contributions es gifts, grants, etc	s to preselected cha , (see instructions) t	aritable organization to individuals or org	anizations under oth	
a The name, address, and telephone number	er of the person to	whom applications	should be addresse	a.	
b The form in which applications should be	submitted and info	rmation and materia	als they should inclu	ude.	
c Any submission deadlines.					
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charita	ible fields, kinds of	institutions, or other	factors:
BAA					Form 990-PF (2011)

Page 11

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	ıt	
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		
Name and address (home or business) a Paid during the year SEE STATEMENT 4	substantial contributor	recipient	CONTIDUCTOR	
Total			► 3a	14,500.
b Approved for future payment			31	

iter gross amounts unless otherwise indicated.	Unrelated	Unrelated business income		section 512, 513, or 514	(e)
Program service revenue.	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
a					
b			<u> </u>		<u> </u>
с					
d	1				
e					
f			<u> </u>		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	9.	
4 Dividends and interest from securities			14	6,667.	
5 Net rental income or (loss) from real estate:		· 			
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property			ļ <u> </u>		
7 Other investment income			<u> </u>		
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events.			ļ		
Gross profit or (loss) from sales of inventory					
1 Other revenue					
a	 		1		
b	+		 		
c	+ +		 	_	
d	 		+ +		
e				C C7C	
Subtotal. Add columns (b), (d), and (e)				6,676.	C C7C
Total. Add line 12, columns (b), (d), and (e)				13 .	6,676
See worksheet in line 13 instructions to verify calculat	ions.)				

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions)
N/A	
-	

Form 990-PF (2011) PENNSYLVANIA CINCINNATI CHARITABLE TRUST 23-6692145 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de re a Tr (1 (2 b O (1) (2 (3 (4 (5) (6) c SI	escribe elating fransfer.) Cash () Other tra) Sale () Purc () Rent () Rent () Loan () Loan () Herring () Her	r assets insactions s of assets to a n hases of assets fi al of facilities, eq abursement arrang is or loan guarant ormance of service of facilities, equip	of the Code (or cations? Ing foundation to concharitable exerom a noncharitable exerom a noncharitation or other gements ees or membershiment, mailing like above is 'Yes,' or services given	empt organization or fundraising sts, other assets	on 501(c)(3) organicle exempt organicon on ganization gs solicitations s, or paid emplo following schedul	zation of zation of yees. e. Columi	n (b) should alw	ays show the fa	1a (1) X 1a (2) X 1b (1) X 1b (2) X 1b (3) X 1b (4) X 1b (5) X 1b (6) X 1c X
(a) Line		(b) Amount involved		of noncharitable exe					ind sharing arrangements
N/A									
						<u> </u>			
						4			
			 			-			
	-		 			 			
	_		- 			 			
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	$\neg \vdash$	- ··				 			
			<u> </u>		-				
									
	_					 			
						 			
						_l			
de	escribe	undation directly of d in section 501 (of complete the follo	c) of the Code (c	iated with, or re other than section	elated to, one or on 501(c)(3)) or	more tax in section	exempt organizes 527?	zations 	X Yes No
		Name of organiz		(b) Tv	pe of organization	n	(c) Description of	relationship
SOCI		CINCINNATI		501 (C) (4)					OFFICERS AND
							COMMITTEE	MEMBERS	
				<u> </u>			L		
	Under p correct,	enalties of perjury, I de- and complete Declarat	clare that I have exam ion of preparer (o <u>ther</u>	nined this return, inc than taxpayer) is ba	luding accompanying ased on all information	schedules and of which pro	d statements, and to eparer has any knowl	the best of my know ledge	edge and belief, it is true,
Sign Here) <	Jane	oten	~ (e	15/22/1	_	TREASURER		May the IRS discuss
	Signa	are of officer or trustee			Date		itle		preparer shown below (see instructions)? X Yes No
		Print/Type preparer's	name	PLENKE	Asignay of	1CDA	Date	Check	PTIN
Paid		HERBERT I.	BERKOWITZ	HERB		KOWITZ	1/20/13	self-employed	P00517879
Prepa	rer	Firm's name	WILLIAM E		Q CPA'S		/ /	Firm's EIN ► 23	-1682016
Use C		Firm's address	105 CHESL						
		<u> </u>	MEDIA, PA	<u> 19063-175</u>	54			Phone no (6	10) 521-6556
BAA									Form 990-PF (2011)

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

OMB No 1545-0047

2011

Name of the organization PENNSYLVANTA	CINCINNATI CHARITABLE TRUST	Employer identification number
C/O JAMES O P	RINGLE	23-6692145
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	A A Company of the Co
	4947(a)(1) nonexempt charitable trust not tree 527 political organization	eated as a private foundation
Form 990-PF	X 501(c)(3) exempt private foundation	
	X 4947(a)(1) nonexempt charitable trust treated	d as a private foundation
	501(c)(3) taxable 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 . 0) organization can check boxes for both the General Ru	ule and a Special Rule. See instructions.
General Rule X For an organization filing Form 990, contributor. (Complete Parts 1 and II.	990-EZ, or 990-PF that received, during the year, \$5,000.)	or more (in money or property) from any one
Special Rules		
For a section 501(c)(3) organization 509(a)(1) and 170(b)(1)(A)(vi), and r (2) 2% of the amount on (i) Form 99	filing Form 990 or 990-EZ that met the 33-1/3% support eceived from any one contributor, during the year, a cono, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete	test of the regulations under sections stribution of the greater of (1) \$5,000 or e Parts I and II
total contributions of more than \$1,0	organization filing Form 990 or 990-EZ that received fron 100 for use <i>exclusively</i> for religious, charitable, scientific, or animals. Complete Parts I, II, and III.	n any one contributor, during the year, literary, or educational purposes, or
contributions for use exclusively for i	organization filing Form 990 or 990-EZ that received fron religious, charitable, etc, purposes, but these contributio e total contributions that were received during the year for e parts unless the General Rule applies to this organizati	ns did not total to more than \$1,000 or an exclusively religious, charitable, etc, ion because it received nonexclusively
religious, charitable, etc, contribution	ns of \$5,000 or more during the year	► \$
990-PF) but it must answer 'No' on Part	ered by the General Rule and/or the Special Rules does IV, line 2, of its Form 990; or check the box on line H o meet the filing requirements of Schedule B (Form 990, 9	fits Form 990-EZ or on Part I, line 2, of its
BAA For Paperwork Reduction Act No	tice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2011

990EZ, or 990-PF.

•	•		• •
	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part 1
Name of org	enization /LVANIA CINCINNATI CHARITABLE TRUST		identification number
	Contributors (see instructions) Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE SOCIETY CINCINNATI OF PA 3 GREAT FALLS ROAD WINDHAM, ME 04062-4970	\$ <u>7,013.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
	I	1	I

Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

Page

1 to

of Part II

Name of organization

PENNSYLVANIA CINCINNATI CHARITABLE TRUST

Employer identification number

23-6692145

Pant II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. (c) FMV (or estimate) (see instructions) (d) (a) No. from (b) Date received Description of noncash property given Part I N/A (a) No. from (d) (b) (c) FMV (or estimate) (see instructions) Date received Description of noncash property given Part I (d) Date received (c) FMV (or estimate) (b) (a) No. from Description of noncash property given (see instructions) Part I (d) Date received (a) No. from Part I (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (d) Date received (a) No. from (c) FMV (or estimate) Description of noncash property given Part I (see instructions)

BAA

(a) No. from

Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

(d) Date received

(c) FMV (or estimate)

(see instructions)

(b)
Description of noncash property given

Name of organization
PENNSYLVANIA CINCINNATI CHARITABLE TRUST

Employer identification number 23-6692145

Part	111	Exclusive	y religious,	charitable, et	c, individua	l contributions to	section 501(c)(7)	(8), or (10)
		organizati	ions that tot	al more than	\$1,000 for th	ie year.Complete col	s (a) through (e) and t	he following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000** or **less** for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed (a) (b) (c) (d) No. from Part I Purpose of gift Use of gift Description of how gift is held N/A (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) (a) (b) (c) No. from Use of gift Description of how gift is held Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) (b) (c) (d) No. from Purpose of gift Use of gift Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) (c) No. from Purpose of gift Use of gift Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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FEDERAL STATEMENTS

PAGE 1

PENNSYLVANIA CINCINNATI CHARITABLE TRUST C/O JAMES O PRINGLE

23-6692145

STATEMENT 1 FORM 990-PF, PART I, LINE 16B **ACCOUNTING FEES**

(C) (B) NET (D) (A) INVESTMENT ADJUSTED EXPENSES CHARITABLE PER BOOKS INCOME NET INCOME PURPOSES ACCOUNTING FEES 1,260. TOTAL \$ 0. 1,260. \$

STATEMENT 2 FORM 990-PF, PART III, LINE 5

FEDERAL EXCISE TAX

OTHER DECREASES

TOTAL \$

STATEMENT 3 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR NAME OF SUBSTANTIAL CONTRIBUTOR

STATE SOCIETY CINCINNATI OF PA

3 GREAT FALLS ROAD WINDHAM, ME 04062-4970

0. \$

STATEMENT 4 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
CLIVEDEN OF THE NATIONAL TRUST 6401 GERMANTOWN AVENUE PHILADELPHAI, PA 19144		501 (C) (3)	HISTORIC RENOVATION	\$ 500.
WARWICK TWP HISTORIC SOCIETY - PO BOX 107 JAMISON, PA 18929		501 (C) (3)	HISTORIC RENOVATION	500.
MCNEIL CENTER FOR EARLY AMERICAN STUDIES 3451 WALNUT STREET PHILADELPHIA, PA 19104		501 (C) (3)	EDUCATION	4,000.

2011

FEDERAL STATEMENTS

PENNSYLVANIA CINCINNATI CHARITABLE TRUST C/O JAMES O PRINGLE

PAGE 2

23-6692145

STATEMENT 4 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE (OF	AMOUNT
THE SOCIETY CINCINNATI - ANDERSON HOUSE 2118 MASSACHUSETTS AVENUE WACHINGTON, DC 20008		501 (C) (3)	HISTORIC RENOVATION	\$	4,000.
HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041		501 (C) (3)	EDUCATIONAL		2,500.
MANSFIELD UNIVERSITY 71 SOUTH ACADEMY STREET MANSFIELD, PA 16933		501 (C) (3)	EDUCATIONAL		500.
VASSAR COLLEGE 124 RAYMOND AVENUE POUGHKEEPSIE, NY 12064		501 (C) (3)	EDUCATIONAL		2,500.
				TOTAL \$	14,500.

	are filing for an Automatic 3-Month Exte			violent (= :		dod)
Part II	Additional (Not Automatic) 3-Mo	nth Extension of	•			
	Name of exempt organization or other filer, see insti	ruchos	En			er, see instructions n number (EIN) or
	1			- 111	noyer menuncano	in number (Elly) or
Type or print	PENNSYLVANIA CINCINNATI (C/O JAMES O PRINGLE	CHARITABLE TR	UST	₪	23-66921	15
priint	Number, street, and room or suite number. If a P.O.	box, see instructions			al security number	
File by the					, , , , , , , , , , , , , , , , , , , ,	. (,
extended due date for filing the return. See	WILLIAM E. HOWE & CO. CPI 105 CHESLEY DR					
instructions.	City, town or post office, state, and ZIP code. For a MEDIA, PA 19063-1754	foreign address, see instruc	tions			
Enter the I	Return code for the return that this applic	cation is for (file a se	parate application for eac	h return)		. 04
Applicatio Is For	n	Return Code	Application Is For			Return Code
Form 990		01		,,,	, , , , .	
Form 990-	BL	02	Form 1041-A			08
Form 990-	EZ	01	Form 4720		_	09
Form 990-	PF	04	Form 5227			10
orm 990-	T (section 401(a) or 408(a) trust)	05	Form 6069			11
Earm 000						
• The boo	T (trust other than above) not complete Part II if you were not already oks are in care of ► JAMES 0 PRING one No ► (207) 253-5656 organization does not have an office or plantation.	GLE FAX No			-	
• The book Teleph • If the coil of this is whole ground.	not complete Part II if you were not already oks are in care of JAMES 0 PRING one No (207) 253-5656 organization does not have an office or plus for a Group Return, enter the organization	ady granted an autor GLE FAX No ► lace of business in the	matic 3-month extension			8868 ▶ □ . If this is for the
• The book Teleph • If the color of this is whole grown members to the color of the	not complete Part II if you were not alreadoks are in care of JAMES 0 PRING one No (207) 253-5656 preparization does not have an office or play of a Group Return, enter the organization, check this box	ady granted an autor GLE FAX No Part lace of business in the tion's four digit Group, in the group, check in TAXPAYER RE	ne United States, check the Exemption Number (GE this box .	is box N) th a list with the dending 8/ eturn	ne names and 31 Final retu	8868.
• The book Teleph • If the complete of the com	not complete Part II if you were not alreadous are in care of JAMES O PRING one No (207) 253-5656 organization does not have an office or plus for a Group Return, enter the organization, check this box If it is for patter extension is for. Lest an additional 3-month extension of the extension is for. Lest an additional 3-month extension of the extension is for less that change in accounting period are in detail why you need the extension. Letter INFORMATION NECESSARY	ady granted an autor GLE FAX No lace of business in the tion's four digit Group, check in the group in	matic 3-month extension The United States, check the Exemption Number (GE this box . The United States, check the period of the Exemption Number (GE and attack) The United States, check the period of the Exemption Number (GE and attack) The United States, check the period of the Exemption Number (GE and attack) The United States, check the period of the Exemption Number (GE and attack) The United States, check the period of the Exemption Number (GE and attack) The United States, check the period of the Exemption Number (GE and attack) The United States, check the period of the Exemption Number (GE and attack) The Exemption	is box N) ch a list with the dending 8/eturn CSTS ADDITEMENT TAX I	ne names and 31 Final retu	8868.
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