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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service

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

A F	or th	e 201	2 calendar year, or tax year beginning , 2012	, and endi	ng		, 2	20
			C Name of organization			D Employer ide	ntification nur	mber
Вс	heck If ap	plicable	PCIA FOUNDATION		1	54-1551	1099	
X	Addre chang		Doing Business As					
	7 1	change	Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephone nu	ımber	
	Initial	return	500 MONTGOMERY STREET	500		(800) 759	9-0300	
	Termi	nated	City, town or post office, state, and ZIP code					
	Amen		ALEXANDRIA, VA 22314			G Gross receipts	s \$	245,741.
	Applic	ation	F Name and address of principal officer JONATHAN ADELSTEIN		1	H(a) Is this a group	p return for	Yes X No
		-19	500 MONTGOMERY STREET ALEXANDRIA, VA 22314			affiliates? H(b) Are all affiliate	es included?	Yes No
ī	Tax-ex	empt st	atus X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1)	or 52	27	If "No," attach	h a list (see instr	uctions)
J	Websi	te: 🕨				H(c) Group exemp	tion number	•
ĸ	Form o	of organ	nization X Corporation Trust Association Other	L Year o	of format	on 1990 M s	State of legal d	omicile VA
_	rt I		mmary					
	_	Briefly	y describe the organization's mission or most significant activities					
_		ENC	OURAGE AND PROMOTE EDUCATION AND RESEARCH FOR	THE A	DVANC	EMENT OF		
2		THE	WIRELESS COMMUNICATION INDUSTRY.					
Ē								
vities & Governance	2	Check	this box I if the organization discontinued its operations or dispose	ed of more th	nan 25%	of its net assets	 ;	
S S	3		per of voting members of the governing body (Part VI, line 1a)				3	5.
es	4		per of independent voting members of the governing body (Part VI, line 1b)				4	4.
έ	5		number of individuals employed in calendar year 2012 (Part V, line 2a)				5	0
∠U].≾ Acti	_		number of volunteers (estimate if necessary)				6	4.
7	7a	Total	unrelated business revenue from Part VIII, column (C), line 12				7a	0
الم			nrelated business taxable income from Form 990-T, line 34				7b	0
=						Prior Year	Cu	rrent Year
コリントア Revenue	8	Contr	ibutions and grants (Part VIII, line 1h)			13,48	10.	2,930.
겄틟	9		am service revenue (Part VIII, line 2g)				0	0
~ &	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)			17,94	7.	20,656.
ijĚ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0	0
2	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			31,42	27.	23,586.
IJ	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			11,00	00.	1,350.
3	14		fits paid to or for members (Part IX, column (A), line 4)				0	0
() m	1		les, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0	
ıse	16a		ssional fundraising fees (Part IX, column (A), line 11e)				0	0
Expenses	Ь	Total	fundraising expenses (Part IX, column (D), line 25) ▶	0	·			
ũ	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,13	37.	5,603.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		•	14,13	37.	6,953.
	19		nue less expenses Subtract line 18 from line 12	o l	:	17,29		16,633.
P o	20 21 22			Ø ji	Begin	ning of Current Y	ear En	d of Year
ets	20	Total	assets (Part X, line 16)	Q)		481,32	21.	495,011.
Ass	21		habituse (Port V. line 26)	ເວົ ∤			0	
Set	22		ssets or fund balances Subtract line 21 from line 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	₹		481,32	21.	495,011.
	art II		gnature Block					
Un	der ne	nalties	of perjury, I declare that I have examined this return, including accompanying schedi	ules and state	ements, a	and to the best of	my knowledge	e and belief, it is
tru	e, corre	ect, and	complete Declaration of preparer (other than officer) is based on all information of whi	ich preparer h	nas any kr		4.6	
			Small Tillete			ප	-13-21	213
Sig	-		Signature of officer	0.05		Date	- C C C C C C C C C C C C C C C C C C C	
He	re		JONATHAN ADELSTEIN,	PRE-	Z CDE	NT C	CEO	
			Type or print name and title			•		
		Print	/Type preparer's name Preparer's signature	Date		Check	ıf PTIN	
Pai		EDW	ARD L. WADDELL July Wald W	5/2	611	3 self-employe	1	0130473
	parer	Eirm'	s name CARDONI WADDELL, LLC			Firm's EIN	52-21774	117
USE	Only		s address > 8850 STANFORD BLVD., SUITE 3300 COLUMBIA, MD 21045				410-290-	-0770
Ma	y the I		scuss this return with the preparer shown above? (see instructions)				1 1	Yes No
_								

Form **990** (2012)

	n 990 (2012)	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	ENCOURAGE AND PROMOTE EDUCATION AND RESEARCH FOR THE ADVANCEMENT OF	
	THE WIRELESS COMMUNICATION INDUSTRY.	
		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?Yes	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? Yes	X No
	If "Yes," describe these changes on Schedule O	_
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	to others,
	the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$1,350. including grants of \$) (Revenue \$	_)
	ENCOURAGE AND PROMOTE EDUCATION AND RESEARCH FOR THE ADVANCEMENT	
	OF THE WIRELESS COMMUNICATION INDUSTRY.	
-	(O-d	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		-'
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,350.	
ICA		

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.7
	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, or have a section 501(h)	١.		X
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	have 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	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	11b		X
С	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.	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
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, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	- 1	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		ĺ	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_		v
20 -	If "Yes," complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Λ
ט	in 100 to mie 200, die trie organization attach a copy of its addited infaticial statements to tries return?	LEUD		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 27 If "Yes," complete Schedule I, Parts I and III	22		Х
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 line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	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 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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? 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		х
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	-		
٠.	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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
			990	(2012

Par	Check if Schedule O contains a response to any question in this Part V			_
	Check is Scriedule O contains a response to any question in this Part V	· · · ·		<u>-</u>
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			l
	Did the organization comply with backup withholding rules for reportable payments to vendors and		- 1	ĺ
U	reportable gaming (gambling) winnings to prize winners?	10		ĺ
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		-
28	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	. 1		ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	İ	1
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	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 instructions for 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	I	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	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	\dashv	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-	Х
.	and services provided to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/b		
Ŭ	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ĺ	Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	}	i	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	İ	ļ	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
10 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	İ		
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter.		- 1	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	• • • • • • • • • • • • • • • • • • • •	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	- 1		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
		14a		_X
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Х 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body?...... 8a 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? \dots 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Did the organization have a written whistleblower policy?...... 13 Х Did the organization have a written document retention and destruction policy?...... 14 14 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? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_VA, 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 Organization: PCIA FOUNDATION 500 MONTGOMERY STREET, SUITE 500 ALEXANDRIA, VA 22314 JSA Form 990 (2012)

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
- 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, if any. 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 neither the organization nor	any related	orga	nıza	tion	co	mpen	sate	ed any current offic	er, director, or trus	tee.
(A) Name and Title	(B) Average hours per week (list an hours for	(C) Position (do not check more box, unless person i officer and a directo			re than one n is both an ctor/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MARC GANZI	1.00									
DIRECTOR	1.00	Х						О	0	
(2) JEFFREY STOOPS	1.00									
DIRECTOR	1.00	Х		_				0	0	
(3) JONATHAN ADELSTEIN PRESIDENT	2.00 37.50	X		x					00 136	0.745
(4) DAVID WEISMAN	1.00	<u> </u>		<u> </u>				C	90,136.	2,745.
DIRECTOR	1.00	x						l	o	C
(5) BEN MORELAND	1.00									
DIRECTOR	1.00	x						l	ol	C
(6) MICHAEL FITCH	2.00									
FORMER PRESIDENT	37.50	1		メ			Х	C	264,789.	7,500.
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)		-			-					· -
(14)										

Form **990** (2012)

JSA

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-ane	0

Part VII Section A. Officers, Directors, Tru	ustees. Ke	y Em	plo	ye	es.	and F	lia	hest Compensat	ed Emplove	es (co	ontinue		age U
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not ch	Pos neck ss pe	c) sition more erson	n oth struck Highest compensate or or/trucket	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	le n from	Est am comp fro orga and	(F) mated ount of other pensation in the inization related	on n
			Ġ.			ated							
	[
								-		-			
													
	 												
1b Sub-total				<u> </u>	<u> </u>	<u> </u>	▶	C	354,	925.		10,2	245.
c Total from continuation sheets to Part VII, S	ection A						>	0	354,	925		10,2	0
d Total (add lines 1b and 1c)	limited to t	hose					o re	eceived more than	·				
reportable compensation from the organizatio		•	<i>.</i>						· · · · · · · · · · · · · · · · · · ·	_		Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	х	
4 For any individual listed on line 1a, is the organization and related organizations grundividual	sum of repeater than	portat	ole o 50,0	om	per	nsatio	n a s,"	nd other compen	sation from lile J for s	the <i>uch</i>	4	х	
5 Did any person listed on line 1a receive or	accrue co	mpen	satı	on	fror	n any	un	related organizati	on or individ	lual			х
for services rendered to the organization? If "Y Section B. Independent Contractors	es, compie	te Sci	neau	iie .	J 10I	sucn	pei	rson , ,		• • •	5		
Complete this table for your five highest com- compensation from the organization. Report of year.	npensated (compensat	ndepe	ende r the	ent e ca	con	tracto dar ye	ors t	that received more ending with or wit	than \$100, hin the organ	000 of	f n's tax		
(A) Name and business ad	dress							(B) Description of so	ervices	C	(C) ompens	ation	
NONE													
							‡					_	
							-		-				
2 Total number of independent contractors (i							se l	listed above) who	received				

Form	990 (2	PCIA FOUNDATION			54-155	L099 Page 9
Par	t VIII	Statement of Revenue		•		
		Check if Schedule O contains a response to any q	uestion in this Part VIII	l		
	•		(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	Noncash contributions included in lines 1a-1f \$	930.			
	<u>h</u>	Total. Add lines 1a-1f				
Program Service Revenue	2a b c d e f	All other program service revenue				
		Investment income (including dividends, interest, and		.,		+
	3 4 5	other similar amounts)	. > 0			8,980.
	6a b c d	Gross rents				
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)				
Other Revenue	d 8a	Net gain or (loss)	. 11,676.			11,676
the	ь	Less direct expenses b				
ō	9a	Net income or (loss) from fundraising events	. • 0			
	b	See Part IV, line 19	. •			
	10a	Gross sales of inventory, less returns and allowances				
	b c	Less: cost of goods sold				
		Miscellaneous Revenue Business C				
	11a b					
	c					
	d	All other revenue				
	е	Total. Add lines 11a-11d				-
	12	Total revenue. See instructions	. 23,586.		<u> </u>	20,656

Part IX Statement of Functional Expenses

	· · · · · · · · · · · · · · · · · · ·		
Soction 501/01/21 and 501/01/41	organizations must complete all columns.	All akbas assausakiana sawak sassulaka sa	L / A \
Section Somethis and Somethis	vivanizations must complete all columns.	- All Olner Oroanizations must complete co	IIIMN IAI
		· ··· or garmeanone made complete co	· · · · · · · · · · · · · · · · · · ·

	Check if Schedule O contains a resp	onse to any question i	n this Part IX	<u></u>	
	not include amounts reported on lines 6b, 7b, 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 United States See Part IV, line 21 .	1,350.	1,350.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	o			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	. 0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				<u> </u>
	trustees, and key employees	q			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	oj			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section				
_	401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):			-	
а	Management	0			
b	Legal	0			
c	Accounting	2,025.		2,025.	
d	Lobbying	0			
	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	3,078.		3,078.	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	<u> </u>			
13	Office expenses	<u> </u>			
14	Information technology	<u> </u>			
15	Royalties	9			
16	Occupancy	500.		500.	
17	Travel			300.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	h			
19	· · · · · · · · · · · · · · · · · · ·	0			-
20	Conferences, conventions, and meetings	0			<u> </u>
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	d			
23	Insurance	0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а					
ь					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,953.	1,350.	5,603.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and		1		
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)	d			
JSA	10110Willing 0.01 30-2 (A.0.0 300-720)	ч			Form 990 (2012)

Page **11**

orm 990 (2012)	Balance Sheet	<u> </u>		Page 1 1
		· V		
<u>_</u>	Check if Schedule O contains a response to any question in this Part			
		(A) Beginning of year		(B) End of year
	sh - non-interest-bearing	45,488.	1	43,949
2 Sav	ings and temporary cash investments	C	2	
3 Pled	dges and grants receivable, net	0	3	
4 Acc	ounts receivable, net	290.	4	930
5 Loa	ns and other receivables from current and former officers, directors,			
trus	tees, key employees, and highest compensated employees.			
Cor	nplete Part II of Schedule L	0	5	
495and	nplete Part II of Schedule L s and other receivables from other disqualified persons (as defined under section 8(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary inizations (see instructions). Complete Part II of Schedule L	0	6	
7 Not	es and loans receivable, net		7	
7 Not	es and loans receivable, net			
	entories for sale or use		8	
1	paid expenses and deferred charges		9	
I	d, buildings, and equipment: cost or			
I	er basis. Complete Part VI of Schedule D			
b Les	s. accumulated depreciation	125 510	10c	150 100
11 Inve	estments - publicly traded securities ATCH 1	435,543.		450,132
12 Inve	estments - other securities See Part IV, line 11		12	
	estments - program-related. See Part IV, line 11		13	 -
14 Inta	ngible assets		14	
15 Oth	er assets See Part IV, line 11		15	
	al assets. Add lines 1 through 15 (must equal line 34)	481,321.		495,011
17 Acc	ounts payable and accrued expenses	C	17	
18 Gra	nts payable		18	
	erred revenue	C	19	
20 Tax	-exempt bond liabilities	0	20	
	row or custodial account liability Complete Part IV of Schedule D	0	21	
22 Loa	ns and other payables to current and former officers, directors,			
-	tees, key employees, highest compensated employees, and			
disc	qualified persons Complete Part II of Schedule L	d	22	
23 Sec	cured mortgages and notes payable to unrelated third parties	C	23	-
24 Uns	secured notes and loans payable to unrelated third parties.		24	
25 Oth	er liabilities (including federal income tax, payables to related third			
	ties, and other liabilities not included on lines 17-24). Complete Part X			
	Schedule D	d	25	
26 Tot	al liabilities. Add lines 17 through 25		26	
Org	panizations that follow SFAS 117 (ASC 958), check here ► X and inplete lines 27 through 29, and lines 33 and 34.		20	
27 Unr	estricted net assets	481,321.	27	495,011
ল 28 Ten	nporarily restricted net assets	0	28	
29 Per	manently restricted net assets	0	29	
Org.	anizations that do not follow SFAS 117 (ASC 958), check here ▶ and and uplete lines 30 through 34.	-		
2 30 Car	oital stock or trust principal, or current funds		30	
30 Cap 31 Pan 4 32 Bet	d-ın or capıtal surplus, or land, building, or equipment fund		31	
32 Ret	ained earnings, endowment, accumulated income, or other funds		32	
33 Tota	al net assets or fund balances	481,321.	33	495,011
	al liabilities and net assets/fund balances	481,321.	34	495,011
104 101	ar maximises arise flot association salarises,	101,021.	34	Form 990 (2012

Form **990** (2012)

7 Investment expenses		90 (2012)				Pa	ige 12
1 Total revenue (must equal Part VIII, column (A), line 12)	Part	· · · · · · · · · · · · · · · · · · ·					
1 Total revenue (must equal Part VIII, column (A), line 12)		Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>	<u> </u>		
2 fo, 953 3 Revenue less expenses. Subtract line 2 from line 1. 3 16, 633 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 481, 321 5 Net unrealized gains (losses) on investments. 5 -2, 943 6 Donated services and use of facilities. 6 7 Investment expenses. 6 8 Prior period adjustments. 8 9 Other changes in net assets or fund balances (explain in Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 12 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 13 Were the organization's financial statements compiled or reviewed by an independent accountant? 18 Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 15 Were the organization's financial statements audited by an independent accountant? 2by X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 16 Were the organization's financial statements audited by an independent accountant? 2by X 17 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 17 Consolidated basis Both consolidated and separate basis 18 Consolidated basis Both consolidated and separate basis 19 Consolidated basis Both consolidated and separate basis 20 X 21 X 22 X 23 X 24 X 25 X 26 X 27 X 28 Y 29 X 29 X 29 X 20 X 21 Y 22 X 23 X 24 X 25 X 26 X 27 X 28 Y 29 X 29 X 20 X 20 Y 21 Y 22 X 23 X 24 X 25 X 26 X 27 X 28 Y 29 X 29 X 20 X 20 Y 20 Y 21 Y 21 Y 22 X 23 X 24 Y 25 X 26 X 27 Y 28 Y 29 X 29 X 20 X 20 Y 20 Y 20 Y 21 Y 22 X 23 X 24 Y 25 Y 26 X 26 X 27 X 28 Y 29 Y 20 Y 20 Y 20 Y	1				•	23,	586.
3 Revenue less expenses. Subtract line 2 from line 1	2		2				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		3			16,	633.
5 Net unrealized gains (losses) on investments 5 -2, 943 6 Donated services and use of facilities 6 7 Investment expenses	4		4		4	81,	321.
6 Donated services and use of facilities	5		5			-2,	943.
7 Investment expenses	6	Donated services and use of facilities	6				0
9 Other changes in net assets or fund balances (explain in Schedule O)	7		7				0
9 Other changes in net assets or fund balances (explain in Schedule O)	8	Prior period adjustments	8				0
Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	10						
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Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis continued by an independent accountant? Both consolidated and separate basis continued by an independent accountant? Both consolidated and separate basis continued by an independent accountant? Both consolidated and separate basis continued by an independent accountant? If the organization changed either its oversight process or selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1			_			
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If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis The consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	_						١
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	2a	· · · · · · · · · · · · · · · · · · ·	• • • •		2a		<u> </u>
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		·	piled	or			
b Were the organization's financial statements audited by an independent accountant?				-			
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						17	
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis continuous firms and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b				2b	X	<u> </u>
Separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted on	a			
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С				0-	Y	
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				. }	20	Λ	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	xplain	ın			
the Single Audit Act and OMB Circular A-133?	0 -						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a				30		l x
b if tes, and the organization undergo the required audit or audits if the organization did not undergo the	L				38		 ^
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ergo t	ne	3h		

Form **990** (2012)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

PCIA	FOUNDATION								54	-1551099	
Part I	Reason for Pub	ic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions		
The or	ganization is not a priv	ate foundation bei	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x)			
1 📙	A church, convention	on of churches, or	association of churches of	describ	ed in s	ection	170(b)(1)(A)(i)			
2			(1)(A)(ii). (Attach Schedul								
3 _	A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(b)(1)(A)	(iii).			
4	_		erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(t)(1)(A)(iii).	Enter the
	hospital's name, cit		·								
5			nefit of a college or university	ersity	owned	l or ope	erated b	by a go	vernme	ntal unit de	scribed in
	section 170(b)(1)(/		•								
6 X	—		or governmental unit des								
7 X			es a substantial part of it: . (Complete Part II.)	s supp	ort iro	ın a go	vernme	entai un	iit or ire	om the gene	rai public
8	–		on 170(b)(1)(A)(vi). (Com	nlete F	Part II \						
:			es: (1) more than 331/3%	•			contrib	uitione	memb	erchin fooc	and arose
٠ <u>ـ</u>		•	exempt functions - subj								•
			ome and unrelated busin								
			ne 30, 1975 See section				•			tan, nom o	4011100000
10	_ · · · · ·		ted exclusively to test for			•		•	١.		
11	–	•	rated exclusively for the		-				-	, or to carr	v out the
	_		ipported organizations de			•					₹
		-	es the type of supporting					•			
	a Type I	b Type II	c Type III-Function	nally in	tegrate	ed	a \square	Type II	I-Non-fu	unctionally in	tegrated
e	By checking this	box, I certify that	the organization is not	contr	olled o	directly	or indi	rectly	by one	or more di	squalified
	persons other than	foundation mana	gers and other than one	or mo	re pub	olicly su	pportec	d organ	ızatıons	described	n section
	509(a)(1) or section	n 509(a)(2)									
f	If the organization	received a writte	n determination from the	e IRS	that it	ıs a T	ype I, T	ype II,	or Typ	e III support	ing
	organization, check										🔟
g	_	006, has the orga	nization accepted any gift	or co	ntributi	on from	any of	the			
	following persons?										
	•	=	ectly controls, either alor		-	er with	person	s desc	ribed in	· ·	Yes No
			dy of the supported organ	ization	·					11g(i)	
	•		scribed in (i) above?							11g(ii)	
L			son described in (i) or (ii) a							[11g(III)	
h (i)	Name of supported		out the supported organization	T .		(A) D.d.		L 63.1		() A	
(1)	organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	organi	is the zation in		ou notify anization		s the zation in	(vii) Amount of suppo	
			above or IRC section (see instructions))	your go	listed in overning		(i) of	I '.:	rganized		
			(see manuenons)	Yes	Ment? No	your su Yes	No	Yes	No		
				1 1 1		1					
(A)											
(D)											
(B)											
(C)											
									ļ		
(D)											
/E)				<u> </u>	† 						
(E) 					ļ				ļ		
T-4-1											
Total			l	L	<u> </u>			<u></u>	l		

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

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part II

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,920.	16,300.	15,130.	13,480.	2,930.	50,760.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	2,920.	16,300.	15,130.	13,480.	2,930.	50,760.
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)						28,842.
6	Public support. Subtract line 5 from line 4.					<u></u>	21,918.
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,920.	16,300.	15,130.	13,480.	2,930	50 <u>,</u> 760.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,326.	13,849.	15,952.	11,061.	8,980.	53,168.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10						103,928.
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	tion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2012 (li	ne 6. column (f) divided by line	11. column (f))		14	21.09%
15	Public support percentage from 2011						19.67%
16a	331/3% support test - 2012. If the o						e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	rted organizatio	n		▶ 🔲
b	331/3% support test - 2011. If the concept this box and stop here. The organization	organization did	not check a be	ox on line 13 c	or 16a, and line	15 is 331/3% d	or more,
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part IV how the organization meets to organization	n meets the "fa the "facts-and-o 	cts-and-circums circumstances" to ganization did n s the "facts-and facts-and-circun	tances" test, chest. The organic	eck this box an zation qualifies on line 13, 16a ' test, check the	as a publicly su as a publicly su a, 16b, or 17a, his box and sto n qualifies as a	xplain in upported X and line p here. publicly
18	Private foundation. If the organization instructions	did not check	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	▶ 🔲
				-		chadula A (Form 90	00 000 E7\ 0010

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 or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					<u></u>	· · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees				` .		
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the					İ	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	_		-				
4	· · · · · · · · · · · · · · · · · · ·					Ì	
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						i
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						ļ
L	received from disqualified persons						
D	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						_
	line 6)		<u> </u>				
Sec	tion B. Total Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,				1		
	payments received on securities loans, rents, royalties and income from similar			•	•		
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		<u> </u>	'			
С	Add lines 10a and 10b			,			
11	Net income from unrelated business	-					
	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						
	(Explain in Part IV.)		1				
13	Total support. (Add lines 9, 10c, 11,		-				
. •	and 12)						
14	First five years. If the Form 990 is for	the organizatio	n'e firet eacond	third fourth or	fifth tax year a	s a costion EO1	(0)(2)
17	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup				· · · · · · · · · · · ·	· · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
15	Public support percentage for 2012 (line 8			nn (f))		15	%
16	Public support percentage from 2011 Sche					16	//
$\overline{}$	tion D. Computation of Investmen			· · · · · · · · · · · · · · · · · · ·	• • • • • • • •	10	
17	Investment income percentage for 2012 (III			3 column (f))		17	0/
							%
18	Investment income percentage from 2011					18	<u></u> %
туа	33 1/3 % support tests - 2012. If the org						
	17 is not more than 331/3%, check th				· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	
Þ	331/3% support tests - 2011. If the orga						
•-	line 18 is not more than 331/3%, check			-		• • • •	
JSA	Private foundation. If the organization	aid not check	a box on line	14, 19a, or 19b		ox and see instr	

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 17A

FACTS AND CIRCUMSTANCES TEST

THE FOUNDATION RECEIVES THE MAJORITY OF THEIR SUPPORT FROM THE GENERAL PUBLIC. THEY SOLICIT CONTRIBUTIONS FROM THEIR AFFILIATED MEMBERSHIP ORGANIZATION THROUGHOUT THE YEAR AS DUES ARE BEING COLLECTED. THE MEMBERSHIP ORGANIZATION WENT THROUGH A DOWNSIZING SEVERAL YEARS AGO AND THE FOUNDATION SUFFERED AS A RESULT. MEMBER DONATIONS TO THE FOUNDATION HAVE BEEN CONSISTENT OVER THE PAST FEW YEARS AND WITH INCREASED FOCUS ON EDUCATING CURRENT MEMBERS AS WELL AS NEW MEMBERS, CONTRIBUTIONS ARE EXPECTED TO INCREASE IN THE FUTURE.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	E OF THE OFGENIZATION				_	Doyer identification number
						54-1551099
Ра	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990	ed Funds or Other), Part IV, line 6.	Similar Fund	is or A		
	_	(a) Donor advi	sed funds		(b) Funds and other accounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4						
5	Did the organization inform all donors and donor ad			ld in de	onor	advised
-	funds are the organization's property, subject to the o					
6	Did the organization inform all grantees, donors, and	-	_			
_	only for charitable purposes and not for the benefit o					
	conferring impermissible private benefit?					
Pa	rt II Conservation Easements. Complete if the					
1	Purpose(s) of conservation easements held by the or					
	Preservation of land for public use (e.g., recreat	tion or education)	Preservat	tion of a	an h	istorically important land area
	Protection of natural habitat	,	1 1			rtified historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held	d a qualified conserv	ation contributi	ion in th	ne fo	orm of a conservation
	easement on the last day of the tax year	·				
						Held at the End of the Tax Year
а	Total number of conservation easements			Li	2a	<u> </u>
b	Total acreage restricted by conservation easements		. 	🗠	2Ь	
C	Number of conservation easements on a certified his				2c	
d	Number of conservation easements included in (c) a	cquired after 8/17/0	6, and not on a	ı		
	historic structure listed in the National Register	· · · · · · · · · · · · · · ·	<i></i>	L	2d	
3	Number of conservation easements modified, transfe				ed b	y the organization during the
	tax year ▶					
4	Number of states where property subject to conserve	ation easement is loc	ated ▶	-		
5	Does the organization have a written policy regarding	g the periodic monito	oring, inspectio	n, hand	dling	of
	violations, and enforcement of the conservation ease	ements it holds?				Lyes Lyes No
6	Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing	ng conservation	n easer	neni	ts during the year
	>					
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing co	nservation eas	ements	s du	ring the year
	▶ \$					
8	Does each conservation easement reported on line 2					
	(i) and section 170(h)(4)(B)(ii)?					🗀 Yes 🗀 No
9	In Part XIII, describe how the organization reports co	onservation easemei	nts in Its revenu	ie and e	хре	nse statement, and
	balance sheet, and include, if applicable, the text of t		rganızation's fı	nancial	sta	tements that describes the
	organization's accounting for conservation easements					
Pa	rt III Organizations Maintaining Collections o				Sim	ilar Assets.
	Complete if the organization answered "	res to Form 990,	Part IV, line 8	•		
1a	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar	S 116 (ASC 958), rassets held for pul	not to report in plic exhibition,	n its re educa	veni ition	ue statement and balance shee , or research in furtherance of
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the foo					
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide the following amounts relating	assets held for pul				
	(i) Revenues included in Form 990, Part VIII, line 1					▶\$
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art,					
	following amounts required to be reported under SEA					J , F

Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

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 Using the organization's acquisition, accession, and other records, check any of the following that are a significant collection items (check all that apply): Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purp XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 	oose in Part
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purp XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	oose in Part
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purp XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	oose in Part
 Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purp XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 	oose in Part
XIII.During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	es No
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	
), Part IV,
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 99	
line 9, or reported an amount on Form 990, Part X, line 21.	
 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	es No
Amount	
c Beginning balance	_
d Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21?	s No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	
	our years back
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains,	
and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as	
a Board designated or quasi-endowment ▶%	
b Permanent endowment ▶%	
c Temporarily restricted endowment ▶%	
The percentages in lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by	Yes No
(i) unrelated organizations	
(ii) related organizations	
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.	
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book (other)	value
1a Land	
b Buildings · · · · · · · · · · · · · · · · · · ·	
c Leasehold improvements	
d Equipment	
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶	Form 990\ 2012

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Part VII	Investments - Other Securities. See	Form 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion et value
	al derivatives			
	-held equity interests			
/ A \				
<u>(A)</u>				
<u>(C)</u>		-		
<u>(D)</u>				
(E)		-		
(F)				
(G)				
(H)				
<u>(l)</u>				
	nn (b) must equal Form 990, Part X, col (B) line 12)		10	
Part VIII	Investments - Program Related. See		T	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)			 	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>	
Part IX	Other Assets. See Form 990, Part X,	a) Description		(b) Book value
(1)		a) Description		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	lumn (b) must equal Form 990, Part X, col (B) line 15.)		
Part X	Other Liabilities. See Form 990, Part	X, line 25.		
<u>1.</u>	(a) Description of liability	(b) Book valu	ie	
	ral income taxes			
(2)				
(3)				
<u>(4)</u> (5)			 -	
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, col (B) line 25			
	ASC 740) Footnote. In Part XIII, provide the tex		•	eports the organization's

	e D (Form 990) 2012		Page 4
Part		n	
1	Total revenue, gains, and other support per audited financial statements	1	20,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b	1 1	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		-2,943.
3	Add lines 2a through 2d Subtract line 2e from line 1	2e	23,586.
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	23,360.
4	· · · · · · · · · · · · · · · · · · ·		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,586.
Part		ırn	
1	Total expenses and losses per audited financial statements	1	6,953.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,953.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b			
-	Other (Describe in Part XIII.) Add lines 4a and 4b	4.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4c	6,953.
	XIII Supplemental Information	5	0,955.
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part I	/ lunna d	h and Ob.
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		
inform		vide dily	additional
	 -	Schedu	le D (Form 990) 2012
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Supplemental Information (continued) Part XIII

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

Department of the Treasury Internal Revenue Service Name of the organization

PCIA FOUNDATION

Questions Regarding Compensation

Inspection Employer identification number

54-1551099

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	1		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations 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			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	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 costion E01/a\/2\ and E01/a\/4\ arranjations must complete lines 5.0			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of.			
а	The organization?	5a		х
b		5b		$\frac{x}{x}$
В	Any related organization?	30		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
а		6a		х
b	The organization?	6b		- <u>x</u>
b	Any related organization?	90		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	In Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
_	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2012

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Schedule J (Form 990) 2012

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

			SOLIN GOOD TOLEN					
		(b) Breakdowr	(b) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
MICHAEL FITCH	9							
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Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2012

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PCIA FOUNDATION

Employer identification number 54-1551099

PUBLIC DISCLOSURE

PART VI; LINE 19

INFORMATION IS MADE AVAILABLE UPON REQUEST.

990 REVIEW

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.

RECONCILIATION OF NET ASSETS

PART XI; LINE 5

UNREALIZED GAINS (LOSSES) ON INVESTMENTS

VALUATION OF SERVICES

SCHEDULE R, PART V, 2C

VALUE OF TRANSACTIONS WITH RELATED ORGANIZATION FELL BELOW THE REPORTING THRESHOLD.

FEDERAL TAXES

SCHEDULE D, PART X, LINE 1

THE ORGANIZATION FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE CODIFICATION. THE CODIFICATION REQUIRES THE EVALUATION OF TAX POSITIONS, WHICH INCLUDES MAINTAINING ITS TAX-EXEMPT STATUS AND THE TAXABILITY OF ANY UNRELATED

BUSINESS INCOME, AND DOES NOT ALLOW RECOGNITION OF TAX POSITIONS WHICH DO NOT MEET A "MORE-LIKELY-THAN-NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT MEET THIS THRESHOLD. THE ORGANIZATION'S INCOME TAX RETURNS FOR 2011, 2010, AND 2009 ARE SUBJECT TO POSSIBLE FEDERAL EXAMINATION, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

ATTACHMENT 1

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MONEY MARKETS	81,220.	66,568.	FMV
EQUITY SECURITIES	17,785.	20,843.	FMV
BONDS	220,547.	175,392.	FMV
US TREASURY BILLS & OBLIGATION	87,233.	68,119.	FMV
SECURITIES	26,358.	117,029.	FMV
ACCRUED INTEREST	2,400.	2,181.	FMV
TOTALS	435,543.	450,132.	

Related Organizations and Unrelated Partnerships

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

|--|

OMB No 1545-0047

▶ See separate instructions. ▶ Attach to Form 990.

> PCIA FOUNDATION Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE R (Form 990)

Employer identification number 54-1551099

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 of the organization answered "Yes" to Form 990, Part IV, line 33.) (c)
Legal domicile (state
or foreign country) (b) Primary activity Part II Part I Ð (2) (3) <u>(4)</u> (5) 9

	(H)	3	5	(9)	9	(3)	
אמח Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt	Public o	Orect controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) illed //
						Yes	9
(1) PERSONAL COMMUNICATIONS INDSUTRY ASSOC. 54-1739521 500 MONTGOMERY STREET, #500 ALEXANDRIA, VA 22314	TRADE ASSOC.	VA	501(C)(6)		N/A		×
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(i) Section 512(b)(13) controlled entity? Yes No Schedule R (Form 990) 2012 (k) Percentage ownership ownership (h) Percen-tage (j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (g) Share of end-of-year assets (i)
Code V-UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total income (h) Disproportorete allocators? Yes No (g) Share of end-of-year assets (e)
Type of entity
(C copp. S corp. or | trust) (f) Share of total (d)
Direct controlling
entity псоте (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling 1 (c) Legal domicile (state or foreign country) (a)Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization Part IV Part III (2) **E** 2 Ξ ଅ 6 9 (E) **4** 9 <u>(</u>9 <u></u> **a**

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Method of determining Yes 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. 4 2 19 <u> 1</u>e 5 Ξ 무 € Performance of services or membership or fundraising solicitations by related organization(s), ..., ..., ..., ... Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Amount involved 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? Fransaction type (a-s) € Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Name of other organization Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s), Part V Ε **=** 0 ۵ ס _ O 0 **Φ** Φ Ξ

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

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) (b) Legal Name, address, and EiN of entity (state) (state	(b) Primary activity	1	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) are of of-year ssets	(h) Disproportionate allocations?	1	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
		section 512-514)	Yes			Yes	S S		Yes	2	
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Part VII

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).