## **Return of Organization Exempt From Income Tax**

Form **990** 

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

20 18

Open to Public Inspection

A F	or th	e 201	8 calendar year, or tax year beginning		, 2018	, and endin	g		,	20	
<b>B</b> c	heck if ap	oplicable:	C Name of organization PER SCHOLAS, INC.					D Employer ide	ntification nu	ımber	
	Addre		Doing Business As					04-3252	955		
	7 7	change	Number and street (or P.O. box if mail is not delivere	d to street address)	)	Room/suite		E Telephone nu	ımber		
	Initial	return	804 E 138TH STREET, 2ND FLO	OR				(718) 991	L-8400		
	Termi	inated	City or town, state or province, country, and ZIP or for	oreign postal code							
	Amen		BRONX, NY 10454-1902					<b>G</b> Gross receipts	s \$ 19	9,695	,721.
		cation	F Name and address of principal officer: PLIM	NIO AVALA				H(a) Is this a ground subordinates?		Yes	X No
	•		804 E 138TH STREET, 2ND FLO	OR, BRONX,	NY 10	454-1902	:	H(b) Are all subordin		Yes	No
	Tax-ex	empt st	atus: X 501(c)(3) 501(c) ( ) ◀	(insert no.)	4947(a)(1)	or 52	7	If "No," attach	n a list. (see inst	ructions)	
J	Websi	te: 🕨	WWW.PERSCHOLAS.ORG					H(c) Group exemp			
K	Form (	of organ	ization: X Corporation Trust Association	n Other ▶		L Year of	f formati	ion: 1994 <b>M</b> s	State of legal	domicile:	MA
P	art I		nmary								
	1	Briefly	describe the organization's mission or most sign	nificant activities:	OPENI	NG DOORS	TO '	TECHNOLOGY	CAREE	RS FO	R 
ce			IVIDUALS FROM OVERLOOKED AND I			MMUNITIE	S, A	ND FOR			
nar		IND	IVIDUALS WHO ARE UNEMPLOYED OF	R UNDEREMP	LOYED						
Activities & Governance	2		this box 🕨 🔛 if the organization discontinue	•				i i			
ŏ	3	Numb	er of voting members of the governing body (Par	t VI, line 1a)					3		26.
Se			er of independent voting members of the govern						4		26.
vitie.			number of individuals employed in calendar year						5		237.
Ę	6	Total	number of volunteers (estimate if necessary)						6		760.
٩			unrelated business revenue from Part VIII, column						7a		0
	b	Net u	nrelated business taxable income from Form 990-	-T, line 34			<del></del>		7b		2,601
	_	_						Prior Year		irrent Y	
ne		Contri	butions and grants (Part VIII, line 1h)		COP	Y FOR		7,932,78 1,935,85			3,101 0,863
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		PUBLIC IN	SPECTION		1,935,65		7,020	256
Re		IIIVESI	ment income (Fart viii, column (A), imes 3, 4, an	u /u)				2,211,48			$\frac{230}{4,811}$
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d	' <del>=</del> '				12,080,24			9,031
_	12 13		revenue - add lines 8 through 11 (must equal Par						0.	J, 01.	0,031
	14		s and similar amounts paid (Part IX, column (A), li its paid to or for members (Part IX, column (A), lir						0.		0
			es, other compensation, employee benefits (Part					7,813,10		0.413	2,167
Expenses			ssional fundraising fees (Part IX, column (A), line						0.		2,580
ber			fundraising expenses (Part IX, column (D), line 25		864,271						_,
ш	1		expenses (Part IX, column (A), lines 11a-11d, 11f	/				4,046,02	7.	5,429	9,619
			expenses. Add lines 13-17 (must equal Part IX, c					11,859,12	I		1,366
			uue less expenses. Subtract line 18 from line 12					221,11		3,794	4,665
o s							Begin	ning of Current Y	ear E	nd of Ye	
land	20	Total	assets (Part X, line 16)					7,571,79	3. 1	3,832	2,914
Net Assets or Fund Balances	21		iabilities (Part X, line 26)					1,746,32	2.	4,212	2,778
Pet	22	Net as	ssets or fund balances. Subtract line 21 from line					5,825,47	1.	9,620	0,136
	rt II	Sig	gnature Block						•		
Un	der per	nalties o	of perjury, I declare that I have examined this return, in complete. Declaration of preparer (other than officer) is	cluding accompar	nying schedu	ules and staten	nents, a	nd to the best of	my knowled	ge and b	elief, it is
Tiut	s, corre	li, and	complete. Declaration of preparer (other than officer) is	based on an imorni	iation of will	cii preparei na	S ally Ki	lowledge.			
C:~											
Sig He			Signature of officer					Date			
116											
			Type or print name and title								
Paid	1			s signature		Date	010		if PTIN		
	parer	PAU	Acc. A. Albania	Anilas		9/9/2	U 19	self-employe		84178	
	Only		name   BDO USA, LLP		NA				13-5381		
			address ▶ 100 PARK AVENUE NEW YO						212-885		
			cuss this return with the preparer shown above? (							Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate instruct	ions.					F	orm <b>99</b> 0	0 (2018)

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Pa		atement of Program Service Accomplishments neck if Schedule O contains a response or note to any line in this Part III	х
1			:2
	•	cribe the organization's mission:  DOORS TO TECHNOLOGY CAREERS FOR INDIVIDUALS FROM OVERLOOKED	
		DVANTAGED COMMUNITIES, AND FOR INDIVIDUALS WHO ARE UNEMPLOYED	
	OR UNDER	EMPLOYED	
2		anization undertake any significant program services during the year which were not listed on the	_
		990 or 990-EZ? Yes X N	Ю
		scribe these new services on Schedule O.	
3		ganization cease conducting, or make significant changes in how it conducts, any program	
		Yes X N	lo
_		scribe these changes on Schedule O.	
4		ne organization's program service accomplishments for each of its three largest program services, as measured	
		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs,
	the total exp	penses, and revenue, if any, for each program service reported.	
	(Code:	(Expenses \$1,946,664. including grants of \$) (Revenue \$7,070,005. )	
		AL TRAINING - PER SCHOLAS IS A NATIONAL NONPROFIT THAT	
		OSITIVE AND PROVEN SOCIAL CHANGE IN COMMUNITIES ACROSS THE	
		THROUGH RIGOROUS AND TUITION-FREE TECHNOLOGY TRAINING AND	_
		ONAL DEVELOPMENT, WE PREPARE MOTIVATED AND CURIOUS ADULTS	
		UN- OR UNDEREMPLOYED AND/OR ARE FROM OVERLOOKED AND	
		TAGED COMMUNITIES FOR LIFE-CHANGING CAREERS AS IT	
		ONALS, AND CREATE ONRAMPS TO BUSINESSES IN NEED OF THEIR	
		TODAY, WE PROVIDE OUR SOLUTIONS IN ELEVEN CITIES ACROSS	
		TRY. TO DATE, PER SCHOLAS HAS TRAINED MORE THAN 10,000	
		ALS, HELPING THEM BUILD LASTING, LIFE-CHANGING CAREERS IN	
	TECHNOLO	GY.	
			_
4b	(Code:	(Expenses \$	
		ENTURES (ASSET RECOVERY AND OTHER SOURCES OF REVENUE).	_
		COVERY - PER SCHOLAS' RECYCLING BUSINESS OFFERS A	_
		, IT ASSET DISPOSITION SOLUTION. OPERATING AS A NONPROFIT	_
		ENTURE, WE PARTNER WITH INDUSTRY LEADERS TO COLLECT USED	
		T DONATED BY CORPORATIONS, GOVERNMENT AND INDIVIDUALS,	
		RECYCLING THE TRULY END-OF-LIFE EQUIPMENT AND	_
		IONING THAT WITH CONTINUED USEFULNESS. OUR ACTIVITY	_
		VALUABLE JOBS WHILE DIVERTING THOUSANDS OF TONS OF	_
	ELECTRON	IC WASTE FORM LANDFILL DISPOSAL.	_
4-	(O- d-	\(\( \Gamma \)	_
4C	(Code:	) (Expenses \$ including grants of \$) (Revenue \$)	
			—
			—
			—
			—
			—
			—
			—
			—
۸,۸	Other progr	ram services (Describe in Schedule O.)	—
→u	(Expenses \$		
40	<u> </u>	am service expenses > 12.733.320.	_

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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	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			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect 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		X
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		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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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,			
	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	X	
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	X	
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		X
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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 (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?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	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 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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?			3.5
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			Х
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		Λ
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	27		Х
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		21
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
-	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? If "Yes," complete Schedule M	29		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		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
	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	256		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
		F	uun	10010

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 237			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, 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
h	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
vu	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7с		X
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		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	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		
b	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	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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	4.4		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

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Part VI

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

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

Sect	ion A. Governing Body and Management		• • •	
	<del>, , , , , , , , , , , , , , , , , , , </del>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	5		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
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 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		v	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	426	Х	
	rise to conflicts?	12b	- 1	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
	describe in Schedule O how this was done	12c	X	_
13	Did the organization have a written whistleblower policy?	14	X	-
14	Did the organization have a written document retention and destruction policy?	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	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	<del>                                     </del>
b	Other officers or key employees of the organization	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		Х
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-		. /
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial 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 books and record	ls ▶		

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## 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 organization compensated any current officer, director, or trustee.

						<u>'</u>				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or div	unles	eck s pe	ition more	e than of is both cor/trust employee	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						ted				
(1)LEWIS E. MILLER	4.00									
CHAIRMAN/DIRECTOR	0.	Х		Х				0.	0.	0
(2)CAROLYN P. LANDIS	2.00									
SECRETARY/DIRECTOR	0.	Х		Х				0.	0.	0
(3)GREGORY W. SILLS	2.00									
TREASURER/DIRECTOR	0.	Х		Х				0.	0.	0
(4)LUIS ARZU	2.00									
DIRECTOR	0.	Х						0.	0.	0
(5)JOHN HOYT STOOKEY	2.00									
DIRECTOR	0.	Х						0.	0.	0
(6)AMI ARIEL	2.00									
DIRECTOR	0.	Х						0.	0.	0
(7)DEREK BRADDOCK	2.00									
DIRECTOR	0.	Х						0.	0.	0
(8)MANUEL J. CANCEL	2.00									
DIRECTOR	0.	Х						0.	0.	0
(9)KEN COOPER	2.00									
DIRECTOR	0.	Х						0.	0.	0
(10)CHARLES EATON	3.00									
DIRECTOR	0.	Х						0.	0.	0
(11)JOHN FOX	4.00									
DIRECTOR	0.	Х						0.	0.	0
(12)BLAIR GREENBERG	2.00									
DIRECTOR	0.	Х						0.	0.	0
(13)JEAN HILL	2.00									
DIRECTOR	0.	Х						0.	0.	0
(14)WAYNE KUNOW	4.00									
DIRECTOR	0.	Х						0.	0.	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportable	Es	(F)	
	hours per	١,				e than o		compensation	compensation from	an	nount of	f
	week (list any	1				is both tor/trust		from	related		other	
	hours for related							the organization	organizations (W-2/1099-MISC)		pensation the	on
	organizations	Individual trustee or director	Institutional	Officer	Key employee	ghe	Forme	(W-2/1099-MISC)	(44-2/1099-10130)		anizatio	n
	below dotted	dual	Ition	٦	mple	st co	4	(** 2/ 1000 *********************************			d related	
	line)	rtrus	at		уеє	) mp				orga	anization	าร
		tee	trustee		"	ens						
			ď			Highest compensated employee						
15) JOSH LIEBERMAN	2.00											
DIRECTOR	0.	Х						0.	0.			0.
16) JAN LODAL	2.00											
DIRECTOR	0.	Х						0.	0.			0.
17) IAN SCHAAD	3.00											
DIRECTOR	0.	Х						0.	0.			0.
18) MARY BETH MOLLOY	4.00											
DIRECTOR	0.	Х						0.	0.			0.
19) DAMIAN RIVERA	3.00											
DIRECTOR	0.	Х						0.	0.			0.
20) IAN SHRANK	8.00											
DIRECTOR	0.	Х						0.	0.			0.
21) MONTREECE SMITH	2.00											
DIRECTOR	0.	Х						0.	0.			0.
22) TONY SPINELLI	4.00											
DIRECTOR	0.	Х						0.	0.			0.
23) JOE SQUERI	2.00											
DIRECTOR	0.	Х						0.	0.			0.
24) HAROLD BENNETT, AS OF 03/18	2.00											
DIRECTOR	0.	Х						0.	0.			0.
25) JASON GREEN	2.00											
DIRECTOR	0.	Х						0.	0.			0.
1b Sub-total							<b>&gt;</b>	0.	0.			0.
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	1,298,085.	0.		93,1	
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,298,085.	0.		93,1	.02.
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bov	e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organization	n <b>▶</b>	12	2									
											Yes	No
3 Did the organization list any former offic												
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	livid	ual						3		X
4 For any individual listed on line 1a, is the	sum of rec	ortab	ole d	com	per	satio	n ai	nd other compens	sation from the			
organization and related organizations gre	eater than	\$15	50,0	00?	) If	"Yes	5,"	complete Schedu	le J for such			
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye	es," comple	te Sch	hedu	ıle J	l for	such	per	son		5		X

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶
2

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	Name and title  Average hours per week (list any)  Average hours per do not check more than one box, unless person is both an efficience of a director (trustee)  Reportable compensation from related									E aı	(F) stimated mount of other	f
	hours for related organizations below dotted line)	or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensati rom the ganizatio Id related anization	on d
26) DAVID HANNIGAN, AS OF 03/18 DIRECTOR	2.00	Х						0.	0.			0.
27) PLINIO AYALA PRESIDENT AND CEO	40.00			х				292,438.	0.		18,9	954.
28) CONSTANTINE LIANOS CFO	40.00			х				146,829.	0.		8,4	148.
29) MICHELLE PULLARO CAO	40.00			х				169,970.	0.		10,1	98.
30) CAITLYN BRAZILL  EVP - DEVELOPMENT	40.00	-				Х		188,021.	0.		10,4	112.
31) BRIDGETTE GRAY EVP - PROGRAM	40.00					Х		142,270.	0.		12,7	760.
32) KELLY RICHARDSON  MANAGING DIRECTOR - NY	40.00					Х		121,892.	0.		13,2	254.
33) DAMIEN HOWARD  SR. VP OF SOCIAL VENTURES	40.00					Х		119,084.	0.		7,7	797.
34) KENNETH L. WALKER  SVP - CORE MISSION SUPPORT	40.00					Х		117,581.	0.		11,2	279.
to Sub-total  c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	_						<b>^ ^ ^</b>					
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste		bov	e) who	o re	ceived more than	\$100,000 of			
3 Did the organization list any former office										3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations groups	employee on line 1a? If "Yes," complete Schedule J for such individual											
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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## Part VIII Statement of Revenue

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
פ בו סר	b	Membership dues 1b					
Ar.	С	Fundraising events 1c	43,175.				
<u> </u>	d	Related organizations 1d					
Sir.	е	Government grants (contributions) 1e	0.				
je j	f	All other contributions, gifts, grants,					
ᅙ		and similar amounts not included above . 1f	11,779,926.				
Contributions, Girts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$		11 002 101			
- 1	h	Total. Add lines 1a-1f	Business Code	11,823,101.			
Program Service Revenue	_	GOVERNMENT AND CONTRACT REVENUE	240937	2,409,375.	2,409,375.		
Rev	2a	CUSTOMIZED TRAINING FEES AND OTHER	240937	5,411,488.	5,411,488.		
<u>ice</u>	b	COSTOMIZED INMINING FEED IND STREET	210337	3,111,100.	3,111,100.		
er.	C						
E	d						
gra	f	All other program service revenue					
Pro	g g	Total. Add lines 2a-2f		7,820,863.			
	3	Investment income (including divider					
		and other similar amounts)	▶	256.			256
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d 	Net rental income or (loss)	(ii) Other	0.			
	7a	Gross amount from sales of assets other than inventory	() Garier				
		,					
	b	Less: cost or other basis					
	_	and sales expenses					
	c d	Gain or (loss)		0.			
	8a	Gross income from fundraising					
Other Revenue	ou	events (not including \$43,175.					
eve		of contributions reported on line 1c).					
er R		See Part IV, line 18 a	46,690.				
oth	b	Less: direct expenses b	46,690.				
	С	Net income or (loss) from fundraising events	▶	0.			
	9a	Gross income from gaming activities. See Part IV, line 19	0.				
	b c	Less: direct expenses b  Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances a					
	b c	Less: cost of goods sold	0.	0.			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	4,811.			4,811.
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		4,811.			
	12	Total revenue. See instructions.	<u></u>	19,649,031.	7,820,863.		5,067.

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## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a	response or note to any lin	e in this Part IX	<u> </u>	
Do not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	7b, (A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organization	ons			
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domes				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to fore	ign			
organizations, foreign governments, and fore	-			
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, director trustees, and key employees		345,892.	181,534.	119,411.
6 Compensation not included above, to disquali				
persons (as defined under section 4958(f)(1))				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	8,061,935.	6,595,803.	1,082,615.	383,517.
8 Pension plan accruals and contributions (inclu				
section 401(k) and 403(b) employer contribution		276,972.	65,430.	15,778.
9 Other employee benefits	678,637.	637,081.	30,641.	10,915.
10 Payroll taxes	666,578.	527,647.	103,267.	35,664.
11 Fees for services (non-employees):				
a Management	0.			
<b>b</b> Legal	58,326.	6,941.	51,385.	
c Accounting	F C F 2 0	39,765.	14,118.	2,649.
<b>d</b> Lobbying	20 500 1		38,500.	
e Professional fundraising services. See Part IV, line	10 500 1			12,580.
f Investment management fees	0.			
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, co	olumn			
(A) amount, list line 11g expenses on Schedule O.)		813,326.	185,705.	202,833.
12 Advertising and promotion	181,903.	160,799.	17,291.	3,813.
13 Office expenses		309,170.	76,966.	14,101.
14 Information technology		314,934.	83,584.	7,100.
<b>15</b> Royalties	0.			
16 Occupancy	1,228,173.	1,162,666.	54,685.	10,822.
<b>17</b> Travel	448,011.	282,018.	141,361.	24,632.
18 Payments of travel or entertainment expens				
for any federal, state, or local public officials		20.046	11 000	11 165
19 Conferences, conventions, and meetings		30,946.	11,802.	11,165.
20 Interest			4,236.	
21 Payments to affiliates	FC0 011	F01 174	20 727	
22 Depreciation, depletion, and amortization	164 861	521,174. 149,209.	39,737. 12,273.	3,279.
23 Insurance		149,209.	12,2/3.	3,219.
24 Other expenses. Itemize expenses not cove				
above (List miscellaneous expenses in line 24e.				
line 24e amount exceeds 10% of line 25, colu (A) amount, list line 24e expenses on Schedule				
aSTUDENT SUPPLIES	341,264.	334,979.	6,285.	
bEMPLOYMENT VERIFICATIONS	63,146.	62,614.	532.	
cEQUIPMENT LEASES	35,644.	34,589.	1,055.	
dGRADUATION EXPENSES	13,729.	12,729.	Ι, υσσ.	1,000.
<u> </u>	172,851.	114,066.	53,773.	5,012.
e All other expenses	15 054 266	12,733,320.	2,256,775.	864,271.
<ul><li>Total functional expenses. Add lines 1 through 2</li><li>Joint costs. Complete this line only if</li></ul>		,,55,520.	_,,	001,2,1.
organization reported in column (B) joint co from a combined educational campaign a	osts			
fundraising solicitation. Check here	if			
following SOP 98-2 (ASC 958-720)	0.	1		

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## Part X Balance Sheet

المحسي		Check if Schedule O contains a response o	r note	to any line in this Pa	art X		
		·			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,439,480.	1	4,470,328.
	2	Savings and temporary cash investments	0.	2	1,000,208.		
	3	Pledges and grants receivable, net	3,198,101.	3	4,780,322.		
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and t	orme	officers, directors,			
		trustees, key employees, and highest co					
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified personal control of the cont			0.	5	0.
	6	4958(f)(1)), persons described in section 4958(c)(3)(B),	ons (as and c	ontributing employers			
		and sponsoring organizations of section 501(c)(9) volu	ntary e	employees' beneficiary	•		
S		organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
As	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges	<sub>i</sub>		82,206.	9	224,928.
	10 a	Land, buildings, and equipment: cost or	.	6 000 010			
		other basis. Complete Part VI of Schedule D			2,852,006.		2 257 120
		Less: accumulated depreciation			2,832,000.		3,357,128.
	11	Investments - publicly traded securities			0.	11	0.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13 14	Investments - program-related. See Part IV, line 11			0.	13 14	0.
	15	Intangible assets Other assets See Part IV line 11	0.	15	0.		
	16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal			7,571,793.	16	13,832,914.
	17	Accounts payable and accrued expenses.			1,040,442.	17	1,099,514.
	18	Grants payable			0.	18	0.
	19	Deferred revenue			575,880.	19	3,113,264.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV c	of Schedule D	0.	21	0.
တ္သ	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen-					
abi		disqualified persons. Complete Part II of Schedule	L		0.	22	0.
	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated to	hird pa	arties	130,000.	24	0.
	25	Other liabilities (including federal income tax, I	payab	es to related third			
		parties, and other liabilities not included on lines		,			
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			1,746,322.	26	4,212,778.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		here   X and			
and	27	Unrestricted net assets			3,798,471.	27	6,434,511.
Fund Balances	28	Temporarily restricted net assets			2,027,000.	28	3,185,625.
힏	29	Permanently restricted net assets		<u></u> [	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, checl	chere  and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ	ipmen	t fund		31	
	32	Retained earnings, endowment, accumulated inco	ome, d	or other funds		32	
d)					2 522 525		
Net	33	Total net assets or fund balances  Total liabilities and net assets/fund balances			5,825,471. 7,571,793.	33	9,620,136. 13,832,914.

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Part						
	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			49,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		54,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			94,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,8	25,4	71.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		9,6	20,1	.36.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	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 cor	npiled	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according	counta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	X	

## **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 04-3252955

PEF	S	CHOLAS,	INC.					04-32529	55
Pa	ťΙ	Reaso	n for Public Cha	rity Status (All c	rganizations must o	omplet	e this pa	art.) See instructions	
The	orga	anization is	s not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church,	convention of chi	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school	described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospita	I or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medica	I research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's	name, city, and st	tate:					
5		An organ	ization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 1	70(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal,	, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organ	ization that norm	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described	in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A commu	ınity trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricu	ltural research or	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or univers	sity or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	the college or
		university	:						
10		receipts f support fr acquired	rom activities rela rom gross investm by the organizatio	ited to its exempt finent income and upon after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able inco ( <b>a)(2).</b> (0	xception me (less complete		n 331/3 % of its
11 12		•	•	•	usively to test for publi	•			arry out the nurness
12		_	•	•	•			e functions of, or to c	
								zation and complete lir	, , , ,
	Г			=			-	·	=
а	_			-		-		orted organization(s),	
			-				ajority of	the directors or truste	es or the
h	Г		• •	-	te Part IV, Sections A		with ito	supported organization	on(c) by boying
b	_			•				is that control or man	
			_		, Sections A and C.	liie Saiii	e persor	is that control of man	age the supported
С	Г	_		-		tod in c	annoctio	n with, and functional	ly integrated with
·	_				ns). <b>You must comple</b>				iy integrated with,
d	Г		_					ection with its suppor	tod organization(s)
u	_		•	•		•		oution requirement and	• ,
					omplete Part IV, Sect	-		•	an attentiveness
е	Г		•	•	-			hat it is a Type I, Type I	I Type III
·			_		ionally integrated sup				i, 1900 iii
f	En			l organizations		porting	n gariizat		
g				-	orted organization(s).				
			orted organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see	other support (see instructions)
					above (see instructions))	Yes	No	instructions)	iristructions)
/A\									
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ı								

Schedule A (Form 990 or 990-EZ) 2018

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,701,783.	8,110,395.	9,493,541.	7,874,135.	11,823,101.	45,002,955.
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	7,701,783.	8,110,395.	9,493,541.	7,874,135.	11,823,101.	45,002,955.
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)						7,026,292.
6	Public support. Subtract line 5 from line 4 tion B. Total Support						37,976,663.
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
	, , , , , ,	7,701,783.	8,110,395.	9,493,541.	7,874,135.	11,823,101.	45,002,955.
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	192.	83,477.	82,386.	123.	256.	166,434.
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 VI.) ATCH 1	76,767.	118,643.	313,575.	228,144.	4,811.	741,940.
11	Total support. Add lines 7 through 10						45,911,329.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	11,270,941.
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>				
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
14	Public support percentage for 2018 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	82.72 <b>%</b>
15	Public support percentage from 2017					15	80.70 <b>%</b>
16a	331/3% support test - 2018. If the org						
	box and <b>stop here</b> . The organization qu	-		-			
b	331/3% support test - 2017. If the org						
	this box and <b>stop here.</b> The organization	-		_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					•	•
	Part VI how the organization meets the			<del>-</del>	· ·		
L	organization						
b	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organization						-
40	Explain in Part VI how the organization supported organization.						
18	Private foundation. If the organization instructions						
	instructions						· · · · · ·

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## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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			, i	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
·	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	.						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		T		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, 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						
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						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax w	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	J	•	, ,			` ` ` ' _
Sac	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	/0
	Investment income percentage for 2018 (lin			13 column (f))		17	%
17 18	Investment income percentage from 2017 S						
18						18	
туа	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3%, check		-	•		• • •	
20	Private foundation. If the organization of	ala not check	a box on line	14, 19a, or 19b	o, cneck this b	ox and see instr	uctions -

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## Part IV Supporting Organizations

(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 Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- 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.
- **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.
- c 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) purposes.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79. If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.**
- **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.**
- c 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.**
- 10 a 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.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>			
	1		
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er	3a		
nd he			
	3b		
B)	3с		
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,	4c		
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	10b	000 5	7) 2040

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				- 3
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
	7 2 3 3 3 3 3 3 3		Yes	No
4	Did the directors, trustoco, or membership of one or more supported organizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Soction	on C. Type II Supporting Organizations	2		
Secur	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the experiencian provide to each of its supported experiencians by the last day of the fifth month of the		Yes	No
ı	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		
	or its supported organizations: if Tes, describe in Fait VI the Fole played by the organization in this regard.	<u>3D</u>		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
- All a large way and a large			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	6		
maintenance of property held for production of income (see instructions)			
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(P) Current Veer
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).	-	• • • • • • • • • • • • • • • • • • • •	· - ·

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	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.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			
			Schedule	A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	€				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	76,767.	118,643.	313,575.	228,144.	4,811.	741,940.
TOTALS	76,767.	118,643.	313,575.	228,144.	4,811.	741,940.

## Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

## Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

**Employer identification number** 

PER SCHOLAS, INC. 04-3252955 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization PER SCHOLAS, INC.

Employer identification number 04-3252955

			04-3252955
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 -		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 -		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization PER SCHOLAS, INC.

Employer identification number 04-3252955

			04 3232733
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12			Person X Payroll

Noncash (Complete Part II for noncash contributions.)

300,000.

\$

Name of organization PER SCHOLAS, INC.

Employer identification number 04-3252955

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>.</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	Page 4						
Name of organization PER SCHOLAS, INC.	Employer identification number						
	04-3252955						
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or							
(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e)							

	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of the contribution of the contributio	ons completing Part III, e year. (Enter this inforn	enter the total o	of exclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	t	(d) Description of how gift is held	
		(e) Transfer of	gift		
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	t	(d) Description of how gift is held	
		(e) Transfer of	gift		
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee	
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	t	(d) Description of how gift is held	
		(e) Transfer of	gift		
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	t	(d) Description of how gift is held	
		(e) Transfer of	gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		

## SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► 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.

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 ur	nder section 501(h)): Co	omplete Part II-A. Do not com	plete Part II-B.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (elect	on under section 501(h	)): Complete Part II-B. Do no	t complete Part II-A.
		on Form 990, Part IV, line 5 (Proxy	Tax) (see separate i	nstructions) or Form 990-E	EZ, Part V, line 35c (Proxy
•	(see separate instructions), ther Section 501(c)(4), (5), or (6) orga				
	e of organization	anzations. Complete Fart III.		Employer ide	ntification number
	R SCHOLAS, INC.			04-3252	
	<u> </u>	organization is exempt under	section 501(c) or		
	•	· · · · · · · · · · · · · · · · · · ·			
1	•	organization's direct and indirect	political campaign a	ctivities in Part IV. (See if	ISTRUCTIONS TO
2	definition of "political campa	•		▶ ¢	
2		xpenditures (see instructions)			
3		campaign activities (see instruction rganization is exempt under			
	•	<u> </u>	. , , , ,		
1	Enter the amount of any exc	cise tax incurred by the organization is tax incurred by organization m	on under Section 495	ion 1055	
2		a section 4955 tax, did it file Form			
_		a section 4955 tax, did it lile Form			
	If "Yes," describe in Part IV.				res _ No
		organization is exempt under	section 501(c) ex	cent section 501(c)(3	<u>,                                      </u>
	<u> </u>	<u> </u>			<u>')·</u>
1		expended by the filing organizatio			
2		ng organization's funds contributed			
2		es			
2		enditures. Add lines 1 and 2. Er			
3	·	enditures. Add illies i and 2. Er		-	
4		e Form 1120-POL for this year?			
5		and employer identification number			
		s. For each organization listed, er			
		tributions received that were pron			
	as a separate segregated fur	nd or a political action committee (	PAC). If additional sp	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				Turius. Il fiorie, effici -0	delivered to a separate
					political organization. If
					none, enter -0
(1)					
			1		
(2)					
			1		
(3)					
_					
(4)					
(5)					
(6)					
			1	1	l .

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

Schedule C (Form 990 or 990-EZ) 2018

Sch	edule C (Form 990 or 990-EZ) 2018	PER SC	HOLAS, I	.NC.		04-3	252955 Page <b>2</b>
Pa	art II-A Complete if the org section 501(h)).	anizati	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α				affiliated group (and excess lobbying expe		ach affiliated group mem	ıber's name,
В	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	ly.	
	Limits (The term "expendit		ying Expendence		)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to in	nfluence	public opini	ion (grass roots lobb	oying)		
	Total lobbying expenditures to in						
С	Total lobbying expenditures (ad	d lines 1	a and 1b) .				
d	d Other exempt purpose expendit	ures			[		
е	Total exempt purpose expenditu	ures (add	l lines 1c an	nd 1d)	[		
f	Lobbying nontaxable amount.	Enter th	e amount f	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a	) or (b) is:	The lobbying	ng nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,6	000,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
_	g Grassroots nontaxable amount	-			_		
h	Subtract line 1g from line 1a. If	zero or le	ess, enter -0				
i Subtract line 1f from line 1c. If zero or less, enter -0-					_		
j	If there is an amount other th			•	Ū		
	reporting section 4911 tax for the						Yes No
				aging Period Under			
	(Some organizations that				=		nns below.
				te instructions for I			
		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a)	2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Control of the contro						
d	d Grassroots nontaxable amount						
е	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 Page 3

Par	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	68		
For	acch "Vee" response on lines to through ti helpy provide in Port IV a detailed	(6	a)		(b	)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo	unt	
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:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X				38	,500
i :	Other activities?						,500
j	Total. Add lines 1c through 1i		Х				,
2a b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	EIII-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ectio	n		
	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						
	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (		rt III- <i>A</i>		3, is	
1	Dues, assessments and similar amounts from members		• • •	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amopolitical expenses for which the section 527(f) tax was paid).	unts	of				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es.		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		- 1				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	-	١ -	4			
_	and political expenditure next year?			5			
5 Par	Taxable amount of lobbying and political expenditures (see instructions)			<u> </u>			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d aro	ın list	)· Part	II-Δ li	nes 1	and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u giot	יוסוי קנ	,, i ait	11 7 1, 11	1103 1	ana
(	· · · · · · · · · · · · · · · · · · ·						
SEE	PAGE 4						

Schedule C (Form 990 or 990-EZ) 2018 Page 4

#### Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1I

PARKSIDE GROUP AGREED TO PROVIDE STRATEGIC GUIDANCE AND CONSULTING SERVICES TO PER SCHOLAS ("PS") ON PUBLIC POLICY ISSUES AFFECTING PS AND RELATING TO FUNDING OF THE CLIENT BY NEW YORK CITY GOVERNMENT AND AGENCIES, AND TO REPRESENT PS BEFORE NEW YORK CITY GOVERNMENT ON ISSUES PREVIOUSLY APPROVED BY THE CLIENT.

## **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PER	SCHOLAS, INC.	04-3252955
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	y other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	f a historically important land area
		f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nearyation ageoments during the year
•	S	inservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(R)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
b	works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	:
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018											Pa	ge <b>2</b>
Pa	rt    Organizations Maintaini	ng Collection	ons of Art	, Histor	rical Tre	asure	s, or	Other	Similar As	sets (c	continue	d)	
3	Using the organization's acquisitio	n, accession	, and othe	r record	ds, check	c any c	of the	follow	ing that are	e a sign	ificant us	se of	its
	collection items (check all that appl	y):											
а	Public exhibition			d	Loan o	or exch	ange	progran	ms				
b	Scholarly research			е	Other								
С	Preservation for future gener	ations											_
4	Provide a description of the organ	ization's col	lections an	nd expla	in how t	hey fu	rther	the org	ganization's	exempt	purpose	in F	Part
	XIII.			·		•		·	_	•			
5	During the year, did the organizatio	n solicit or re	eceive dona	ations of	art, histo	orical tr	easu	res, or	other simila	r			
	assets to be sold to raise funds rath										Yes		No
Pa	rt IV Escrow and Custodial A					3 **							
	Complete if the organiza			on Forn	n 990. F	art IV.	line	9. or r	eported an	amour	nt on For	m	
	990, Part X, line 21.					,		-, -: -					
1a	Is the organization an agent, truste	e. custodian	or other in	termedi	iarv for c	ontribu	tions	or othe	r assets not				
	included on Form 990, Part X?										Yes		No
b	If "Yes," explain the arrangement in	Part XIII an	d complete	e the foll	owing tah	ole:				••• ∟			
-					• · · · · · · · · · · · · · ·					Amount			
С	Beginning balance						1c			- IIII GIIII			
q	Additions during the year						1d						
-	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an amount							etodial	account liah	ility2	Yes		No
	If "Yes," explain the arrangement in											$\vdash$	110
	rt V Endowment Funds.	TT art Am. O	HECK HEIE	ii tiie ex	piariation	nas be	en pi	Ovided	OIT all All	<u></u>	· · · · ·		
га	Complete if the organiza	tion answer	ed "Yes" (	on Forn	n 990 F	Part I\/	line	10					
	Complete ii the organiza	(a) Current		(b) Prior		(c) Tw			(d) Three year	are hack	(e) Four y	ears h	
		(a) Carroni	your	(8) 1 1101	you	(0)	- ,		(a) Timoo you	aro baok	(c) i oui y	0010 0	
_	Beginning of year balance									-			
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships									$\longrightarrow$			
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage	of the curren	it year end	balance	(line 1g,	column	n (a))	held as	:				
а	Board designated or quasi-endowm	ent ▶	%										
b	Permanent endowment	%											
С	Temporarily restricted endowment		%										
	The percentages on lines 2a, 2b, a		•										
3a	Are there endowment funds not in t	the possessi	on of the o	rganiza	tion that	are hel	d and	d admir	nistered for t	ne	-		
	organization by:											es	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	d organization	ons listed as	s require	d on Sch	edule R	₹?				3b		
4	Describe in Part XIII the intended u												
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	iipment.	rod "Voe"	on For	m 000 I	Dart I\/	lino	112	Soo Form (	300 Pa	rt Y line	10	
	Description of property		Cost or othe		(b) Cost of				cumulated		) Book valu		
	1 % 667	(α,	(investmen	it)		ther)			eciation		, 2001. valu		
1 a	Land												
b	Buildings												
С	Leasehold improvements					.70,25			83,308.		2,38		
d	Equipment					69,39			03,788.			5,60	
e	Other					.50,25			45,686.			4,5	
Tota	I. Add lines 1a through 1e. (Column		ual Form 99	00, Part	X, columi	า (B), lir	ne 10	c.)			3,35	7,12	28.

Schedule D (Form 990) 2018 Page **3** 

Part VII	Investments - Other Securities.  Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11b. See Form 990, Part X, li	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value	
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11c. See Form 990, Part X, lin	ne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
_(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, li	ne 15
		scription		ok value
(1)	(a) 20	Compacin	(2) 200	on value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	line 15.)	•	
Part X	Other Liabilities.		), Part IV, line 11e or 11f. See Form 990, Pa	art X,
1.	(a) Description of liability	(b) Book valu	ue l	
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		
		•	·	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

PER SCHOLAS, INC.

Schedule D (Form 990) 2018 Page 4

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n	1 ago 1
ıaıt	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	19,649,031.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e 3	19,649,031.
3	Subtract line 2e from line 1	3	10,010,031.
4 a	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,649,031.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	,	15 054 266
1	Total expenses and losses per audited financial statements	1	15,854,366.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
a	Donated services and use of facilities	-	
b C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	15,854,366.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	-	
c	Add lines 4a and 4b	4c 5	15,854,366.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	13,031,300.
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 PER SCHOLAS, INC. 04-3252955 Page **5** 

## Part XIII Supplemental Information (continued)

PART X, LINE 2:

PER SCHOLAS, INC. (THE "ORGANIZATION") FOLLOWS THE PROVISIONS OF U.S.

GAAP WHICH STATE THAT AN ORGANIZATION MUST RECOGNIZE THE TAX LIABILITY

ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS

MORE LIKELY THAN NOT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION

BY A TAXING AUTHORITY. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY

MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED

ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED

FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS

REQUIRED TO DO SO. ADDITIONALLY, THE OGANIZATION HAS FILED IRS FORM 990

INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN

JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED DECEMBER 31, 2018,

THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT

OF ACTIVITIES.

## **SCHEDULE G** (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

lame of the organization					Employer identification number 04-3252955	
PER SCHOLAS, INC.						
Part I Fundraising Activities				I "Yes" on Form	990, Part IV, line	17.
Form 990-EZ filers are	e not required to comp	lete this p	oart.			
1 Indicate whether the organizati	on raised funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicitations e Solicitation of non-government grant						
b Internet and email solicitations f Solicitation of government					S	
c Phone solicitations	g	Spec	cial fundra	ising events		
d In-person solicitations	_	·		· ·		
2a Did the organization have a wri	itten or oral agreement v	vith any ind	dividual (in	ncluding officers, o	directors, trustees.	
or key employees listed in Fori						Yes No
<b>b</b> If "Yes," list the 10 highest pa						fundraiser is to be
compensated at least \$5,000 b	y the organization.					
		(iii) Did fundraiser have			(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of		(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
		contrib	contributions?		col. (i)	organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
40						
10						
Takal						
Total					has been notified	it is assemble from
3 List all states in which the org registration or licensing.	janization is registered t	or licensed	i to solicit	. contributions of	nas been notilied	it is exempt from
registration of licensing.						

Schedule G (Form 990 or 990-EZ) 2018

Page 2

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts great the second seco	aising event contribut			
		green and green recorpte green	(a) Event #1 JEFFERSONIAN DI (event type)	(b) Event #2 TOSS FOR TECH (event type)	(c) Other events  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue 1		Gross receipts			33,931.	89,865
Rev		Less: Contributions				
	3	Gross income (line 1 minus line 2)		8,417.	9,898.	46,690
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs		4,000.	2,500.	6,500
<b>Direct Expenses</b>	7	Food and beverages	16,446.	2,167.	142.	18,755
Direc	8	Entertainment		200.		200
	9	Other direct expenses	11,929.	2,050.	7,256.	21,235
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		46,690
Pa			anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
-xpenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 8	l	Enter the state(s) in which the org. Is the organization licensed to con	anization conducts ga	ming activities: in each of these state		. Yes No
10 a		Were any of the organization's gaming If "Yes," explain:			uring the tax year?	Yes No

Sched	lule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
		Yes	No
b			
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Nama N		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	No
b			
	or spent in the organization's own exempt activities during the tax year > \$		
Par			
	•		

Schedule G (Form 990 or 990-EZ) 2018

## **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PER SCHOLAS, INC.

Employer identification number 04-3252955

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Tax indemnification and gross-up payments  Health or social club dues or initiation fees  Payments for business use of personal residence  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b 2	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		
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4-		Х
a b	Receive a severance payment or change-of-control payment?	4a 4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of: The organization?	60		X
a b	The organization?	6a 6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			-
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_	v	
9	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	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" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

PER SCHOLAS, INC. 04-3252955

Schedule J (Form 990) 2018 Page 2

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
PLINIO AYALA	(i)	266,438.	26,000.	0.	16,076.	2,878.	311,392.	
1PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
CONSTANTINE LIANOS	(i)	139,829.	7,000.	0.	0.	8,448.	155,277.	0.
_2CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHELLE PULLARO	(i)	162,470.	7,500.	0.	10,198.	0.	180,168.	0.
<b>3</b> CAO	(ii)	0.	0.	0.	0.	0.	0.	0.
CAITLYN BRAZILL	(i)	180,521.	7,500.	0.	10,412.	0.	198,433.	0.
4EVP - DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIDGETTE GRAY	(i)	134,770.	7,500.	0.	8,536.	4,224.	155,030.	0.
5EVP - PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

PER SCHOLAS, INC. 04-3252955

Schedule J (Form 990) 2018 Page 3

## Part || Supplemental Information

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, PART I, LINE 7

BONUS ELIGIBILITY IS BASED ON THE EXTENT THAT EACH EXECUTIVE AND EMPLOYEE

HAS ACHIEVED HIS/HER GOAL. THE EXECUTIVE COMMITTEE OF THE BOARD APPROVES

BOTH CEO AND CFO'S BONUSES.

# 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

2018

Open to Public Inspection

04-3252955

Department of the Treasury Internal Revenue Service

PER SCHOLAS, INC.

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection number

FORM 990, PART I, LINE 7B AND PART V, LINE 3A:

FORM 990-T WAS FILED EXCLUSIVELY TO REPORT QUALIFIED TRANSPORTATION AND PARKING FRINGE BENEFITS UNDER SECTION 512(A)(7) FOR THE PERIOD BEGINNING JANUARY 1, 2018 THRU DECEMBER 31, 2018.

FORM 990, PART VI, SECTION A, LINE 4:

THE ARTICLES OF ORGANIZATION OF PER SCHOLAS WERE AMENDED IN 2018 TO
REWRITE THE "PURPOSE" CLAUSE TO REMOVE ACTIVITIES IN WHICH PER SCHOLAS NO
LONGER ENGAGES AND TO REVISE THE REMAINING WORDING TO BE AS CLEAR AS
POSSIBLE WITHOUT CHANGING THE MISSION OF PER SCHOLAS.

THE BY-LAWS WERE AMENDED IN 2018 AND THE MATERIAL CHANGES WERE TO:

- 1. DELETE THE CAP ON THE SIZE OF THE BOARD;
- 2. DELETE THE TERM LIMITS FOR MEMBERS OF THE BOARD;
- 3. DELETE THE REQUIREMENT THAT THERE BE A VICE CHAIR AND A VICE

PRESIDENT; AND

4. REVISE THE AUTHORITY TO SIGN CONTRACTS SO THAT THE PRESIDENT CAN SIGN ALL CONTRACTS (SUBJECT TO CERTAIN SPECIFIED LIMITATIONS) AND SO THAT THE PRESIDENT CAN DELEGATE SUCH SIGNING AUTHORITY AS THE PRESIDENT DETERMINES.

FORM 990, PART VI, SECTION A, LINE 8B:

COMMITTEES DO NOT KEEP MINUTES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN

CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. DRAFT FORM 990

WAS REVIEWED BY THE ORGANIZATION'S CFO AND THEN PROVIDED TO ALL MEMBERS

OF THE BOARD OF DIRECTORS IN DRAFT VIA ELECTRONIC MAIL, WITH AN

OPPORTUNITY FOR THEM TO COMMENT OR MAKE INQUIRY BEFORE IT WAS FILED WITH

THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT IS AVAILABLE TO
THE EMPLOYEES AND RELATED PARTIES. ANNUALLY, MEMBERS OF THE BOARD AND THE
PRESIDENT AND CEO SIGN THE CONFLICT OF INTEREST FORM AND THE CFO
COLLECTS, REVIEWS AND INFORMS THE PRESIDENT OF ANY CONFLICT. THE CHAIRMAN
OF THE BOARD MONITORS THE ACTIVITY.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE ORGANIZATION USES A COMPENSATION SURVEY AND/OR STUDY IN ORDER TO ESTABLISH COMPENSATION. ONCE ESTABLISHED, THE CEO AND CFO'S COMPENSATION MUST BE APPROVED BY THE BOARD EXECUTIVE COMMITTEE. CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION IS MAINTAINED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2018 Page **2** 

Name of the organization

PER SCHOLAS, INC.

Employer identification number

04-3252955

FORM 990, PART VI, LINE 17 - STATES

CO,

FL, GA, IL, KS, KY, MD, MA, MI,

NJ, NY, NC, OH, PA,

VA,WI,

ATTACHMENT 2

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

GLOBAL CLUSTER NYC CORP ADMIN. SERVICES 161,700.

179 W ROCKS RD NORWALK, CT 06851

THE DOOR-A CENTER FOR ALTERNATIVES EDUCATION SERVICES 122,275.

121 AVENUE OF THE AMERICAS

NEW YORK, NY 10013

F	990-T	E	empt Organization				tur	n	ОМВ	No. 1545-0687
FORM	330 1		(and proxy tax			. ,,	_		C	0040
		For cale	ndar year 2018 or other tax year begin				, 2	°	_	20 18
	tment of the Treasury al Revenue Service	<b>▶</b> Do	► Go to www.irs.gov/Form990 not enter SSN numbers on this form a					V2)	Open to	Public Inspection for ) Organizations Only
A	Check box if address changed	<b>P B</b> 0			me changed and see i		301(0	D Empl	oyer identi	fication number see instructions.)
B Exe	empt under section		PER SCHOLAS, INC.							
X	501(C)(3)	Print	Number, street, and room or suite no. I	f a P.O	. box, see instructions.			04-3	252955	
	408(e) 220(e)	or Type					Ī			ess activity code
	408A 530(a)	Type	804 E 138TH STREET,	2ND	FLOOR			(See i	nstructions.)	
	529(a)		City or town, state or province, country	y, and Z	ZIP or foreign postal co	ode				
	ok value of all assets		BRONX, NY 10454-1903	2						
	end of year		up exemption number (See instruct							
	13,832,914.	<b>G</b> Che	ck organization type 🕨 X 501	(c) co	rporation	501(c) trust		401(a)	trust	Other trust
H E	nter the number of	the orga	nization's unrelated trades or busine	sses.					y (or first)	
	ade or business her					nly one, complete P				e, describe the
	•		end of the previous sentence, cor	nplete	Parts I and II, com	plete a Schedule M f	or eac	h additic	nal	
	ade or business, the									37
	-		corporation a subsidiary in an affili	_		bsidiary controlled gr	oup?		▶∟	Yes X No
			identifying number of the parent co	rporati		elephone number	71	0_001	_ 9.4.0.0	
	he books are in care		or Business Income		(A) Income	<del> </del>			-8400 	(C) Net
			Di Business income		(A) IIICOINE	; (B) E	xpen	562		(C) Net
1a b	Gross receipts or s  Less returns and allowa		<b>c</b> Balance ▶	1 c						
2			ule A, line 7)	2						
3	-		2 from line 1c	3						
4a			ttach Schedule D)	4a						
b			Part II, line 17) (attach Form 4797)	4b						
С	• , , ,		rusts	4c						
5			r an S corporation (attach statement)	5						
6	Rent income (Sch	edule C)		6						
7			come (Schedule E)	7						
8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8						
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						
10		-	ncome (Schedule I)	10						
11			dule J)	11						
12			tions; attach schedule)							
13			ough 12			0.	\			
Pai			Taken Elsewhere (See insti				S.) (E	xcept	for conti	ributions,
			be directly connected with t					T		
14			directors, and trustees (Schedule K)							
15										
16 17								- 1		
18			(see instructions)							
19										
20			See instructions for limitation rules)							
21			4562)		1	1	• • •	- 20		
22	Less depreciation	claimed	on Schedule A and elsewhere on re	eturn	222	a		22k	,	
23										
24			compensation plans							
25			S							
26			Schedule I)							
27			chedule J)							
28			chedule)							
29	Total deductions.	Add line	s 14 through 28					. 29		
30			le income before net operating							
31		-	g loss arising in tax years beginning	-	or after January 1, 2	2018 (see instructions	s)			
3.2	Unrelated business	ce tavahl	a income Subtract line 31 from line	30				22	1	

PER SCHOLAS, INC.

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Par	t III	Total Unrelated Business Taxable	Income						
33	Total o	of unrelated business taxable income com		trades or businesses (	see				
		ons)	•	`		33			
34		s paid for disallowed fringes				34		63,6	501.
35		on for net operating loss arising in to			-	-			
33		ions)				35			
••						35			
36		f unrelated business taxable income before	•					62 6	c 0 1
		33 and 34				36			501.
37	Specific	deduction (Generally \$1,000, but see line 37 in	nstructions for exceptions)			37		Ι,(	000.
38		ed business taxable income. Subtract line							
		e smaller of zero or line 36				38		62,6	501.
Par	t IV	Tax Computation							
39	Organiz	cations Taxable as Corporations. Multiply line 3	8 by 21% (0.21)		. ▶	39		13,1	146.
40	Trusts	Taxable at Trust Rates. See inst	tructions for tax compu	utation. Income tax	on				
	the amo	ount on line 38 from: Tax rate schedule or	Schedule D (Form 1	1041)	.▶	40			
41		ax. See instructions			г	41			
42		ive minimum tax (trusts only)				42			
43		Noncompliant Facility Income. See instructions				43			
44		dd lines 41, 42, and 43 to line 39 or 40, whiche				44		13 1	146.
_			ever applies		• • •	44		10,1	110.
Par		Tax and Payments		1					
	-	tax credit (corporations attach Form 1118; trus							
		redits (see instructions)			-				
		business credit. Attach Form 3800 (see instruct							
		or prior year minimum tax (attach Form 8801 or							
е	Total ci	edits. Add lines 45a through 45d				45e			
46		t line 45e from <u>line </u> 44				46		13,1	146.
47	Other ta	kes. Check if from: Form 4255 Form 8611	Form 8697 Form 88	Other (attach schedu	ıle) ู	47			
48	Total ta	x. Add lines 46 and 47 (see instructions)			[	48		13,1	146.
49		et 965 tax liability paid from Form 965-A or Forr				49			
		its: A 2017 overpayment credited to 2018		1 1					
		stimated tax payments			-				
					-				
		osited with Form 8868			-				
		organizations: Tax paid or withheld at source (s			-				
		withholding (see instructions)			-				
		or small employer health insurance premiums (a		50f					
g	Other ci	edits, adjustments, and payments: Form 24	139						
	F	orm 4136 Other	Total ▶	50g					
51	Total p	ayments. Add lines 50a through 50g				51			
52	Estimat	ed tax penalty (see instructions). Check if Form	2220 is attached			52			
53	Tax due	. If line 51 is less than the total of lines 48, 49,	, and 52, enter amount owed .		. ▶	53		13,1	146.
54	Overpa	yment. If line 51 is larger than the total of lines	48, 49, and 52, enter amount	overpaid	. ▶	54			
55	Enter the	e amount of line 54 you want: Credited to 2019 estir	mated tax	Refunde	ı ▶「	55			
Par	t VI	Statements Regarding Certain Ad	ctivities and Other Inf	ormation (see instru	ctions	<u>.</u>			
56	At any	time during the 2018 calendar year, did					uthority	Yes	No
	•	financial account (bank, securities, or other	•	· ·			· ·		
		Form 114, Report of Foreign Bank and	,			•			
	here ▶	Tom Tit, Roport of Foldigh Bank and	Tinanolai 7.000ame. Ii 100	o, onto the hame of		oroigir (	oounin' j		X
	-					0			X
57	J	the tax year, did the organization receive a distr	, ,	antor of, or transferor to, a	roreig	gn trust?.			
		see instructions for other forms the organization							
<u>58</u>		e amount of tax-exempt interest received or acc		deal for the first of the first	11			. 1	
	tri	nder penalties of perjury, I declare that I have examined to be, correct, and complete. Declaration of preparer (other than tax			the be	est of my l	knowledge a	nd beli	et, it is
Sigr	)   <b> </b>	,		, ,,	Mav	the IRS	3 discuss	this r	eturn
Her	e   🚩 _		<b></b>				ep <u>arer</u> sho		
	S	gnature of officer	Date Title	<del></del>	(see	instructions	)? X Yes	s	No
		Print/Type preparer's name	Preparer's signature	Date 0/0/2010	Check	if	PTIN		
Paid		PAUL HAMMERSCHMIDT	Landanyundhia	<sup>Date</sup> 9/9/2019		nployed	P0138	3417	8
	arer	Firm's name ▶ BDO USA, LLP	1				3-5381	590	
Use	Only	Firm's address ▶ 100 PARK AVENUE, N	IEW YORK, NY 10017-				-885-8		

04-3252955

PER SCHOLAS, INC.

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Schedule A - Cost of Go	ods Sold. Er	ter method					
1 Inventory at beginning of y	-				ar	6	
2 Purchases			7 Cost of	goods so	ld. Subtract line		
3 Cost of labor	3				iter here and in		
4a Additional section 263A co			Part I, lin	e2		7	
(attach schedule)	4a		8 Do the	rules of	section 263A (v	vith respect to Yes No	
<b>b</b> Other costs (attach schedu	· —				or acquired for		
5 Total. Add lines 1 through			to the or	ganization? .		N/A	
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal Propert	y Leased V	Vith Real Prope	rty)	
(see instructions)							
1. Description of property							
<u>(1)</u>							
(2)							
(3)							
(4)							
	2. Rent recei	ved or accrue	ed				
(a) From personal property (if the for personal property is more the more than 50%)		percenta	age of rent for personal prope	al and personal property (if the rent for personal property exceeds rent is based on profit or income)  3(a) Deductions directly connected with the incommendation columns 2(a) and 2(b) (attach schedule)			
(1)							
(2)							
(3)							
(4)							
Total		Total					
(c) Total income. Add totals of co					(b) Total deduction Enter here and or Part I, line 6, coluit	n page 1,	
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructions)				
			2. Gross income from or	3. [		nnected with or allocable to	
1. Description of deb	t-financed property		allocable to debt-financed	(a) Straig	ht line depreciation	ced property (b) Other deductions	
			property		ich schedule)	(attach schedule)	
(1)							
(2)							
(3)							
(4)							
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average adju- of or alloca debt-financed (attach sche	ble to property	<b>6.</b> Column 4 divided by column 5		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			9	6			
(2)			9	6			
(3)			9	6			
(4)			9	6			
Totals					re and on page 1, ne 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).	
Total dividends-received deducti					<b>.</b>		

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Schedule F-Interest, Ann	uities, Royalties	, and Ren	ts From C	Contro	lled Or	ganizat	i <b>ons</b> (see	instruction	ons)	
		Exen	npt Contro	lled Or	ganizatio	ons				
Name of controlled organization	2. Employer identification number		et unrelated ir s) (see instruc			of specified	included	f column 4 the in the control ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruct			of specifients made		includ	rt of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals				or (17	<b>.</b> ) Orga	Enter Part I	columns 5 a here and on , line 8, colui	page 1, mn (A).	Ent	ld columns 6 and 11. er here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of	income	di	3. Deduction of the contract o	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
<u>(1)</u>										
(2)										
(3)										
(4)										
Totals ▶	Enter here and of Part I, line 9, co									Enter here and on page 1, Part I, line 9, column (B).
Schedule I-Exploited Ex		come, Oth	er Than A	Advert	ising In	come (s	see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expendirectly connected production unrelated business in	ses y from or lifed of life	Net incorm unrelated business minus colar a gain, colars. 5 through	ne (loss) ted trade (column lumn 3). ompute	5. Gros from ac	s income tivity that unrelated ss income	6. Expe	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Paline 10, co	art I,							Enter here and on page 1, Part II, line 26.
Schedule J- Advertising I		uctions)								
Part I Income From Per			onsolidat	ed Bas	sis					
										T
1. Name of periodical	2. Gross advertising income	3. Dire advertising	ct ga costs 2	4. Advertain or (los minus con gain, con cols. 5 through the cols.	ss) (col. ol. 3). If mpute		culation ome	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

2 tillough 7 on a	illic by liftc basi	3.)				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio		irectors, and Tr	ustees (see instr	ructions)	•	•
1. Name		2. Title		3. Percent of time devoted to business	4. Compensatio unrelated	
(1)				%		
(2)				%	<u> </u>	

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%

%

(3)

(4)

Total. Enter here and on page 1, Part II, line 14