2010911401

		•	23	490	リイグ ひ 4	OMB No. 1545-0047
. Form	<sup>2</sup> 99	0	Return of Organization Exempt From Incor	ne Tax		
(Dou	lanu on i	2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (excep	t neivata fa	endatione)	2019
Iven	January :	2020)	► Do not enter social security numbers on this form as it may be m			Open to Public
-	ment of the il Revenue	a Treasury	► Go to www.irs.gov/Form990 for instructions and the latest info		MILL	Inspection
			year, or tax year beginning 01-01 , 2020, and er		06-30	
-	heck if app		C Name of organizationPartners Achieving Community Transformat		1	ientification number
	ddress cha		Doing business as		1	-4290005
$\overline{\Box}$	lame chang	-	Number and street (or P O box if mail is not delivered to street address) Room	suite	E Telephone n	
$\overline{}$	nual return	_	11 Taylor Avenue		1 '	14) 247-8037
=		terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross recen	
_	mended re		Columbus, OH 43203		s	682,458
	pplication (	pending	F Name and address of principal officer	H(a) is this a	group return for subo	
-				H(b) Are all	subordinates inclu	xded? 🔲 Yes 📗 No
l T	ax-exempt	status X 501	(c)(3)	If "No."	* attach a list. (seo	instructions)
J W	Vebsite:	eastp	act.org	H(c) Grou	р екет <i>рі</i> юл питі	er 🕨
K F	orm of org	anezation X Cor	poration ☐ Trust ☐ Association ☐ Other ► L. Year of formation 2	013 4	State of legal dom	scilie: OH
Par	t I	Summary				
	1 E	Briefly describe	the organization's mission or most significant activities: Partners Acheivi	ng Commu	unity Tran	sformation
	P	rovides er	nhancement to the near eastside of Columbus, Ohio thr	ough fiv	re core ar	eas including
Activities & Governance	į	obs and ed	conomic impact, safe, vibrant accessible neighorhoods	, health	and well	ness,
Ē			and housing.			<del></del>
Š	2 0	Check this box •	If the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations.	<del>f-its-net</del> jasse	ets.	
<b>4</b>			g members of the governing body (Part VI, line 1a) KECEIVEL	<u>)   </u>	. 3	
es B	ł	-	pendent voting members of the governing body (Part VII line 1b)	- ၂၀၂	. 4	
Ī			individuals employed in calendar year 2019 (Part V, line 22) volunteers (estimate if necessary)		. 5	5_
₽	1		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		- 6	
	1		ousiness revenue from Part VIII, column (C) line 17	₩.	. 7a	0
	1 6 7	let unrelated bu	usiness taxable (noome from Form 990-T, lir		<u>. j 7b</u>	0
$\sim$	۱.,	`antabutinaa aa	d cents (Part VIII) line 1h)	Prior Year	4,807	Current Year
2 5 202? Revenue	1		d grants (Part VIII, line 1h)	1,34	, 807	<u>676,728</u> 0
2.0	1	-	ne (Part VIII, column (A), lines 3, 4, and 7d)			0
12 \$	•		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 :	2,371	5,730
	1		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,178	682,458
APR	<del></del>		ar amounts paid (Part IX, column (A), lines 1-3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0
⋖			or for members (Part IX, column (A), line 4)			0
Ü			ompensation, employee benefits (Part IX, column (A), lines 5-10)	41	7,715	169,631
哭 ff			draising fees (Part IX, column (A), line 11e)	· · · · · · · · · · · · · · · · · · ·		0
Z	L.		expenses (Part IX, column (D), line 25)   0			
SCANNEI Expenses	17 C	Other expenses	(Part IX, column (A), lines 11a-11d, 11f-24e)	450	5,135	380,558
$\widetilde{\mathcal{S}}$	18 T	otal expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)	87:	3,850	550,189
	19 F	levenue less ex	penses Subtract line 18 from line 12	683	3,328	132,269
58			Во	ginning of Curr	ent Year	End of Year
age ts	20 T	otal assets (Pa	rt X, line 16)	4,565	5,242	4,827,437
Net Assets or Fund Balances	21 T	otal liabilities (F	Part X, (ine 26)	12:	5,397	230,651
<del>,</del>			nd balances. Subtract line 21 from line 20	4,439	845	4,596,786
Par		Signature		<del></del>		
Under	penalties onect, and	of penery, doctore of covering	that I have examined this repum, including accompanying afriadules and statements, and to the best of my kind of preparer (other they insceed to the desire), all internal on which preparer has any knowledge	owledge and be	hef, n is	,
	1.	11/1			5/	17/2021
C:		· CKW	IN I		101	1 / 1///
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n-:-				Check	<b>□</b> "	00024720
Paid	2000	Ineodore (	W Johnson CPA 05-17-2021	sell-em	poyer P	00024730

.. 🔀 Yes 🗌 No Form 990 (2019)

Phone no.

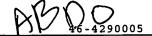
Use Only Firm's address ▶

585 S Ffont St Columbus OH 43215

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2019) Partners Achieving Community Transformation Inc	46-4290005	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission		
	Partners Acheiving Community Transformation provides enhancement to the near	eastside of	
	Columbus, Ohio through five core areas including jobs and economic impact, s		
	accessible neighorhoods, health and wellness, education and housing.	·	
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	□ Yes 🔽	No
	If "Yes." describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	Services?	∏ Vas [v]	No
	If "Yes," describe these changes on Schedule O	L 163 kg	110
	•	ad bu	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to continuous cont		
		mers,	
	the total expenses, and revenue, if any, for each program service reported		
	/O. I		170 \
4a	(Code) (Expenses \$206,892 including grants of \$) (Revenue		1/8)
	Partners Acheiving Community Transformation provides enhancement to the near		
	Columbus, Ohio through five core areas including jobs and economic impact, s	are, vibrant	
	accessible neighorhoods, health and wellness, education and housing.		
			<del></del>
		<del></del>	
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
4d	Other program services (Describe on Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 206,892	-	



# 9) Partners Achieving Community Transformation Inc Checklist of Required Schedules Form 990 (2019) Part IV C

	TIV Oncernist of frequired conseques		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<b> </b>		A
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۰		
	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
,	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
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
)	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
)	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
	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 Schodulo 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			
	, , , , , , , , , , , , , , , , , , ,	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	l		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	145		v
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u> </u>
а	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		x
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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
	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		х
	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		х
•	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		х
	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
	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			Х
) a	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	<b></b>	
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		9 <b>90</b> (2	X X

			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		х
24a	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		<u> </u>
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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?	256		
00	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
2,	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			ـــا
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	[		
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>x</u> _
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	Ť	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		١
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		
0.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> x</u>
34	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<i>.</i>		oxdot
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	· · · · · · · · · · · · · · · · · · ·			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	<del></del>		
	reportable gaming (gambling) winnings to prize winners?	1c		X (X
FFA		⊢orm	990 (	2019)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.......... x h 2b Did the organization have unrelated business gross income of \$1,000 or more during the year?....... За За х 3b b 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 x 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) x 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . . . . 5b х h C 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? х If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6b 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 7a Х 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с 7е 7f Х 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 Sponsoring organizations maintaining donor advised funds. 9 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . . . . . . . b Section 501(c)(12) organizations. Enter 11 Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 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. Is the organization licensed to issue qualified health plans in more than one state? 13a а Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . . 14h b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N

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

If "Yes," complete Form 4720, Schedule O

16

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O			ĺ
b	Enter the number of voting members included in line 1a, above, who are independent			1
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		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
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		х
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ĺ
	the year by the following			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			l
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990		<u></u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<b> </b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			İ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
þ	Other officers or key employees of the organization	15b	X	<b></b> -
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ĺ
	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		L
	tion C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed ► Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website  Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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 records			

Patrick Roberson (614)247-8037, 211 Taylor Avenue, Columbus, OH 43203

Eorm	aan	(2019)	

Partners Achieving Community Transformation Inc

46-4290005

Page 7

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

See instructions for the order in which to list the persons above

Check this box if field let the organization flor any rela-	lou organizat		рол.			, ca	1	0001, 000101, 01			
		(C) Position (do not check more than one box, unless person is both an hours officer and a director/trustee)									
(A)	(B)							(D)	(E)	(F)	
Name and title	Average							Reportable	Reportable	Estimated amount	
								compensation	compensation	of other	
	per week							from the organization	from related organizations	compensation from the	
	(list any hours for	or c	Ins	Office	<u>.</u>	ᆲ	다	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and	
	related	direc	i i	GE	9	hest	Former	,		related organizations	
	organizations	Individual trustee or director	Institutional trustee	ŀ	сеу етріоуев	e S					
	below	uste	trus		8	þen					
	dotted fine)	6	ee			Highest compensated employee					
						٣					
					ı						
(1) Christopher Culley	1.00										
Trustee		х						0	0	0	
(2) Elizabeth Seely	1.00										
Board Chair		х		х				0	0	0	
(3) Larry Price	1.00						ŀ				
Trustee		х		_				0	0	0	
(4) Patrick Roberson	1.00										
Treasurer		х		х				0	0	0	
(5) Erin Prosser	1.00										
Secretary		х		х				0	0	0	
(6) Keith Myers	1.00										
Trustee		х						0	0	0	
(7) Lela Boykin	1.00										
Trustee		х						0	0	0	
(8) Jonathen Moody	1.00					İ					
Trustee		х						0	0	0	
(9) Autumn Glover	16.00					i	- 1				
President				х				0	0	0	
(10)							ŀ				
(11)											
(12)							ŀ				
<u>(13)</u>											
(14)											
	1			- 1							

(A) Name and title		officer and a director/trustee)				s both ar	n Reportable compensation from the		(E) Reportable compensation from related		(F) Estimated amount of other compensation		
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nization	and
											<u></u>		
	<b>-</b> -				-						<del></del>		
										ı			
								:					
				l			i						
						-							
							-						
•							-	0	<del>-</del> -	0	-		0
Total number of individuals (including but not limit	ed to those li								of	'			
reportable compensation from the organization	<u> </u>											Yes	No
•						-		•					
• •											3		X
•	•	•					-						
											4		x
	s," complete	Sched	ule J	for	suci	h pers	on				5		Х
	ted independ	ent co	ntrac	tors	that	recer	ved	 more than \$100.00	0 of				
•	· · · · · · · · · · · · · · · · · · ·									year			
(A) Name and business addres	s							(B) Description of service	es		(C) Compens	ation	
	<del></del> -												_
													· -
								. <del>-</del>					
Total number of independent contractors (including received more than \$100,000 of compensation from	-		thos∈ ►	e list	ed a	above)	wh	0					
	Subtotal  Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)  Total number of individuals (including but not limit reportable compensation from the organization of the organization and related organizations greater the individual is the sum of reorganization and related organizations greater the individual is the organization of the organization and related organizations greater the individual is the organization of	Name and title  Average hours per week ((ist any) hours for related organizations below dotted line)  Subtotal  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those li reportable compensation from the organization  For any individual listed on line 1a, is the sum of reportable cor organization and related organizations greater than \$150,000 individual .  Did any person listed on line 1a receive or accrue compensation for services rendered to the organization? If "Yes," complete con B. Independent Contractors  Complete this table for your five highest compensated independ compensation from the organization Report compensation for 1 (A)  Name and business address	Name and title  Average hours between the first any hours for related organizations below dotted line)  Subtotal  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Did the organization list any former officer, director, trustee, key ememployee on line 1a? If "Yes," complete Schedule J for such individes organization and related organizations greater than \$150,000? If "Y individual".  Did any person listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Y individual".  Did any person listed on line 1a receive or accrue compensation from the organization? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from the organization? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from the organization? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from the organization? If "Yes," complete Schedule J for such individual.  Name and business address  Total number of independent Contractors  Complete this table for your five highest compensation for the call (A)  Name and business address	Name and title  Average hours a per week (last any) hours for related organizations below dotted line)  Subtotal  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above reportable compensation from the organizations preater than \$150,000? If "Yes," individual.  Did any person listed on line 1a, is the sum of reportable compensation organization and related organizations greater than \$150,000? If "Yes," individual.  Did any person listed on line 1a receive or accrue compensation from any for services rendered to the organization and related organization and related organization and related organization in Report compensation from the organization Report compensation for the calendar (A)  Name and business address  Total number of independent contractors (including but not limited to those instead to those instead on the calendar (A)  Name and business address	(a) Name and tills    Average hours per week (stat any hours for related organizations below dotted line)   Average hours for related organizations below dotted line)   Average hours for related organizations below dotted line)   Average hours for related organizations below dotted line)   Average hours for formal f	(A) Name and title Name and business address Name and business address  Total number of independent contractors (including but not limited to those listed at year of the calendar year of th	(A) Name and title  Name and	(A) Name and title N	Name and title    Column   Col	(a)  Name and little  N	(A) Name and site    A versige   Possion   South management   South ma	(A) Name and title Na	A compared to the Name and title  A compared to the Name and to the Name and title  A compared to the Name and title  A compared to the Name and title  A compared to the Name and title to the Name and the to compensation from the organization and related org

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Revenue excluded Related or exempt Unrelated from tax under function revenue business revenue sections 512-514 1a Federated campaigns . . . . . . . 1b b Membership dues . . . . . . . . . . . Contribucions, Gifts, Grants and Other Similar Amounts 1c c Related organizations . . . . . . . . 1d Government grants (contributions) . . 1e 651,228 All other contributions, gifts, grants, and similär amounts not included above 1f 25,500 Noncash contributions included in lines 1a-1f . . . . . . . . . . . . . . . . . 1g 676,728 **Business Code** 2a Program Service Revenue f All other program service revenue . . . . . . g Total. Add lines 2a-2f . . . . . . . Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds Royalties . . . . . . . . . 6a Gross rents . . . . . 6a <u>5,</u>730 b Less rental expenses . . 6b 5,730 c Rental income or (loss) 6c 5,730 d Net rental income or (loss) 5,730 (ii) ( )ther (i) Securities 7a Gross amount from sales of assets other than inventory 7a **b** Less cost or other basis and sales expenses . . 7b Other Revenue c Gain or (loss) . . . . . . 7c d Net gain or (loss) . . . . . . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . . . . . Хb c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 . . . . . . 9a 9b **b** Less direct expenses . . . . . . . . c Net income or (loss) from gaming activities 10a Gross sales of inventory, loss returns and allowances . . . . . . . . . . . . 10b **b** Less cost of goods sold . . . . . . . c Net income or (loss) from sales of inventory . . . **Business Code** liscellanous Revenue d All other revenue . . . . . . . . . . . . . . . . 682,458 5,730 0

### 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 line in this Part IX	<u> </u>	<u> </u>	<b>x</b>
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants-and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and			1	
	foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u></u> -
7	Other salaries and wages	130,674	111,249	19,425	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	38,957	33,333	5,624	
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				
b	Legal	5,499		5,499	
С	Accounting	7,831		7,831	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .		· · · · · · · · · · · · · · · · · · ·		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	314,041	314,041		
12	Advertising and promotion	7,597	7,597		
13	Office expenses	5,081	2,090	2,991	
14	Information technology				
15	Royalties				
16	Occupancy	5,856	5,856		
17	Travel	1,155	1,155		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25		25	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	- 470		1 000	
23	Insurance	7,479	5,577	1,902	
24	Other expenses memize expenses not covered		,		
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	25 424	25 404		
a		25,494	25,494		
b	Contributions & Sponsorships	500	500	+	
C			-		
d	All other constant				
е	All other expenses				<u> </u>
25 26	Total functional expenses. Add lines 1 through 24e	550,189	506,892	43,297	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► If				
	following SOP 98-2 (ASC 958-720)				

Page 11

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1,015,096 1 735,701 1 2 2 , Savings and temporary cash investments 3 403,224 3 757,750 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . . . 6 7 Assets 8 9 8,005 9 4,643 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . . . 10a Less accumulated depreciation . . . . . . . . . . . . . . . . 10b 10c 11 11 12 12 13 13 14 14 3,138,917 15 15 3,329,343 Total assets. Add lines 1 through 15 (must equal line 33) . . . . . . . . . . . . . . . 16 4,565,242 16 4,827,437 125,397 17 17 230,651 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . 21 22 Loans and other payables to any current or former officer, director, iabilities. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 125,397 26 230,651 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 <u>4,596,</u>786 27 4,439,845 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 32 4,596,786 4,439,845 32 33 4,565,242 4,827,437

orm	990 (2019) Partners Achieving Community Transformation Inc 4	6-4290005	<u> </u>	Pa	age 12
Par	TXI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u>.</u>		<u>. 🖳</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		682,	458
2	Total expenses (must equal Part IX, column (A), line 25)	2		550,	189
3	Revenue less expenses Subtract line 2 from line 1	3		132,	269
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	439,	845
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,	572,	114
Par	t XII Financial Statements and Reporting				
	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				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		x
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				}
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				*******************
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O	ļ			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ľ			
Va	Single Audit Act and OMB Circular A-133?		За		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	}			<b>-</b>
U	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such audits		3b		

EEA

Form **990** (2019)

### SCHEDULE A

## **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.

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Open to Public Inspection

Employer identification number Partners Achieving Community Transformation Inc 46-4290005 -Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b 📙 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E) Total

46-4290005

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support										
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total				
1		_									
	membership fees received. (Do not										
	include any "unusual grants.")	852,386	1,924,793	2,720,548	1,631,630	1,544,807	8,674,16 <u>4</u>				
2	Tax revenues levied for the	-									
	organization's benefit and either paid										
	to or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to the										
	organization without charge										
4	Total. Add lines 1 through 3	852,386	1,924,793	2,720,548	1,631,630	1,544,807	8,674,164				
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)						3,900,774				
6	Public support. Subtract line 5 from line 4		L.			•	4,773,390				
Se	ction B. Total Support										
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
7	Amounts from line 4	852,386	1,924,793	2,720,548	1,631,630	1,544,807	8,674,164				
8	Gross income from interest, dividends,										
	payments received on securities loans,										
	rents, royalties and income from										
-	sımılar sources										
9	Net income from unrelated business										
	activities, whether or not the business										
	is regularly carried on										
10	Other income Do not include gain or										
	loss from the sale of capital assets										
	(Explain in Part VI)			8,950	18,325	12,371	39,646				
11	Total support. Add lines 7 through 10			14	, ,	*	8,713,810				
	Gross receipts from related activities, etc. (se					12					
13	First five years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fift	h tax year as a	a section 501(c	)(3)				
	organization, check this box and stop here		<u></u>			<u> </u>	▶ 🗌				
Se	ction C. Computation of Public Suppor	t Percentage	9								
14	Public support percentage for 2019 (line 6, c	olumn (f) dıvıdı	ed by line 11, c	olumn (f))		14	54. <u>78 %</u>				
15	Public support percentage from 2018 Sched	ule A, Part II, Iı	ne 14			15	70.36 %				
16a	33 1/3% support test - 2019. If the organiza	ition did not ch	eck the box on	line 13, and lir	ne 14 is 33 1/3	% or more, che	ck this				
	box and stop here. The organization qualified										
t	33 1/3% support test - 2018. If the organiza	ition did not ch	eck a box on li	ne 13 or 16a, a	ind line 15 is 3	3 1/3% or more	e, check				
	this box and stop here. The organization qu										
17a	10%-facts-and-circumstances test - 2019.	If the organiza	ition did not ch	eck a box on lii	ne 13, 16a, or	16b, and line 1	4 is				
	10% or more, and if the organization meets t	he "facts-and-o	circumstances'	' test, check thi	s box and <b>sto</b>	<b>p here.</b> Explaın	ın				
	Part VI how the organization meets the "facts	s-and-circumst	ances" test. Th	ne organization	qualifies as a	publicly suppor	ted				
	organization						▶ 🔲				
t	o 10%-facts-and-circumstances test - 2018.	If the organiza	ition did not ch	eck a box on lii	ne 13, 16a, 16	b, or 17a, and I	ine				
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.										
	Explain in Part VI how the organization meet						ıcly				
	supported organization										
18	Private foundation. If the organization did n	ot check a box	on line 13, 16	a, 16b, 17a, or	17b, check the	is box and see					
	instructions						<b>-</b>				

46-4290005

Schedule A (Form 990 or 990-EZ) 2019 Partners Achieving Community Transformation Inc

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

Га	(Complete only if you checked the					to qualify u	nder Part II
	If the organization fails to qualify						idei Fait II.
<u></u>		diluer the te	sts listed bei	ow, piease co	ompiete Fait	<u>)                                 </u>	
	ction A. Public Support	(a) 001E	(h) 0016	(-) 0017	(4) 2019	(-) 2010	(f) Total
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) 2019	(1) 10tai
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 fumished 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			/	1		
6	Total. Add lines 1 through 5		•				
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	ction B. Total Support						·
Cal	endar year (or fiscal year beginning in)▶ │	(a) 2015 /	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						<del>                                     </del>
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			l <u> </u>			140
14	First five years. If the Form 990 is for the or	_					
	organization, check this box and stop here			<u> </u>	<u> </u>	<u> </u>	<u></u>
	ction C. Computation of Public Suppor					1.5	
	Public support percentage for 2019 (line 8, c					15	<u>%</u>
	Public support percentage from 2018 Sched			<u> </u>		16	<u>%</u>
	ction D. Computation of Investment Inc				(0)	47	
	Investment income percentage for 2019 (line					17	<u>%</u>
	Investment income percentage from 2018 Sc					18	%
19a	33 1/3% support tests - 2019. If the organiz						
_	17 is/not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	ot check a box	on line 14, 19	a, or 19b, che	ck this box and	see instructio	ns ▶ <u></u>

#### 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 S	Supporting	Organizations
------------------	------------	---------------

Sect	tion A. All Supporting Organizations			
	•		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			Ì
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>		
	(b) and (c) below.	За		
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	ł		
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	75		<del> </del>
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used	ł		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
F-	purposes  Pud the exceptration add substitute or remove any supported exceptrations during the tay year? If "Yes "	40		_
эa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1		,
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (III) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		<u> </u>
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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	]		
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		L
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	<b></b>		
	supporting organizations)? If "Yes," answer 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

3 Parent of Supported Organizations Answer (a) and (b) below.

EEA

trustees of each of the supported organizations? Provide details in Part VI.

За

46-4290005

Schedule A (Form 990 or 990-EZ) 2019 Partners Achieving Community Transformation Inc

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year	
1 Net short-term capital gain	1		(optional)	
Net short-term capital gain     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				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7	······································		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Adjusted Net Income (Subtract lines 5, 0, and 7 from line 4)		·	(B) Current Year	
Section B - Minimum Asset Amount		(A) Prior Year	(optional)	
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 Part VI)				
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	
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	<del></del>		
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-functionally	integra	ited Type III supporting	organization (see	

ched	ule A (Form 990 or 990-EZ) 2019 Partners Achieving Commun			0005 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	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 respons	sive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019	:		
	(reasonable cause required - explain in Part VI). See			
	Instructions			···
	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
_	From 2017		·	
	From 2018			~
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
_i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from	'		
	Section D, line 7:			, , ,
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2. For result		į	
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7.	1		

a Excess from 2015 **b** Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Part VI	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.)
	•
_	
-	
<del> </del>	
- <u>.</u>	
<u></u> .	
<del></del>	

### **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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer identification number
Par	ners Achieving Community Transformation	Inc	46-4290005
Pa	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" or		
		(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 w	rriting that the assets held in donor advised	
	funds are the organization's property, subject to the organizat		
6	Did the organization inform all grantees, donors, and donor ac		
	only for charitable purposes and not for the benefit of the done		
	conferring impermissible private benefit?		
Pa			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation casements held by the organization		
	Preservation of land for public use (e.g., recreation or edi		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the form of a co	onservation
_	easement on the last day of the tax year		Held at the End of the Tax Year
а	•		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
ď	Number of conservation easements included in (c) acquired a	· ·	
_			2d
3	Number of conservation easements modified, transferred, rele		· · · · · · · · · · · · · · · · · · ·
	tax year ▶		, <u>.</u>
4	Number of states where property subject to conservation eas	ement is located ▶	
5	Does the organization have a written policy regarding the peri		
-	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		ion easements during the year
•	<b>▶</b>		,
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation e	easements during the year
·	<b>▶</b> \$		and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	·	
	organization's accounting for conservation easements	<b></b>	
Pa	t III Organizations Maintaining Collections	of Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 95		palance sheet works
	of art, historical treasures, or other similar assets held for public		
	service, provide, in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		nce sheet works of
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items		,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
-	following amounts required to be reported under FASB ASC:	_	in, provide tile
_		<u> </u>	<b>&gt;</b> \$
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<del>-</del> . <del>-</del> . <del>-</del> . <del>-</del>

Sched	ule D (Form 990) 2019 Partners Achiev					46-4290		Page 2
Par	t III Organizations Maintaining	Collections of	Art, Historical	Treasures,	or Ot	her Similar As	sets (co	ntınued)
3	Using the organization's acquisition, accessio	n, and other records,	check any of the fol	llowing that ma	ike signi	ficant use of its		
	collection items (check all that apply)							
а	Public-exhibition		<b>d</b> 🗌 Loar	n or exchange	program	s		
b	Scholarly research		c 🗌 Otho	er				
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further the	organization's	exempt	purpose in Part		
	XIII	•	•	J	•			
5	During the year, did the organization solicit or	receive donations of	art, historical treasu	ures, or other s	ımılar			
	assets to be sold to raise funds rather than to						. Tyes	□No
Par	t IV   Escrow and Custodial Arra		<b>y</b>					
	Complete if the organization a		on Form 990. P	art IV. line	9. or re	eported an amo	ount on Fo	orm
	990, Part X, line 21.		, ·	<b>,</b>	-,			
1a	Is the organization an agent, trustee, custodian	n or other intermedia	ry for contributions of	or other assets	not			
							TYes	□No
b	If "Yes," explain the arrangement in Part XIII a							
-	Too, explain the arrangement of account		·····g			Am	ount	
С	Beginning balance				. 1c			
d	Additions during the year							
e	Distributions during the year							
f	Ending balance							" "
2a	Did the organization include an amount on For						☐ Yes	No
	If "Yes," explain the arrangement in Part XIII							
	t V Endowment Funds.	CHOCK HOLD II LID CA	pianation nas soon p	21011000 0111 0				
	Complete if the organization a	answered "Yes"	on Form 990. P	Part IV. line	10.			
	Complete ii iiio organization (	(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Four y	pars hack
1a	Beginning of year balance	(a) Content year	(b) Thoryear	(c) Two years	Juck	(a) Times years back	(0) 1 007 9	cars back
b	Contributions	-					<del>-  </del>	
	Net investment earnings, gains, and						<del></del>	
·	losses							
d	Grants or scholarships		<del>                                     </del>	-				
•	Other expenditures for facilities and							
C	programs							
f	Administrative expenses							
-	End of year balance							
g 2	Provide the estimated percentage of the curre	nt year and halance	(line 1e, column (a))	held as				
	Board designated or quasi-endowment	•		, riela as				
a b								
_	Term endowment ▶ %	<b>'0</b>						
С	The percentages on lines 2a, 2b, and 2c should	d equal 1000/						
За	Are there endowment funds not in the posses	•	tion that are hold are	d administered	for the			
Jä	•	osion of the Organizal	non that are new and	a aurimistereu	ioi iiie		Γ <sub>1</sub>	res No
	organization by (i) Unrelated organizations						. 3a(i)	ES NO
	**						. 3a(i)	<del> </del>
_	(ii) Related organizations						<del>- ` ' -</del>	<del></del> -
b		· ·					30	
Par	t VI Land, Buildings, and Equip		willent jurius			·		
ral	Land, Buildings, and Equip Complete if the organization a		on Form 000 B	Part IV line	112 F	ee Form 000 [	Part Y lin	o 10
				l.				
	Description of property	(a) Cost or oth		or other basis (other)		Accumulated epreciation	(d) Book	raiue
	Lond	,		(3.1.4.)				
1a	Land	<u> </u>						
b	Buildings	• •	_					
C	Leasehold improvements	• •			<del>-</del>			
d	Equipment				-			<del></del>
<u>e</u>	Other		-1 V (D) 1	- 10-1				
Tota	l. Add lines 1a through 1e (Column (d) must	equai ⊢orm 990, Pai	π x, column (B), line	e iuc ,		▶		

Dart VII	Investments -	Other Securities

	Complete if the organization answere	u 165 OII FOI				<del></del>
	(a) Description of security or category (including name of security)		(b) Book va	alue		Method of valuation end-of-year market value
(1) Financial	derivatives					
(2) Closely-he	eld equity interests					
(3) Other					_	
(A)						
(B)		·				
(C)						
(D)		_				
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12	2) ▶		1		
Part VIII	Investments - Program Related.		•	<del></del>		
	Complete if the organization answere	d "Yes" on For	m 990, Par	t IV, line 11d	c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book va	alue		Method of valuation
			ļ		Cost or	end-of-year market value
(1)						
(2)						
(3)		<del>_</del>				
(4)						
(5)						
(6)						
(7)						
(9)						<del></del>
	n (b) must equal Form 990, Part X, col (B) line 13	3) ▶	i			
Part IX	Other Assets.					
	Complete if the organization answere	d "Yes" on For	m 990, Par	t IV, line 110	d. See Form	990, Part X, line 15.
	<del></del>	escription				(b) Book value
	Held for Future Development					3,328,49
(2)Deposi	ts					85
(3)			,			
_(4)						
(5)						
(6)						
(7)						
(8)						
<b>(9)</b>						
	n (b) must equal Form 990, Part X, col (B) line 15	5 <i>)</i>	<u></u>		<u></u> ▶	3,329,34
Part X	Other Liabilities.					
	Complete if the organization answere	d "Yes" on For	m 990, Par	t IV, line 11e	e or 11f. See	Form 990, Part X,
	line 25.			1		
1.	(a) Description of liability	(b) Book	value			
(1) Federal	income taxes					
(2)				]		
(3)						
(4)						
(5)						
(6)						,
(7)				1		
(8)	-			1		
(9)				1		
	(b) must equal Form 990, Part X, col (B) line 25). ▶			1		
	uncertain tax positions In Part XIII, provide the te	xt of the footpote t	o the organizat	tion's financial s	statements that	reports the
	liability for uncertain tax positions under FASB AS					
	nability for discontain tax positions disder 1 AOD AO	O 140 OHGOR HEI	o in this toxt of t		- Jos. i provided	Schedule D (Form 990) 20:

Reconciliation of Revenue per Audited Financial Statem			er Ret	urn.
Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			1	I
	• • •		<b> -</b>	
Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا مد ا	I		
Net unrealized gains (losses) on investments	2a		$\dashv$	
Donated services and use of facilities	2b		-	
Recoveries of prior year grants	2c		-	
Other (Describe in Part XIII )	2d		<del> </del> -	
Add lines 2a through 2d			2e	
Subtract line 2e from line 1	 I		3	
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	4a		4	
Other (Describe in Part XIII)	4b		<del> </del>	
Add lines 4a and 4b			4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	<u> </u>
XII Reconciliation of Expenses per Audited Financial State			s per l	Return.
Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.		ı
Total expenses and losses per audited financial statements			1	
Amounts included on line 1 but not on Form 990, Part IX, line 25		•		
Donated services and use of facilities	2a		4	
Prior year adjustments	2b		_	
Other losses	2c		_	
Other (Describe in Part XIII)	2d		J	
Add lines 2a through 2d			2e	
Subtract line 2e from line 1			3	
Amounts included on Form 990, Part IX, line 25, but not on line 1				
Investment expenses not included on Form 990, Part VIII, line 7b	4a		╛	
Other (Describe in Part XIII)	4b			
Add lines 4a and 4b			4c	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	
XIII Supplemental Information.				
t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide an	ny addr	tional information	w	

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

Name of the organization

## 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.

2019

2019
Open to Public

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Inspection
Employer identification number

Partners Achieving Community Transformation Inc 46-4290005 01. Form\_990 governing body review (Part VI, line 11) The President and the Board of Trustees received and reviewed the Form 990 prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) This is monitored through The Ohio State University. 03. CEO, executive director, top management comp (Part VI, line 15a) The process includes a review and approval by independent persons, comparability data and written documentation of the decision. 04. Other officer or key employee compensation (Part VI, line 15b The process includes a review and approval by independent persons, comparability data and written documentation. 05. Form 990 availability to public (Part VI, line 18) The organization makes these documents available upon request. 06. Governing documents, etc, available to public (Part VI, line 19) The organization makes these documents available upon request. 07. Audited by an independent accountant (Part XII, line 2b) The President oversees the audit and the selection of the independent auditor. 08. List of other fees for services expenses (Part IX, line 11g) Contract wages and professional fees.