

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



"CHANGE OF ACCOUNTING PERIOD"

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

2009
Open to Public
Inspection

<u>A r</u>	or th	ie 2009		idar year, or tax year beginning 07/01, 2009, and end	ing			2/31, 20			_
B _C	heck if a		Please use IRS	C Name of organization PCIA FOUNDATION				cation numl	oer		
L	Addre		label or	Doing Business As			155109				_
	Name	change	print or type.	Number and street (or P O box if mail is not delivered to street address)	om/suite	E Teleph	one numbe	er			
	Initia	l return	See	901 N. WASHINGTON STREET 600		(800)	759-0	0300			
	Term	inated	Specific Instruc-	City or town, state or country, and ZIP + 4							_
	Amer		tions.	ALEXANDRIA, VA 22314-1561		G Gross	receipts \$		30,	149	Э.
	Appli	cation	F Na	me and address of principal officer: MICHAEL T.N.FITCH		H(a) Is this	a group retu	um for	Yes	Х	— No
_	pend		901	N. WASHINGTON STREET ALEXANDRIA, VA 22314-1561	L	affiliate H(b) Are al	es? Il affiliates inc	cluded?	Yes		No
$\overline{\Gamma}$	Tax-ex	empt sta		X 501(c) (0 3) ◀ (insert no) 4947(a)(1) or 527		l ' '		st (see instruct		—	
J		ite: ▶		(101(0))		ľ	exemption n	-	·		
		of organi		X Corporation Trust Association Other ▶ L Year	of format		T	of legal dor	nuculo	V.	<u>_</u>
_	rt I		nmary	The state of the s	Or Ionnat		III State	or legal dor	inche		<u> </u>
	1			be the organization's mission or most significant activities.			_				_
	' '	Бпепу	uescri	be the organization's mission of most significant activities.	-	 -					-
Governance						-					-
'n		- -									-
Ver	١,										· –
	2			if the organization discontinued its operations or disposed of more the				1		5	
کو د	3	Numbe	er ot vo	ting members of the governing body (Part VI, line 1a)			3			4	_
ij	4			dependent voting members of the governing body (Part VI, line 1b)						0	_
Activities	5			of employees (Part V, line 2a)							_
Ă	6			of volunteers (estimate if necessary)							_
				nrelated business revenue from Part VIII, column (C), line 12							_
	b	Net un	related	business taxable income from Form 990-T, line 34							_
				RECEIVED	- ↓	Prior Ye		Curre	ent Ye		_
Revenue	8			and grants (Part VIII, line 1h)	ـــاان	2	,920.		16,	300	_
	9	Progra	m serv	ce revenue (Part VIII, line 2g)	<u> </u>		0.				<u>)</u> .
æ	10	Program service revenue (Part VIII, line 2g)					,326.		13,		_
_	11	Other	revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	œΠ					<u>)</u> .	
	12	Total r	evenue	- add lines 8 through 11 (must equal Part VIII, column (公司四起), 以下		6	,246.		30,	149) .
	13	Grants	and si	milar amounts paid (Part IX, column (A), lines 1-8)	ᆛᆫ		0.			().
	14			to or for members (Part IX, column (A), line 4)	- 1		0.			J.	
ģ	15	Salarie	s, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)				0.			
Expenses	16a			undraising fees (Part IX, column (A), line 11e)			0.		0.		
ě	Ь			ing expenses, Part IX, column (D), line 25) ▶							_
Ш	17	Other	expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)		10	,539.		_	791	
	18	Total e	xpense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		10	,539.	_	-	791	
	19			expenses. Subtract line 18 from line 12		- 4	,293.	-	29,	358	₹.
2 8				<u></u>		eginning (of Year	End	of Yea	ır	_
ange	20	Total a	ssets (I	Part X, line 16)		407	,610.	-	136,	362	₹.
Ass	21		•	s (Part X, line 26)	· ·						_
Net Assets or Fund Balances	22			fund balances. Subtract line 21 from line 20		407	,610.	-	136,	362	<u>.</u>
_	rt II	Sig	nature	Block		_					_
		Under	nenaltie	s of perjury, I declare that I have examined this return, including accompanying sched	tules and	statements	and to ti	he hest of r	ny kno	wlede	-
		and be	elief, it	s true, correct, and complete Declaration of preparer (other than officer) is based on	all infor	mation of	which prep	parer has ar	y kno	wledg	e
S	ign		W	Vilal Alex		1 7	7/14/	10			
	ere	 	Signatur	e of officer		Date	<u> </u>				-
			n	richal Etal CED							
		l 🕨 🖥	voe or i	print name and title							-
		+			heck if	— Т	Preparer's	s identifying r	number		-
Paid		Prepa signat			elf-		(see instru	octions) 001304	73		
Prep	arer's	l	name (c		nployed	EIN		2-2177			-
Use	Only	If self-e	employed					10-290		7.0	_
Mari	the !!	ь	s, and Zi			Phone no		1		т-	_
<u> </u>				s return with the preparer shown above? (see instructions)	····	••••	····		990	(2000	_
- ar		.v ACT	ана Ра	uci will a neulliulu will millie see ne senarate instructions *				⊢∩rm		こっいいり	41

6961000

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ▶

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	├		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	-		
-	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	- 3 -		
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	[
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		
Ū	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	P		
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		
••	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX.		İ	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		İ	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	Ì	i	
		14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			.,
4-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
00	If "Yes," complete Schedule G, Part III	19	\rightarrow	$\frac{x}{x}$
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_х_

Part	V Checklist of Required Schedules (continued)		•	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	İ		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part N	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		i	
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2009)

Par	Statements Regarding Other IRS Fillings and Tax Compliance			
	•		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 0	.	.	1
	Enter the humber of Forms W-2d included in line 1a. Enter-0- if not applicable			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return		, l	ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return.			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	\dashv	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	ı		
2.	Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		.	ĺ
Ja	this return?	3a		X
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-	$\neg \neg$	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	\longrightarrow	
	• • • • • • • • • • • • • • • • • • • •			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		X
h	and services provided to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	''	$\overline{}$	
C	required to file Form 8282?	7c		
А	If "Yes," indicate the number of Forms 8282 filed during the year	. •		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Ŭ	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	$\neg \neg$	Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	\longrightarrow	Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	$-\!\!\!\!\!+$	Х
10	Section 501(c)(7) organizations. Enter:		- 1	
	Initiation fees and capital contributions included on Part VIII, line 12	l		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		1	
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.)	12a	-+	
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	. <u>. a</u>		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sect</u>	tion A. Governing Body and Management			
			Yes	No
а	Enter the number of voting members of the governing body			
1b	Enter the number of voting members that are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		ĺ
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4		4	-	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		-	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			х
	of the governing body?	7 <u>a</u>		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		3.7	
а	The governing body?	<u>8a</u>	X	
þ	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<u>10a</u>		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	'		
	form?	11	X	
11A	Desribe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		Χ
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a		
b	· · · ·	15b		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a				
. 04		16a	1	Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16h		
Sect	ion C. Disclosure	IOD		
	List the states with which a copy of this Form 990 is required to be filed ▶_VA,			
17 10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	onka		
18	available for public inspection. Indicate how you make these available. Check all that apply.	oniy)		
	Own website Another's website X Upon request			
4.0				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interceptions and for a real above and for a re	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PCIA FOUNDATION 901 N. WASHINGTON STREET, SUITE 600 ALEXANDRIA,	B 777 ~	221	1
	organization: PCIA FOUNDATION 901 N. WASHINGTON STREET, SOTTE 600 ALEXANDRIA,	v A		4
	000-735-0300			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	ত Individual trustee ০ or director	Institutional trustee	Officer	Key employee	Highest compensated employee	S) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOHN KELLY										
DIRECTOR	1.00	Х								
JEFFREY STOOPS DIRECTOR	1.00	Х								
MICHAEL T.N. FITCH PRESIDENT	2.00	Х		Х					234,682	3,090
DAVID WEISMAN DIRECTOR	1.00	х							,	
ROBERT FOOSANER DIRECTOR	1.00	Х								

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (c	ontinue		raye
(A) Name and title	(B) Average	(C) Position (check all that app						(D) Reportable	(E) Reportable			(F)	
valle allu tille	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens from rel organiza (W-2/1099	ation ated tions	amount other compens		of ition e ion ed
							-						
				-						_			
									<u> </u>				
												•	
		:											
1b Total			٠.		٠.,	· · · ·	▶		234	,682.		3,	090
2 Total number of individuals (including but not in reportable compensation from the organization)		nose I		d al	oov	e) who	o re	ceived more than	\$100,000 ıı	ו			
, op or table to mparisation the origin matter					-							Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the the organization and related organizations													
ındıvıdual											4	Х	
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5		Х
Section B. Independent Contractors 1 Complete this table for your five highest of					lant			tara that recover	1 the	· · · · · · · · · · · · · · · · · · ·	0.000		
compensation from the organization.			чер		em		ıacı		inore ina	ш ф I О			
(A) Name and business addr	ess							(B) Description of ser	vices	C	(C) ompens	ation	
NONE							╁						
							붗	-					
					-		\vdash				_		
Total number of independent contractors (in more than \$100,000 in compensation from the				ntec		thos	e li:	sted above) who	received				

Par	t VII	Statement of Revenue		54-1551099		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns				
o pr	g	Noncash contributions included in lines 1a-1f \$				
	<u>h</u>	Total. Add lines 1a-1f	16,300.			
une		Business Code				<u> </u>
Program Service Revenue	2a b c d e f	All other program service revenue				
<u>-</u>	g	Total. Add lines 2a-2f	0			
	3	Investment income (including dividends, interest, and other similar amounts)	13,849			
	5 6a b	Royalties	0			
	d	Net rental income or (loss)	_0	_		
	7a b	Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses				
	C	Gain or (loss)		<u> </u>		
enne	d 8a	Net gain or (loss)	0			
Other Revenue	b c	of contributions reported on line 1c) See Part IV, line 18	0			
0	9a	Gross income from gaming activities. See Part IV, line 19				
	b c	Less: direct expenses	0			
	10a	Gross sales of inventory, less returns and allowances		-		
		Less cost of goods sold	0			
						
	11a					
	Ь				-	
	d	All other revenue				
	e	Total. Add lines 11a-11d · · · · · · · · · · · · · · · · ·	0			
	12	Total Revenue. See instructions	30,149			000 (2000)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	An other organizations must compr	ete column (A) but a	e not required to con	ipiete columns (D), (C	,, and (D).
	not Include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0.	i		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
,	trustees, and key employees	0.			
•	Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
		0.			-
7	Other salaries and wages				_
8	Pension plan contributions (include section 401(k)	0.			
_	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	· · · · · · · · · · · · · · · · · · ·			
11	Fees for services (non-employees)	0			
	Management	0.			
b	Legal	0.		0.5	
C	Accounting	25.		25.	
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	0.			
12	Advertising and promotion	0.			
13	Office expenses	439.		439.	
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	252.		252.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			-
23	Insurance	0.			
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	1			
а	CONTRIBUTIONS	75.		75.	
b					
c			-		· · ·
ų					
<u> </u>					
4				0.	
	All other expenses Total functional expenses. Add lines 1 through 24f	791.		791.	
25 26	Joint Costs. Check here ▶ If following				
20	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and fundraising solicitation				
	-and-along continuity		!		

Pa	rt X	Balance Sheet	_		
		,	(A) Beginning of year		(B) End of year
	1 '	<u> </u>	18,770.	1	18,896
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,820.	4	20,225
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
155	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges	-	9	
	10a	Land, buildings, and equipment: cost or 10a			· · · · · · · · · · · · · · · · · · ·
		other basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation	1	10c	
	11	Investments - publicly traded securities	384,020.		397,241.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	-
	14	Intangible assets	· · · · · ·	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	407,610.		436,362.
	17	Accounts payable and accrued expenses		17	,
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
"	21	Escrow or custodial account liability. Complete Part IV of Schedule D	·	21	-
Liabilities	22	Payables to current and former officers, directors, trustees, key		21	
Ē	* *	employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	· · · · · · · · · · · ·	23	
	24		 	24	
	25	Unsecured notes and loans payable to unrelated third parties		25	
	26	Other liabilities. Complete Part X of Schedule D		26	
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X and		20	
S		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	407,610.	27	436,362.
3al	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds	-	32	
Vet	33	Total net assets or fund balances	407,610.	33	436,362.
_	34	Total liabilities and net assets/fund balances	407,610.	34	436,362.

Form **990** (2009)

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
þ	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			İ
	issued on a consolidated basis, separate basis, or both			ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ĺ
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PCI	. <u>A</u> Ł	OUNDATIC)N							54-1	551099
Par	rt I	Reason f	or Public Char	ity Status (All organ	nizations n	nust comp	lete this	part.) Se	e instru	ctions.	
The	orga	nization is no	ot a private foun	dation because it is: (I	For lines 1	through 11	, check o	nly one bo	x.)	,	
1		A church, c	onvention of chu	irches, or association	of churche	s described	in sectio	n 170(b)	(1)(A)(i).		
2		A school de	escribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sched	dule E.)					
3		A hospital of	or a cooperative	hospital service organ	nzation des	cribed in se	ction 170	0(b)(1)(A)	(iii).		
4	П	A medical	research organi	zation operated in co	njunction	with a hos	spital des	cribed in	section	170(b)(1)(A)(iii). Enter the
			ame, city, and st		•		•				,
5				or the benefit of a co	llege or ur	niversity ow	ned or c	perated	by a gov	ernmenta	Lunit described in
			(b)(1)(A)(iv). (C					, p 0, a, 0 0	o, a go.	ommonia	. ame accombca in
6				vernment or governme	ental unit d	escribed in	section 1	70/h)/1)/	Δ)(ν)		
7	X			ally receives a substan						t or from	the general nublic
•	ت	_		(1)(A)(vi). (Complete f		no suppor	t iioiii a	governin	cintal ullin	t or morn	the general public
8				d in section 170(b)(1)	,	omploto Par	+ H \				
9	Н			illy receives: (1) more				m contril	outions r	mambarak	un food and aroos
3	Ш	_									
				ated to its exempt fun		-		•			
			_	ment income and un				•		511 tax	rom businesses
10	\Box		_	n after June 30, 1975.					•		
10	\vdash			and operated exclusive	-	· ·	•				
11	Ш			and operated exclus							
				ublicly supported org							
				at describes the type of				•			
_1		a Typ	L			e III - Fund	•	_			ype III - Other
е		-	•	ertify that the organiz				•	•	•	•
				ion managers and oth	ier than on	ie or more	publicly	supporte	d organiz	ations de	scribed in section
			r section 509(a)(•							
f				d a written determina	ition from	the IRS tha	at it is a	Type I,	Type II, c	or Type III	supporting
		-	n, check this box								
g				the organization acce	epted any g	lift or contri	ibution fro	om any of	i the		
		following pe									C T
				or indirectly controls		_	ether wit	h persor	is descri	bed in (ii)	
			_	erning body of the sup		anization?					. 11g(i)
			-	person described in (i) a							. 11g(ii)
			The state of the s	of a person described		•					. 11g(iii)
<u>h</u>			following inform	ation about the suppo	rted organ	ızatıon(s).			,		
(i) N		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization		ou notify		Is the	(vii) Amount of
	orya	nization		above or IRC section	. ,,	sted in your document?		nization in of your		tion in col.	support
				(see instructions))			sup	port?		S۶	
					Yes	No	Yes	No	Yes	No	
							_				
									ĺ		
]	
Tota	1]	

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support						-
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13,891	7,560	2,280	2,920	16,300	42,951
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	13,891	7,560	2,280	2,920	16,300	42,951
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						42,951
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	13,891	7,560	2,280.	2,920	16,300.	42,951
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,969	11,651.	14,886	3,326	13,849	47,681
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	···-					
11	Total support. Add lines 7 through 10						90,632
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup						47.39%
14	Public support percentage for 2009 (III		•				34.39%
15	Public support percentage from 2008					15	
16a	331/3% support test - 2009. If the o	•					
	this box and stop here. The organization	•		•			🗀
D	331/3% support test - 2008. If the o	~			•		· —
	check this box and stop here. The orga	•	•				
17a	10%-facts-and-circumstances test - 2	_					
	or more, and if the organization me					•	•
	Part IV how the organization meets t				•		• •
b	organization						
	15 is 10% or more, and if the orga	ınızatıon meets	the "facts-and	l-circumstances	test, check th	nis box and ste	op here.
	Explain in Part IV how the organization	on meets the "f	acts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly
	supported organization				-		▶ 🔲
18	Private foundation. If the organization instructions	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see
						chedule A (Form 9	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusuat grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				-		
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					i	
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	}					
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						1
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				 =		
	payments received on securities loans, rents, royalties and income from similar						
	sources		<u></u>				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	ļ					
С	Add lines 10a and 10b						
11							
	activities not included in line 10b,						
	whether or not the business is regularly					:	
12	Other income. Do not include gain or						
12	loss from the sale of capital assets	, ,	1				
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here.		<u></u>	<u> </u>		<u></u>	▶ □
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8,	, column (f) dıvıde	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2008 Sche	dule A, Part III, lin	e 15	<u>.</u>		16	%
Sec	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2009 (lin	ne 10c, column (f	f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2008					18	%
19a	33 1/3% support tests - 2009. If the or						and line
	17 is not more than 33 1/3%, check th	ns box and sto	p here. The org	anization qualifies	s as a publicly	supported organi	zation ►
b	33 1/3% support tests - 2008. If the orga		_		-	-	
	line 18 is not more than 331/3%, check	this box and st	op here The or	ganization qualifie	es as a publicly	supported organi	zation ►
20	Private foundation. If the organization					• •	<u> </u>
SA						chedule A (Form 9	00 or 000 E7\ 2000

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

PCIA FOUNDATION

Employer identification number 54-1551099

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			ĺ
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			1
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	}		1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)] 1		1
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1ь		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.]		ļ
	Compensation committee X Written employment contract			İ
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	1	Х
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	ŀ	1	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			1.7
a	The organization?	5a		X
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_	· · · · · · · · · · · · · · · · · · ·	6a		Х
a h	The organization? Any related organization?	6b	-	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	i i	1	
-	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	J	Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was		i	
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakd	(B) Breakdown of W-2 and/or 1099-MISC compensation	AISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(I) Base compensation	(ii) Bonus & incentive compensation	e (iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
MICHAEL T.N. FITCH (ii)	221,910	0. 10,000	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3,090.	237,772.	240,176.
(u)							
(i)				+ + + + + + + + + + + + + + + + + + + +			
8							
(11)							
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(8)							
€ €				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		 	 		 		
(i)							
(ii)							
<u> </u>	1	1					
(11)							
€ ::	1						
(ii)							
(9)							
(n)							
(ii)				 			
(1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
(II)							
8	 	 					
<u> </u>	1 1 1 1 1 1	1					
(0)							
						Sche	Schedule J (Form 990) 2009

9E12911000 07JOFY 376X 7/14/2010

λS

V 09-6.4

12:08:07 P

12:08:07 PM V 09-6.4

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.

Inspection

Name of the organization PCIA FOUNDATION **Employer identification number**

54-1551099

ATTACHMENT 1

PUBLIC DISCLOSURE

PART VI; LINE 19

INFORMATION IS MADE AVAILABLE UPON REQUEST.

990 REVEIW

PART VI SECTION B QUESTION 11

BOARD MEMBERS ARE GIVEN A COPY OF THE 990 AT THE BOARD MEETING. FOR THOSE NOT ATTENDING IN PERSON, A COPY IS EMAILED TO THEM.

VALUATION OF SERVICES

SCHEDULE R PART V QUESTION 2C

SERVICES ARE VALUED AT ACTUAL COSTS INCURRED.

ATTACHMENT

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MONEY MARKETS	56,430.	70,989.	FMV
EQUITY SECURITIES	43,477.	15,024.	FMV
BONDS	206,412.	208,561.	FMV
US TREASURY BILLS & OBLIGATION	75,018.	99,730.	FMV
ACCRUED INTEREST	2,683.	2,937.	FMV
TOTALS	384,020.	397,241.	

SCHEDULE R (Form 990)

Internal Revenue Service

Name of the organization Department of the Treasury

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. See separate instructions. ► Attach to Form 990.

2009 No 1545-004

Employer identification number

54-1551099

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c)
Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN of disregarded entity PCIA FOUNDATION

Part II

(a)	@	(3)	(p)	(e)	(a)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile (state Exempt Code section Public charity status or foreign country) (if section 501(c)(3))	(if section 501(c)(3))	Direct controlling entity
901 N. WASHINGTON STREET SUTIE ALEXANDRIA, VA 22314	TRADE ASSOC.	VA	501(C)(6)		N/A
For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.				Sched	Schedule R (Form 990) 2009

(i) General or managing partner? Yes No Percentage ownership (i)
Code V-UBI
amount in box 20 of
Schedule K-1
(Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Share of end-of-year assets Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (h) Disproportorate allocators? ŝ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or
foreign country) (d)
Direct controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV

Schedule R (Form 990) 2009

Not	Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			Yes	ž
_	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			·	
ಡ	Receipt of (I) interest (II) annuties (III) rovalities or (IV) rent from a controlled entity.		1a	æ	×
۵			1 1	a	×
U	Gift grant or capital contribution from other organization(s)		-	ပ	×
, ,			"		×
0	Loans or loan guarantees to or for other organization(s)	: : : : : : : : : : : : : : : : : : : :	<u> </u>	,	: }
Φ	Loans or loan guarantees by other organization(s)	:	: :	o	<u> </u>
	Sale of assets to other organization(s)		+		×
	Durchase of assets from other organization(s)				×
ר ע	Control of particle of gall internal (s)		7 -	2 6	×
=	Excitating of the contract of	:	:		ľ
_	Lease of lacinites, equipment, of other assets to other organization(s)		<u> </u>	_	
-	Lease of facilities, equipment, or other assets from other organization(s)	•] =	_	×
. ¥	Performance of services or membership or fundraising solicitations for other organization(s)		*	<u>×</u>	×
_	Performance of services or membership or fundraising solicitations by other organization(s)		-	×	
Ε	Sharing of facilities, equipment, mailing lists, or other assets		- : :	1 m	
_	Sharing of paid employees			×	
				_	
0	Reimbursement paid to other organization for expenses	:	<u>위</u> ::	•	× ;
۵	Reimbursement paid by other organization for expenses	:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>a</u>	<u> </u>
ļ	Out		_] 🕶		<u> </u> ×
<u>-</u>	Other transfer of cash or property to other organization(s)		기 는	J .	×
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	and transa	ction threshol	g.	
			(c)	Paylo	
	Name of other organization type (a-r)				
Ξ	PERSONAL COMMUNICATION INDUSTRY ASSOC.			791	انے
(2)					
(3)					
Ð			:		
(5)					
9					
			Schedule R (Form 990) 2009	ое ши	2009

Page 4

Part VI Unrelated Organizations Taxable

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year æssets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?
			Yes No		Yes No	(2001 1110 1)	Yes No
				:			
						Schedule R (Form 990) 2009	990) 2009

V 09-6.4

Form 8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

THE PROPERTY OF COMMERCE	CIVICO					
If you are f	iling for an Automatic 3-	Month Extension, comp	lete only Part I and check this	s box		▶ X
			Extension, complete only Pa			
			n automatic 3-month extension		viously filed Form 8868	J
Part Auto	matic 3-Month Exten	ision of Time. Only sul	omit original (no copies nee	eded).		
			tomatic 6-month extension -		oox and complete	
Part I only					· • • • • • • • • • • • • • • • • • • •	▶ 🔲
	orations (including 112 ome tax returns.	0-C filers), partnerships,	REMICs, and trusts must u	se Form 7	004 to request an ex	xtension of
Electronic Fill	na <i>(e-file</i>). Generally, vo	u can electronically file	Form 8868 if you want a 3	-month aut	omatic extension of t	ime to file
one of the re	turns noted below (6 r	nonths for a corporatio	n required to file Form 990	-T). Howev	er, you cannot file F	orm 8868
electronically i	if (1) you want the add	itional (not automatic) 3	-month extension or (2) you	file Forms	990-BL, 6069, or 88	70, group
			ou must submit the fully con			II) of Form
			www.irs.gov/efile and click or	n <i>e-tile tor</i> C	<u> </u>	
Type or		ation PCIA FOUNDAT	TON		Employer identification	1 number
print	PCIA FOUNDAT				54-1551099	
File by the		n or suite no. If a P.O. box, se	e instructions. 901 N. W	VASHINGT	ON STREET	
due date for filing your		NGTON STREET				
return See Instructions.	•		reign address, see instructions.			
		VA 22314-1561				
	•	a separate application for				
X Form 990		Form 990-T (corporat	- •		m 4720	
Form 990		Form 990-T (sec. 401	• • • • •	<u></u>	m 5227	
Form 990		Form 990-T (trust off	er than above)		m 6069	
Form 990	-PF	Form 1041-A		For	m 8870	
If the organIf this is forfor the whole g	a Group Return, enter the group, check this box.	n office or place of busing ne organization's four dig	FAX No. ▶ess in the United States, check the Group Exemption Number (Cothe group, check this box	GEN)	If th	
	Ns of all members the ex	<u> </u>				
for the or	ganization's return for: calendar year c tax year beginning	or .	a corporation required to organization return for the o	file Form	n 990-T) extension named above. The example 12/31, 2009 .	of time ktension is
2 If this tax	year is for less than 12	months, check reason:	Initial return Final	return X	Change in accounting	ıg period
			720, or 6069, enter the ten	tative tax,	less any	
	dable credits. See instruc		_ .		3a \$	
		-	refundable credits and estimate	nated tax pa	ayments	
		payment allowed as a cre		 	3b \$	
			payment with this form, or,		· • • • • • • • • • • • • • • • • • • •	
		ed, by using EFTPS (E	electronic Federal Tax Payn	nent Syster	n). See	
instruction					3c \$	
_		lectronic fund withdrawal	with this Form 8868, see For	m 8453-EC	and Form 8879-EO	
or payment ins		· · · · · · · · · · · · · · · · · · ·				
or Privacy Ac	t and Paperwork Redu	ction Act Notice, see insi	ructions.		Form 8868 (F	lev 4-2009)