			D -4	····	-4: 		I		MB No 1545-0047
For	_m 99	90		rn of Organiz 501(c), 527, or 4947(a)(2018
Depa	artment of	the Treasury		o not enter social secu					• Open to Public : 2
_		ue Service		Go to www.irs.gov/For					nspection 🎉 🕽
_			ar year, or tax y	rear beginning OCT	11, 2018 &	and ending		2018	
6	Check if applicable	Name of	forganization				D Employer	gentincati	on number
	Addres change	S PC C	haritabl	e Foundation			ì		
	Name change	Doing bi	usiness as P	layers Coali	tion			32-402	1614
<u> </u>	Initial return			O. box if mail is not delivered	ed to street address)	Room/suit			0.6060
L_	return/ termin- ated			nwide Blvd.		300			8-6960 5,061,527.
	ated Amendi return		own, state or pr mbus, OH	ovince, country, and ZIP 43215	or foreign postal code		G Gross receipts H(a) Is this a g		
Ē	Applica	F Name a		rincipal officer Anqua	n Boldin		for subor		Yes X No
_	pending	same	as C abo			1	H(b) Are all subor		
Τ.	Гах ехе	mpt status	X 501(c)(3)	501(c)()◀	(insert no) 4947(a)	(1) or (1) 5 <i>i</i>	7 If "No," a	ttach a list	(see instructions)
	<u>Vebsite</u>		V Commenter	T Truit T LATER	ation 1 Others	1 1/2	H(c) Group ex		
		Summary	X Corporation	Trust Associ	ation Other ▶	L Yea	ir of formation 20	TOM St	ate of legal domicile OH
_			e the organizati	on's mission or most sign	oficant activities The	Corpo	ration is	orga	nized
ဦ		exclusi	vely for	charitable	and education	onal pu	rposes wi	thin	the
Activities & Governance	-			e organization discontinu					
Š	3 1	lumber of vot	ing members of	the governing body (Par	t VI, line 1a)			3	2
8	l .		•	members of the govern		b)		4	2
ities	1			nployed in calendar year	2018 (Part V, line 2a)			6	0 12
Ę			-	timate if necessary) nue from Part VIII, colum	n (C). line 12			7a	
⋖	l			e income from Form 990	• • •			7b	0.
					111510	7	Prior Year		Current Year
9			and grants (Par			` _			5,046,500.
Revenue		-	ce revenue (Parl	· •		-			15,000. 27.
æ	I		•	column (A), lines 3, 4, and nn (A), lines 5, 6d, 8c, 9c,	•	-			
	1			ough 11 (must equal Par		2)			5,061,527.
				aid (Part IX, column (A), li					1,761,204.
	1	•		rs (Part IX, column (A), lir	•	-			0.
ses				employee benefits (Part		10)			0.
Expenses				Part IX, cetter (AF) he rt IX-column (D), line 25		0.		ing the	<u> </u>
쬬				(CA), lines 11a-11d, 111					717,480.
	18 T	otal expense	s Add lines 13-	muster la Par IX ci	(i) me 25)				2,478,684.
	119 F	Revenue less	expenses Subtr	act line 18 from line 12	3S S				2,582,843.
Net Assets or Fund Balances			1	OGDEN,	TIT	<u> E</u>	Beginning of Curren	t Year	End of Year
Ssel	20 T		Part X, line 16)	OODLIV,	<u> </u>	ļ			2,582,843.
Net/	21 T		(Part X, line 26)	Subtract line 21 from line	20	-			2,582,843.
Pa	rt _i ll	Signature		JOBNACI III C 21 HOIT III C					
				e examined this return, inclu					wledge and belief, it is
true,	contect,	and complete	Declaration of pre	parer (other than officer) is	based on all information o	f which prep	er has any knowledg	ie	
	ž	Signature	of officer				Date		
Sign		,	an Boldi	n, President	11 /	////	5010	1	1/14/19
ner	· Ki	Type or p	rint name and title	, 1100100	1	4/			
	9	Print/Type prep	arer's name	Pre	Brek's Monatore		Date	heck	PTIN
	~~·			Hammond, E					P01695864
'					LP Cto 3	100	Firm's 8	IN → 3.	1-0263070
nze	Only	rirm's address		Nationwide : us, OH 43215	Blvd. Ste. 3	100	Dhone -	n 614-	628-6960
May	the IP	S discuss this		preparer shown above?	(see instructions)	/7	- I - I - I - I - I - I - I - I - I - I		X Yes No
	0 12-31	18 LHA F	or Paperwork F	leduction Act Notice, s	ee the separate instru	ctions.	グラー		Form 990 (2018)
	<i>S</i> s∈		dule O f	or Organizat	ion Mission	Statem	ent Conti	nuati	

	t III Statement of Program Service Accomplishments	02-40210	T4 Pag
ral			[
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission		
٠	The Corporation is organized exclusively for charitable	e and	
	educational purposes within the meaning of Section 501		the
	Internal Revenue Code of 1986, as amended (the "Code")		
		by and thi	ough
2	Did the organization undertake any significant program services during the year which were not listed on the		
	pnor Form 990 or 990 EZ?		Yes X
	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 service	s? 🗀	ຸງYes 🗓
	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 measured by ex	penses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total exp	enses, and
	revenue, if any, for each program service reported	 -	
4a	(Code) (Expenses \$ 838,948. including grants of \$ 650,000.) (Ref	venue \$	5,000
	Educational and economic advancement.		
		····	
4b	(Code) (Expenses \$ 538,948. including grants of \$ 350,000.) (Ret	venue \$	5,000
	Police-community relations.		
		····	
			
	<u> </u>	· -	
		-	
		<u> </u>	
			
4.	(Code) (Expenses \$ 950,152. including grants of \$ 761,204.) (Rev		5,000
4c		venue \$	3,000
	Criminal justice reform.	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O)	 -	
-	(Expenses \$ including grants of \$) (Revenue \$)	
le l	Total program service expenses ▶ 2,328,048.		
<u> </u>	- 14-414-4		Form 990 (2
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-2002	2		
۲1	114 401216 PCF 2018.05000 PC Charitable Found	lation	PCF
<i>,</i> т	TIT TOTALO FOR ZUIO.UDUUU FC CHALICADIE FOUNC	AGCIOII .	E UE



Form 990 (2018) PC Charitable Foundation
Part IV Checklist of Required Schedules

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		┝╌	\vdash
•	public office? If "Yes," complete Schedule C, Part I	3	ŀ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť	\vdash	
•	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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 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		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	1	х
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 debt negotiation services?		[
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		X
d	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 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	<u> </u>	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			Х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			Х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
40	. ,,	- 17		
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		х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19	1	x
20-	·	20a	\vdash	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	\vdash \vdash	
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
			990	2018)

Form		021614	<u> </u>	age
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	1	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			П
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ł	
	Schedule J	23	ĺ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of th	e		
	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 25a	24a	ļ	X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		1	\vdash
-	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	+	\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70	 	t
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	230	 	
b			ļ	ł
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete	054	1	x
-	Schedule L, Part I	25b	\vdash	 ^
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1	1	x
	complete Schedule L, Part II	26	-	1-
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			٠.
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	Ì		
	instructions for applicable filing thresholds, conditions, and exceptions)			ļ .
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	er,	l	1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	L.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
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, Part I	31		X
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	ł	X
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
	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	Ì	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>	t	
<i>-</i> ,	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?	"	\vdash	
30	· · · · · · · · · · · · · · · · · · ·	38	X	ļ
Pa	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		Ь—
<u>. a</u>	Check if Schedule O contains a response or note to any line in this Part V			
	The state of the s		Yes	No
	Fatastha available and David of Farm 1000 Fatas O. And analysis I	0	res	NO
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable [54] [54] [55] [66] [76] [- 0		
	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable.	\dashv		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		I	ı

832004 12-31-18

Form **990** (2018)

(gambling) winnings to prize winners?

Form **990** (2018)

15

16

X

x

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O

	Chook of Cabadula O cartains a second of the control of the contro				
202	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management				
<u> </u>	tion A. Governing body and management			Yes	TN
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2[1	ť
	If there are material differences in voting rights among members of the governing body, or if the governing		7	ľ	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
h	Enter the number of voting members included in line 1a, above, who are independent	16	2	}	
			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	mp with any other	- <u>-</u> -		┪
	officer, director, trustee, or key employee?		2	├	╀
3	Did the organization delegate control over management duties customarily performed by or under	the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3	X	╁
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 was filed?	4	├	_
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		Ļ
6	Did the organization have members or stockholders?		6		I
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or			ı
	more members of the governing body?		7a		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, or	,		Т
	persons other than the governing body?		7b	ĺ	ı
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year by the following			T
	The governing body?		8a	X	1
	Each committee with authority to act on behalf of the governing body?		8b	X	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the	<u> </u>		t
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	eached at the	9		ı
èc	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code)			٠.
	tion B. F Onotes (This occitor B requests information about policies not required by the internal	ricvende dode /		Yes	Т
١٨-	Did the experience have local chapters branches as efficience?		10a	103	+
	Did the organization have local chapters, branches, or affiliates?		iua	 -	t
D	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, amiliates,	40.		l
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		╀
	Has the organization provided a complete copy of this Form 990 to all members of its governing be	ody before filing the form?	11a	X	╀
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			 -;	-
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	╀
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri		12b	X	4
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe		١	l
	ın Schedule O how this was done		12c	X	ļ
13	Did the organization have a written whistleblower policy?		13	X	L
14	Did the organization have a written document retention and destruction policy?		14	X	L
15	Did the process for determining compensation of the following persons include a review and appro	val by independent			Ι
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		l		1
а	The organization's CEO, Executive Director, or top management official		15a		ľ
	Other officers or key employees of the organization		15b	i —	t
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				t
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a	1	}	1
·va	· · · · · · · · · · · · · · · · · · ·	oment with a	16a		┢
	taxable entity during the year?		100		╁
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th	, ,	1	ł	ł
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	janization's	401		ŀ
	exempt status with respect to such arrangements?		16b	L	T
	tion C. Disclosure				_
17	List the states with which a copy of this Form 990 is required to be filed ▶OH				_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 990·T (Section 501(c)(3	B)s only	avail.	at
	for public inspection. Indicate how you made these available. Check all that apply				
	·	ın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, ar	id finan	cıal	
	statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's to	oooks and records			
	Dinsmore & Shohl LLP - 614-628-6960				
		3215			_
32006	5 12 31-18		Form	990	(2
	6				, -
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Form 990 (2018) | Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

X

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

(A) Name and Title	(B) Average hours per week	ob)	not c	Pos heck ss pe	C) ition more rson		one h an	from	director, or trustee (E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Ойісег	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099 MISC)	compensation from the organization and related organizations
1) Anquan Boldin Firector; President	20.00	x		X				0.	0.	0
2) Malcolm Jenkis	10.00	T A	 	A	_		Н			
rirector; Secretary, Treasurer	10.00	х		х				0.	0.	0
	· 									
		Τ								
		╁			_	\vdash	-			<u> </u>
]	_	_	<u> </u>	L	ļ.,			
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		_	_		_					

Form 990 (2018)

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PC Charitable Foundation

Form 990 (2018)

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Page 8

Business Code 5,061,527. 15,000. 27. Form 990 (2018) 2018.05000 PC Charitable Foundation PCF___1

832009 12-31-18

11 a b C

d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions

Miscellaneous Revenue

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e All other expenses Total functional expenses. Add lines 1 through 24e 2,478,684. 2,328,048. 150,636. 0. Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	b	Bank service charge	280.		280.	
All other expenses Total functional expenses. Add lines 1 through 24e 2,478,684. 2,328,048. 150,636. 0. Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	c					
Total functional expenses. Add lines 1 through 24e 2,478,684. 2,328,048. 150,636. 0. Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	d					
Joint costs: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	е					
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	25		2,478,684.	2,328,048.	150,636.	<u> </u>
educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	26	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
Check here I if following SOP 98-2 (ASC 958-720)		, , , ,				
			İ			
		Check here if following SOP 98-2 (ASC 958-720)				r 000 (0= 1=)

Pa	rt X	Balance Sheet			
	_	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non interest-bearing		1	2,582,843.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			-
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		_ 5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	l	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		l	•
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ম		employees' beneficiary organizations (see instr). Complete Part II of Sch L.		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
	ļ	basis Complete Part VI of Schedule D 10a			<u> </u>
	ь	Less accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	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)	0.	16	2,582,843.
_	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	
S	22	Loans and other payables to current and former officers, directors, trustees,			=
Liabilities		key employees, highest compensated employees, and disqualified persons		l	
ф	ì	Complete Part II of Schedule L		22	
J	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		}	-
		parties, and other liabilities not included on lines 17 24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here and		-	
89		complete lines 27 through 29, and lines 33 and 34.			
ũ	27	Unrestricted net assets		27	
39(28	Temporarily restricted net assets		28	
Ď	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ► X			-
ŏ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
4.SS	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	2,582,843.
Z	33	Total net assets or fund balances	0.	33	2,582,843.
_	34	Total liabilities and net assets/fund balances	0.	34	2,582,843.

	990 (2018) PC Charitable Foundation	82-	<u>-40216</u>	14	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_		_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>27.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				84.
3	Revenue less expenses Subtract line 2 from line 1	3	<u>2,</u>	582	, 8	<u>43.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				<u> 0 </u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2,	<u>582</u>	, 8	<u>43.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					ᆜ
			_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_		İ	-	أزا
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		-		لت
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	-	٦	ì	2 -
	separate basis, consolidated basis, or both		[;	, ˈ [.	۱ ٔ ا	
	Separate basis Consolidated basis Both consolidated and separate basis		معد	_		<u>ئى ئ</u>
þ	Were the organization's financial statements audited by an independent accountant?		<u> </u>	<u>2b</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs	,	- [ı	
	consolidated basis, or both			-		
	Separate basis Consolidated basis Both consolidated and separate basis		_	<u>- ا</u> ـ	<u></u>	اـــــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt		- [ĺ	ı
	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 Sch			_ _		ك
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt			
	Act and OMB Circular A 133?		<u> </u>	3a		<u> </u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dıt j	- 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm 9	9 90 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number PC Charitable Foundation 82-4021614 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 | section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN n your gov (described on lines 1-10 organization support (see instructions) support (see instructions) Nο above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2018 PC Charitable Foundation 82-40216 [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 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")		<u> </u>		<u> </u>	5,046,500.	5,046,500.
2	Tax revenues levied for the organ-	ĺ	1				
	ization's benefit and either paid to	•					
	or expended on its behalf	<u> </u>	ļ	 	 	<u> </u>	
3	The value of services or facilities	ł				1	
	furnished by a governmental unit to						
	the organization without charge			 	 	5.046.500	5 046 500
4	Total. Add lines 1 through 3	<u></u>	 	 	 	5,046,500.	5,046,500.
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)			İ			
_	• •			 	 	 	5,046,500.
	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	<u> </u>	J		3,010,000.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(a) 2014	(5) 2013	(0) 2010	(4) 2017	5,046,500.	5,046,500.
8	Gross income from interest,					 	
Ū	dividends, payments received on						
	securities loans, rents, royalties,	J	j		J	j j	
	and income from similar sources			-		27.	27.
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	1					
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						5,046,527.
12	Gross receipts from related activities	, etc (see instruct	ions)			12	15,000.
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
	organization, check this box and stop						▶ X
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2018 (line 6, column (f) o	divided by line 11,	column (f))		14	%
	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this box	and
	stop here. The organization qualifies		_				▶
t	33 1/3% support test - 2017. If the	_			d line 15 is 33 1/3	% or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes		-				
	and if the organization meets the "fac					art VI how the organi	zation
	meets the "facts-and-circumstances"	-	· ·		-		• • • • • • • • • • • • • • • • • • •
t	10% -facts-and-circumstances tes		•				u% or
	more, and if the organization meets the						⊾ [_
10	organization meets the "facts-and-circ		ŭ	•	•	₹	
18	Private foundation. If the organization	ni did not check a	DOX on line 13, 10	oa, 100, 1/a, 0/1/			
					Sch	edule A (Form 990 e	or 990-EZ) 2018

Schedule A (Form	1990 or 990-EZ) 2018 P	C Charita	ble Found	ation		82-402	16/14 Page 3
Part III Sup	port Schedule for (Organizations	Described in	Section 509(a	1)(2)	· ···	
(Com	plete only if you checked	the box on line 10	of Part I or if the	organization failed	d to qualify under l	Part II If the organi	zation fails to
	y under the tests listed b	pelow, please comp	olete Part II)		····		
Section A. Pu		-			···		
	iscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	, contributions, and						i.
-	fees received Do not					/	
=	'unusual grants ")					<u></u>	
	ets from admissions, e sold or services per-						
	icilities furnished in						
any activity t	hat is related to the					1	
-	's tax-exempt purpose			·	 		
•	ts from activities that						
	nrelated trade or bus-				V	1	
iness under	•				1	 	
	s levied for the organ-	\					
	efit and either paid to						1
•	on its behalf			/	 	 	
	services or facilities						
•	a governmental unit to	1		/		ļ	
-	tion without charge					 	
6 Total. Add lu	•			<u></u>	ļ	ļ	
	luded on lines 1, 2, and	[X				
	om disqualified persons				 	 	
-	d on lines 2 and 3 received lisqualified persons that				1	1	
exceed the great	er of \$5 000 or 1% of the						
amount on line 1	· ·				 		
c Add lines 7a				\ \ \	 	 	
8 Public supposed Section B. To	ort. (Subtract line 7c from line 6.)	L	/	<u> </u>	L	l	
		(-) 0014	/ /h) 0015	(2) 2016	(4) 2017	(e) 2018	(f) Total
	iscal year beginning in)	(a) 2014 /	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
 9 Amounts from 10a Gross incom 						 	
	ayments received on					J	
securities loa	ans, rents, royalties,	/					
	from similar sources iness taxable income	/		"	 	 	
	11 taxes) from businesses						
•	June 30, 1975	/					
•	•	/			 		
c Add lines 10:	a and 10b from unrelated business				 	\	
	included in line 10b,/				•		
	ot the business is						
regularly care	e Do not include,gain				 	 `` 	
or loss from t	the sale of capıţál	ļ				\	
	ain in Part VI)	 			 	 \	
	(Add lines 9, 10c, 11, and 12) ars. If the Form 990 is fo	r the organization's	first second thir	d fourth or fifth to	ay year as a section	on 501(c)(3) organia	ration
•	ox and stop here	i tile Organization s	a mat, second, triir	a, iourui, or mur t	un year as a section	JI, 30 I(C)(3) DIGANIZ	.a.ioii,
	mputátion of Publ	ic Support Pe	rcentage				
	ort percentage for 2018 (column (fl)		15	<u>%</u>
	ort percentage from 2017	***	=	001011111 (17)		16	1 %
	mputation of Inve					10	
	come percentage for 20	 		ne 13. column (fi)		17	1 %
	ncome percentage from			10, 00/0////		18	%
,	port tests - 2018. If the			on line 14, and line	e 15 is more than 1		
/	3 1/3%, check this box a	-					7
,	port tests - 2017. If the		•	·	_		and T
,	more than 33 1/3%, che						▶
/	dation. If the organization		•			-	
832023 ,10-11-18	account it the digaritzation	an dio not crieck a	55X 511 III 15 17, 15	., 51 100, 01100K ti		edule A (Form 990	or 990-EZ) 2018
/				15	30		
261114 40	1216 PCF	201	L8.05000 E	C Charita	able Found	dation	PCF1
/							

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A. and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

Sec	tion A. All Supporting Organizations		· · ·	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	١.		1
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1_		ļ
2	Did the organization have any supported organization that does not have an IRS determination of status	٠ ا		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			 -
	organization was described in section 509(a)(1) or (2)	2		-
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			l
	(b) and (c) below	3a		ļ
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		<u> </u>
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		L
¢	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			<u> </u>
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		<u> </u>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		!	
	designated in the organization's organizing document?	_ 5b		Ĺ
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	'		ĺ
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			.—
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		<u> </u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		.
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	-+	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ll		

832024 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

10b

determine whether the organization had excess business holdings)

emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

Schedule A (Form 990 or 990 EZ) 2018 PC Charitable Foundation 82-4021614 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (11) (rit) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2018 Pre-2018 1 - Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) J Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Part				tho	0rga	niga	tion	'a i		l voar	whi	ah w		ghox		_
THIS	return	18	101	the	Orga	IIIZa	CIOH	8 11	II LIA.	ı year	, WIII	CII W	<u> </u>	BHOI	L	
year.	·															
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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2018

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization			Empl	oyer identification number
	PC Char	<u>itable Foundatio</u>	on		82-4021614
Pa	art I-A Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	cal campaign activities	in Part IV ▶\$	
Pa	art I-B Complete if the org	janization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 4955	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	o for this year?		Yes No
4a	Was a correction made?				└ Yes
_	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the org	janization is exempt un	der section 501(c)		
3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en	azation's funds contributed to o Add lines 1 and 2 Enter here 1120-POL for this year?	other organizations for s	ection 527 ▶ \$ ▶ \$	Yes No
	made payments For each organiza contributions received that were propolitical action committee (PAC) If	omptly and directly delivered to	a separate political org	janization, such as a separa	·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0
_					
_					
					

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

Schedule C (Form 990 or 990-EZ) 2018

LHA 832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 PC Ch	aritab	le Foundati	.on	82-4	021614 Page 2
Part II-A Complete if the organization	on is exe	mpt under section	on 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).			- · · · · · · · · · · · · · · · · · · ·		
A Check Lifthe filing organization belon	gs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of exces					
B Check ► ☐ If the filing organization check	ed box A a	nd "limited control" pr	ovisions apply		
Limits on Lobl (The term "expenditures" m)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence a le				525.	
c Total lobbying expenditures (add lines 1a and	-	-, (,,		525.	
d Other exempt purpose expenditures	/			2,339,987.	
e Total exempt purpose expenditures (add line	s 1c and 1	d)		2,340,512.	
f Lobbying nontaxable amount Enter the amo		•	th columns	267,026.	
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,		, , , , , , , , , , , , , , , , , , ,		
	¥ .,===,				
g Grassroots nontaxable amount (enter 25% o	f line 1f)			66,757.	
h Subtract line 1g from line 1a If zero or less, e	•			0.	
i Subtract line 1f from line 1c If zero or less, e				0.	
J If there is an amount other than zero on either	er line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?				[Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations that made s		01(h) election do not ate instructions for li		of the five columns b	elow.
Lobi	ying Expe	nditures During 4-Ye	ar Averaging Period		
	 -	1	T		
Calendar year (a) :	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	<u> </u>				
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 PC Charitable Foundation 82-402161 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(t	
	ne lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter			,	
	or referendum, through the use of]			•
a	Volunteers?			i	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			•	
	Media advertisements?	<u> </u>			
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>			
	Rallies, demonstrations, seminars, conventions, speeches, fectures, or any similar means?				
	Other activities?				
-	Total Add lines 1c through 1i	——			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	of "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	I If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior year	·? 3		
Га	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		_1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
a	Current year		2a		
b	Carryover from last year		2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		_3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5			_5		
Pa	rt IV Supplemental Information				
	ride the descriptions required for Part I A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou uctions), and Part II-B, line 1. Also, complete this part for any additional information	p list), Part II	-A, lines 1 a	and 2 (see	··.
					-
					-
	,				-
					

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2018 Open to Public

OMB No 1545-0047

Inspection Employer identification numb

► Go to www.rs.gov/Form990 for the latest information

Schedule I (Form 990) (2018) ž Employer identification number 82-4021614Sducation and economic (h) Purpose of grant ducation/economic or assistance olice-community X Yes ocial justice. Social justice. ocial justice, Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV Inte 21, for any dvancement. investment. elations Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö o 0 ٥. ö Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 350,000. 350,000 300,000 250,000 261,204 250,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) PC Charitable Foundation 501(c)(3) 501(c)(3) Enter total number of other organizations listed in the line 1 table 04-3534407 58-1289174 81-4945849 95-4835230 02-0620456 51-0198509 Part I General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization National Juvenile Defender Center 1350 Connecticut Ave Ste 304 348 West 57th Street Ste 304 Communities in Schools, Inc. 2345 Crystal Drive Ste 700 45 Milk Street 9th Floor or government 1910 W Sunset Blvd #500 CA 94129 Los Angeles, CA 90026 Washington, DC 20036 Arlington, VA 22202 Advancement Project Name of the organization New York, NY 10019 Tides Foundation Boston, MA 02109 Policing Equity San Francisco, PO Box 29903 Year Up ~

28

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance 82-4021614 (e) Method of valuation (book, FMV, appraisal, other) substantial audit rights and the right to return of unused funds within the All grants are made pursuant to agreements obligating funds to be expended in accordance with the Organization's tax-exempt purposes and that contain Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non cash assistance (c) Amount of cash grant PC Charitable Foundation (b) Number of recipients (a) Type of grant or assistance Part I, Line 2: Schedule i (Form 990) (2018) grant period 832102 11-02-18 Part III

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of ti		▶ Go	to w					ions and the		est information.				pen I spec	o Pub tion	OIIC
Name of the	organization							-			,				ion nu	ımber
	I	PC Char	ita	able For	ında	tio	n					-40	216	14		
Part I	Excess Ben	efit Transa	actic	ns (section 5	01(c)(3	3), sect	ion 50	(c)(4), and 5	01(c)(29) organızatıoı	ns onl	y)				
	Complete if the							ne 25a or 25	b, o	r Form 990-EZ, P	art V,	line 40)b			
1 (a) Nam	ne of disqualified	person	(b) Re	elationship bet person and o	ween (disqua ation	lified	(c) D	escription of tran	sactio	on		_	-	cted?
	- -	·		person and o	i gai iizi		 							┵	es	No
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2 Enter ti	he amount of tax	incurred by the	he or	ganızatıon mar	nagers	or disc	qualifie	d persons du	ırıng	the year under	-					
section	4958											▶ \$				
3 Enter th	he amount of tax,	, if any, on line	e 2, a	bove, reimburs	sed by	the or	ganızat	ion				▶ \$				
	T	77 - F	1													
Part II	Loans to an								_							
	Complete if the	-					, Part \	, line 38a or	Forn	n 990, Part IV, Iir	ie 26,	or if th	e orga	ınızatı	on	
(0)	reported an amo	(b) Relations	$\overline{}$	(c) Purpose		an to or		Original	T 4) Balance due	10) In	(h) Ap	proved	(a) V	/ritten
	sted person	with organiza		of loan	fron	n the		pal amount	") Balarice due		ault?	by bo	ard or	agree	ment?
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Total								▶ \$			-					
Part III	Grants or As	ssistance	Ben	efiting Inte	reste	d Pe	rsons	•					-			
	Complete if the	organization a	answ	ered "Yes" on	Form 9	990, Pa	art IV, li	ne 27				_				
(a) Na	me of interested	person) Relationship) Amount of		(d) Type					ose o	f
				interested pers the organiza		id	}	assistance		assistan	ce		•	assist	ance	
				- THO OTGUNIZA						 		-+				
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HA For Pa	aperwork Reduc	tion Act Noti	ce. s	ee the Instruc	tions	tor Fo	rm 990	or 990-EZ.		Scho	elube	L (For	m 990	3 or 99	϶υ-EZ	2018

832131 10-25-18

Schedule L (Form 990 or 990 EZ) 2018 PC Charitable Foundation

82-4021614 Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

Name of the organization

PC Charitable Foundation

Employer identification number 82-4021614

Form 990, Part I, Line 1, Description of Organization Mission:

meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as

amended (the "Code"), or any corresponding section of any future

federal tax code, by and through any lawful act or activity for which

nonprofit corporations may be formed under Chapter 1702 of the Ohio

Revised Code. The specific purposes for which the Corporation is

organized are (i) to eliminate racial prejudice and discrimination,

(ii) to ensure equality of rights of all persons, and (iii) to bring

about social and civic changes related to the promotion of peace,

justice, freedom, and dignity for all persons, in each case through

operations emphasizing the areas of criminal justice reform,

police-community relations, and educational and economic advancement.

Form 990, Part III, Line 1, Description of Organization Mission:

any lawful act or activity for which nonprofit corporations may be

formed under Chapter 1702 of the Ohio Revised Code. The specific

purposes for which the Corporation is organized are (i) to eliminate

racial prejudice and discrimination, (ii) to ensure equality of rights

of all persons, and (iii) to bring about social and civic changes

related to the promotion of peace, justice, freedom, and dignity for

all persons, in each case through operations emphasizing the areas of

criminal justice reform, police-community relations, and educational

and economic advancement.

Form 990, Part VI, Section A, line 3:

Many of the day-to-day activities of the Organization were delegated to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete of the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2018

OMB No 1545-0047

		▼ Attach to Form 990.	ine w, or, wb, w, or or.		,	0 DV	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	or instructions and the late	st information		,	Open to Public Inspection	<u> </u>
Name of the organization PC Charitable	F				Employer identification number 82-4021614	iffication num 1614	per l
Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33	plete if the organization answered "Yes	on Form 990, Part IV, line 3	3				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
						Ī	
]
[Part II] 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	nizations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	v more related tax+	exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section \$12(b)(13) controlled entity?	(b)(13)
				501(c)(3))		Yes	å
PC Advocacy Initiative - 82-5188305 191 W. Nationwide Blvd. Ste. 300 Columbus, OH 43215	Social welfare	0110	501(c)(4)				×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.				Schedule	Schedule R (Form 990) 2018	2018

82-4021614 Page 2

Schedule R (Form 990) 2018 PC Charitable Foundation 82-4021614

[Part III] 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.

(a) (b)	(q)	(c)	(p)	٣	(e)	(t)	(6)	3	3	3	3	i
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomina (related, u excluded fro sections 3	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropo	amou 20 of 3 K-1 (Fo	BI General or box managing dule partne? 065) Yes No	own own	age
						,	:					
												1
Part IV Identification of Related Organizations Taxable as organizations treated as a corporation or trust during	ganizations Taxable a		a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related the tax year.	omplete if th	ie organization	answered "Yes	° on Form 99(), Part IV, lin	e 34, because it	had one o	r more relate	l pa
(a) Name, address, and EIN of related organization		Prig	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section Sectio	7 ed
			-	:							A GS	2
					}							1
832162 10-02-18				35		-			Sch	edule R (F	Schedule R (Form 990) 2018) 18 18

Schedule R (Form 990) 2018 PC Charitable Foundation

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

				Į
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No	ဍ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-V/2	is with one or more r	elated organizations listed		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>		Ta X	×
b Gift, grant, or capital contribution to related organization(s)			1 db	×
c Gift, grant, or capital contribution from related organization(s)			1c X	X
d Loans or loan guarantees to or for related organization(s)			X pt	×
e Loans or loan guarantees by related organization(s)			1e X	×
f Dividends from related organization(s)			X 1t	×
g Sale of assets to related organization(s)			X 1g X	×
h Purchase of assets from related organization(s)			Th. X	×
 Exchange of assets with related organization(s) 			X	×
J Lease of facilities, equipment, or other assets to related organization(s)			X X	׾
k Lease of facilities, equipment, or other assets from related organization(s)			1k X	×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)		11 X	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		T m X	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)		1 h	⋈
o Sharing of paid employees with related organization(s)			X ot	1
			A	>
b Reinbursement paid to related organization(s) for expenses			1	ا
q Reimbursement paid by related organization(s) for expenses			19 X	×
r Other transfer of cash or property to related organization(s)			1. Tr	×
s Other transfer of cash or property from related organization(s)			1s X	×
2 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	who must complete t	his line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	
(1) PC Advocacy Initiative	0	93,258.	93,258.Allocation under cost sharing agr	ag
(2)				
(3)				
(4)				
(9)				
(9)				
832163 10-02-18	36		Schedule R (Form 990) 2018	018

82-4021614

Schedule R (Form 990) 2018 PC Charitable Foundation

Part VI 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.

and EIN Primary activity Legal dominols primary activity (Legal dominols) are primary activity (Legal dominols) are primary activity (State or frong) actions 5/12/5/16/16/16/16/16/16/16/16/16/16/16/16/16/	(a) (b) (c) (d)	(p)	(0)		(e)	(J)	(6)	ε	ε	8	(K)
Country) (verifications 5)(2-5)(4) (verifications of the property) (verifications of the prope	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated,	501(c)(3)	Share of total	Share of end-of-year	Dispripor- tionale	amount in box 20	General o managing	Percentage
	,		country)	sections 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes	
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Schedule R Form 590) 2018											
Schedule R Form 990) 2018					+			+		\pm	
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Schedule R Form 950) 2018					F					L	
Schedule R Form 390) 2018								_			
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