Form 990
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## Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. \( \textsqr{} \)

Open to Public

Information about Form 990 and its instructions is at www.lrs.gov/form990. Inspection A For the 2016 calendar year, or tax year beginning OCT 1, 2016 and ending SEP 30, 2017 C Name of organization D Employer identification number Address PETRA COMMUNITY HOUSING Name change 23-2801102 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 201 S. MAIN STREET 610-948-1797 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1,236,478. Amend SPRING CITY, PA 19475 H(a) Is this a group return Applica-F Name and address of principal officer: STEVE KAMBIC Yes X No for subordinates? 201 S. MAIN STREET, SPRING CITY, 19475 H(b) Are all subordinates included? Tax-exempt status X = 501(c)(3) = 501(c)If "No," attach a list. (see instructions) ) (insert no.) 4947(a)(1) or H(c) Group exemption number J Website: ➤ PETRACH.ORG K Form of organization: X Corporation Trust Association Other > L Year of formation: 1994 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: EXPANDING THE AVAILABILITY OF Governance HOUSING TO VERY LOW, LOW & MODERATE INCOME PEOPLE AND FIRST TIME Check this box | Lifetime if the organization discontinued its operations or disposed of more than 25% of its net assets 12 Number of voting members of the governing body (Part VI, line 1a)  $\overline{12}$ Number of independent voting members of the governing body (Part VI, line 1b) .... 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 11 5 Total number of volunteers (estimate if necessary) .... 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0\_\_ 7a b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** 64,575 6,717. Contributions and grants (Part VIII, line 1h) 172,808 1,142,573. Program service revenue (Part VIII, line 2g) 38,096 36,445. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,636. 2,713. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 273,843. Total revenue - add lines 8 through 11 (must\_equal Part VIII, column (A), line 12) 188.4**48.** 0. 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ... 73,364. 85,451. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 67,315. 672,846. 140,679. 758,297. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 DECENIE 133,164 430,151. Beginning of Current Year End of Year <u>1,681,232.</u> <u>2,197,696.</u> 20 Total assets (Part X, line 16) FEB 2 0 2018 382,815. Total liabilities (Part X, line 26) 345,333 335,899. Net assets or fund balances Subtract line 21 from line-20-814,881 Part II | Signature Block OGD N LIT Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deparation of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign STEVE KAMBIC, EXECUTIVE DIRECTOR Here Type or print name and title Check Print/Type preparer's name Paid <u>ANTHONY GALANI, CPA</u> self-employed P00971702 Preparer Furm's name KIMMEL, LORAH + ASSOCIATES CPA'S, Firm's EIN 23-1380332 Use Only Firm's address ▶ 400 CRESSON BLVD., P.O. BOX 979 OAKS, PA 19456 Phone no. (610)666-0450 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form 990 (2016) LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2016) PETRA COMMUNI			23-2801102	Page 2
Pă	rt III Statement of Program Service Acc	=			
	Check if Schedule O contains a response or no	ote to any line in this Part II	<u> </u>		
1	Briefly describe the organization's mission:				
	EXPANDING THE AVAILABILITY			LOW & MODERATE	
	INCOME PEOPLE AND FIRST TI	ME HOME BUYERS	3		
		· <del></del>			
2	Did the organization undertake any significant progra	am services during the year	which were not listed of		
	prior Form 990 or 990-EZ?			Yes	X No
	If "Yes," describe these new services on Schedule O			<u></u>	
3	Did the organization cease conducting, or make sign	ificant changes in how it co	nducts, any program s	ervices? LYes	X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomp				
	Section 501(c)(3) and 501(c)(4) organizations are requ	uired to report the amount	of grants and allocation	is to others, the total expenses,	and
	revenue, if any, for each program service reported			1 101	H21 .
4a	(Code ) (Expenses \$ 735,54	6 including grants of \$	YEDY TOU	) (Revenue \$ 1,181,	731.
	EXPANDING THE AVAILABILITY			LOW & MODERATE	
	INCOME PEOPLE AND FIRST TI	ME HOME BUYERS	<u> </u>		
	ME CENTURE TO COLLADORATE M	TOUT TOOKT AND	CMANIA COMED	ADMINISTRATION TO TRAIN MORE	- mir
	WE STRIVE TO COLLABORATE W				
	QUALITY OF LIFE FOR ELIGIB			EXAMPLE BEING TH	
	APARTMENT STEELTOWN VILLAG				
	UTILIZING FEDERAL LOW INCOMPRIVATE FUNDING SOURCES. CO				מאַט
		UNSTRUCTION CC	WELLION AN	TICIPATED IN	<del></del>
	SEPTEMBER, 2018.				
4b	(O-4- ) (F )			) (n A	<del></del>
40	(Code ) (Expenses \$	Including grants of \$	<del></del>	) (Revenue \$	/
		······································			
			····		
			· · · · · · · · · · · · · · · · · · ·		
		·			
4c	(Code ) (Expenses \$	including grants of \$		) (Revenue \$	
	(2000 ) (Expenses a		<del></del>	/ (Heverlad &	
			<del></del>		
			<del></del>		
			<del></del>		
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		<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
		<del></del>	<del></del>		
4d	Other program services (Describe in Schedule O.)	<del></del>			
	(Expenses \$ Including grants	s of \$	) (Revenue \$	)	
40		735,546.	1 Installed &	<del></del>	

Form **990** (2016)

PETRA COMMUNITY HOUSING

Form 990 (2016)

Part IV Checklist of Required Schedules

23-2801102 Page

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 ... X Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II . . . . . . . Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 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 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VIII. IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, <u>11</u>a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total c Dld 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  $\mathbf{x}_{\_}$ <u>11c</u> d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII 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 ...... X 12b X 13 Did the organization maintain an office, employees, or agents outside of the United States? . ... ... ... .... 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 14b Х 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 ...... X 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 ındividuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 Х 18 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 ,

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			_
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
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		<u>x</u>
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	ļ		}
	Schedule J	23		_ X
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	<u> </u>		
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		_X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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 disqualified persons? If "Yes,"	i		
	complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ļ		
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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		X
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		<u>X</u>
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	
<b>3</b> 4	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	<u> </u>	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2016)

L	Check if Schedule O contains a response or note to any line in this Part V			
			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 1b 0			
C	PSC III.			
	(gambling) winnings to prize winners?	1c		l
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 2a 11	] ]	i	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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
b	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)			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	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 solicit			
•	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b	ĺ	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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	, 1	İ	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		l	
	amounts due or received from them.)	. 1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
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		Į	
	organization is licensed to issue qualified health plans 13b	,		
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	2016)

Form 990 (2016) PETRA COMMUNITY HOUSING 23-2801102 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 Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 12 b Enter the number of voting members included in line 1a, above, who are independent 1b 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? X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 X 6 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? X 7b . . .. ... .. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a .. .. **b** Each committee with authority to act on behalf of the governing body? . ... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.) No 10a 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, affiliates, 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Х 13 Did the organization have a written document retention and destruction policy? .... 14 X 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization . . . 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in Joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

### Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA

- Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request
- Describe in 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records: BOOKKEEPER - 610-948-1797

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Part VII Compe	ensation of Officers, Directors, Trustees, Key Employees	s, Highest Compensated	
Employ	yees, and Independent Contractors		
Check if S	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.

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

(A) Name and Title	(B) Average hours per week	box	not c unle	Pos heck ss pe	more rson	than is bot	han l	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Ротпе</b> г	the organization (W 2/1099-MISC)	organizations (W·2/1099·MISC)	compensation from the organization and related organizations
(1) BOB HEIST	0.50									
DIRECTOR/VICE PRESIDENT		X		X				0.	0.	0
(2) PASTOR JACK MASON	0.50	,		1			ļ			
DIRECTOR/VICE PRESIDENT-ELECT		Х		X				0.	0.	0
(3) JIM MCGIURE	0.50							,		
DIRECTOR		X						0.	0.	0
(4) REBECCA ROMAIN	0.50			ļ	ļ					
DIRECTOR		X			<b> </b>		<b> </b>	0.	0.	0
(5) MITCHELL READING	0.50			]						
DIRECTOR		X						0.	0.	0
(6) IRENA HERR	0.50							_	_	_
DIRECTOR		X			<u> </u>			0.	0.	0
(7) DONNA HIRST	0.50									
DIRECTOR		X						0.	0.	0
(8) SANDRA FRY	0.50									
DIRECTOR	0.50	X		_				0.	0.	0
(9) MARIE ROSE GIBSON	0.50	37						0.	0.	,
DIRECTOR	0.50	X	-					<u></u>	<u> </u>	0
(10) JOE CIRESI	0.50	х						0.	0.	,
DIRECTOR	0.50	Δ			-					0
(11) GARY STEIN	0.50	x		x				0.	0.	0
DIRECTOR/PRESIDENT	0.50	^	<del> </del>	Λ	-	$\vdash$			<u>U•</u>	<del> </del>
(12) ERIC GOODING	0.50	x		Х				0.	0.	О
DIRECTOR/TREASURER	0.50	Δ		<u>~</u>	<del> </del>					<u>~</u>
(13) SCOTT FITZGERALD DIRECTOR/SECRETARY	0.50	x		х				0.	0.	0
(14) JOAN LYON	0.50		-	<u> </u>	-					<u>-</u>
DIRECTOR	0.50	x						0.	0.	О
(15) EUBANK TRAVIS-BEY	0.50			<del>                                     </del>		$\vdash$				<del>-</del>
DIRECTOR		x	'					0.	0.	0
(16) CATHY CALHOUN	0.50								<u>_</u>	†——— <u> </u>
DIRECTOR		x						0.	0.	0
(17) ROBERT KNOLL	0.50	_							· · · · · · · · · · · · · · · · · · ·	1
DIRECTOR		х			ĺ		ĺĺ	0.	0.	0

Part VII Section A. Officers, Directors, Tr	ustees, Key Em	DIO	/ees		C)	igne	STL	(D)	es (conunuea) (E)			(F)	
Name and title	Average	١			sitior			Reportable	Reportable	ble Estima			ed
	hours per	box	not c c, unle	ess pe	erson	is bot	h an	'	compensation				
	week	_	icer ar	nd a c	directo	or/trus	tee)	from	from related	t	1	other	
•	(list any	ecto.						the	organization			pensa	
	hours for related	P. P.	8	}		텵	1	organization	(W-2/1099-MI	SC)	1	rom th	
	organizations	rustee	tan t	ļ	83	npens		(W-2/1099-MISC)			_	janızat ıd relat	
	below	ig f	tona	١.	) g	15 a					1	anızati	
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу ел	Highest compensated employee	Боттек				0.9		0110
(18) DONALD COPPEDGE	0.50												
DIRECTOR	<u> </u>	X	ļ_	<u> </u>	┼	ڸ	L	0.		0.	<u> </u>		0.
(19) KATHY MCCARTHY	0.50		[		1		ļ	_		_			_
DIRECTOR		X	<u> </u>	_	<u> </u>	ļ_	<u> </u>	0.		0.	<u> </u>		0.
(20) BARRY BEHNKE	0.50		1			}	İ		 	_	1		
DIRECTOR		X	L		<u> </u>	ļ	L	0.		0.	<u> </u>		0.
(21) BETTY BOORAEM	0.50	1			İ		1	]		_	1		
DIRECTOR		X	ļ	<u> </u>	-	ļ		0.		0.			0.
(22) SHIRLEY SHAFER	0.50	1	Ì	Ì		1		_					
DIRECTOR		X	<u> </u>		_	<u> </u>		0.		0.	<u> </u>		0.
(23) RALPH COLLICK	0.50					l							
DIRECTOR		X	<u> </u>					0.		0.			0.
(24) PAUL LAMOREAUX-EFF, 1/18/17	0.50				1								
DIRECTOR		X	<u>L</u> _		<u> </u>	_	<u>_</u>	0.		0.			0.
(25) KIRK GAMBOS-EFF. 1/18/17	0.50			ĺ	1								
DIRECTOR		X						0.		0.			0.
(26) LORRAINE COLON-EFF, 1/18/17	0.50			l	l			(					
DIRECTOR		X	L		<u> </u>			0.		0.	Ĺ		0.
1b Sub-total							<b>&gt;</b>	0.		0.			0.
c Total from continuation sheets to Part	VII, Section A						ightharpoonup	27,099.	47,6			4,5	
d Total (add lines 1b and 1c)	<u>,, ,, , , , , , , , , , , , , , , , , </u>	•						27,099.	47,6	56.	L	4,5	55.
<ol><li>Total number of individuals (including but</li></ol>	not limited to th	ose	liste	d al	bove	e) wh	o re	eceived more than \$100	,000 of reportab	le			
compensation from the organization												<del></del> _	
										ı		Yes	No
3 Did the organization list any former office						-		- '					ĺ
line 1a? If "Yes," complete Schedule J for										1	_3_		X
4 For any individual listed on line 1a, is the												i [	l
and related organizations greater than \$1											4	<b>  </b>	X
5 Did any person listed on line 1a receive o							elate	ed organızation or ındivi	dual for services	ļ		1	l
rendered to the organization? If "Yes," co	mplete Schedul	<u> </u>	or su	ıch	pers	on		<del></del>	<del></del>		5_		X
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest of</li> </ol>										pens	ation f	rom	
the organization Report compensation for	or the calendar y	ear e	endi.	ng v	vith :	or w	ithin	the organization's tax y	ear.				
(A)				_			-	(B)		^	((		_
Name and busines	ss address	N	ONE	<u> </u>			4	Description of s	ervices		ompe	nsatio	n —
							-		1				
					_		$\dashv$	<del></del>					
							- 1		}				
							$\dashv$						
							1		Ĩ				
							-						
									Ţ				
							$\rightarrow$	<del> </del>					
									J				
2 Total number of independent contractors	(including but n	ot lir	nite	d to	tho	se lis	sted	above) who received m	ore than				J

Part VII Section A. Officers, Directors, Tru (A)	(B)		,,,,,	. <u>,</u> ((	) C)	ngn	COL	(D)	(E)	(F)	
Name and title	Average hours per	Position (check all that apply)						Reportable	Reportable compensation from related	Estimated amount of other	
	week (list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
27) JEN (MAYO) PRESTON-EFF. 1/18/17	0.50	Х						0.	0.	(	
ORECTOR 28) KATHY JETTER	0.50	<u> </u>	-			<u> </u>					
IRECTOR		X						0.	0.	(	
29) STEVE KAMBIC	17.60										
XECUTIVE DIRECTOR				X				27,099.	47,656.	4,555	
	ļ										
										<del></del>	
						_					
	L										
			-								
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		7								<del></del>	
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		_	$\neg$						<del></del>		
			i								
								i			

		Check if Schedule O contains a response or n	ote to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
tt st	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		ļ	ļ		ļ
A, O	С		3,018.				
ar a	ď	Related organizations 1d					j
E, S	е	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants, and					
the sta		similar amounts not included above 1f	3,699.	)			
불위	g	Noncash contributions included in lines 1a-1f \$		}			
<u>೧</u> ₽	<u>h</u>	Total. Add lines 1a-1f	▶	6,717.			
			iness Code				
.8	2 a		31390	661,030.	661,030.		
P C	b		31390	400,000.	400,000.		
n S	С	MANAGEMENT FEES 5	31310	81,543.	81,543.		
Program Service Revenue	d						
ğ	е						
-		All other program service revenue		1 1 2 5 5 5			
		Total. Add lines 2a-2f		1,142,573.			
Ì	3	Investment income (including dividends, interest, a	and	00 241	00 241		
ļ	_	other similar amounts)		29,341.	29,341.		
ŀ	4	Income from investment of tax-exempt bond proce	eas 🚩				
ł	5	Royalties	P				
	<b>^</b> -	10 510	) Personal		1		
	6 a	Gross rents			!		
	b	Rental income or (loss) -3,098.					
l	d	Net rental income or (loss)		-3,098.	-3,098.		
1			(II) Other	3,020.	-3,050.		
	, a	assets other than inventory 7,104.	(ii) Otrioi		1		
	h	Less: cost or other basis					
Ì	-	and sales expenses 0.		ł	1		l
ļ	c	Gain or (loss) 7,104.					
1		Net gain or (loss)	. •	7,104.	7,104.		
		Gross income from fundraising events (not					
evenue	-	including \$ 3,018. of		1	ł		
e e		contributions reported on line 1c) See					
Other R		Part IV, line 18	6,319.				
ğ l	b	Less: direct expenses	6,319.	Ì	ì		
١ ٠	c	Net income or (loss) from fundralsing events		0.			L
ļ	9 a	Gross income from gaming activities. See		İ			
		Part IV, line 19				•	
i		Less. direct expenses b			1		
-		Net income or (loss) from gaming activities	, , <b>&gt;</b>				
- 1	10 a	Gross sales of inventory, less returns		'			
1		and allowances a		ĺ	Ì		
- 1		Less: cost of goods sold b			}		
ŀ	<u>c</u>	Net income or (loss) from sales of inventory					
F			Iness Code	F 011	F 011		
1			31390	5,811.	5,811.	<del></del>	
	b			-		<del> </del>	<del></del>
	C C	All other revenue					
1	u	Total. Add lines 11a-11d	<b>•</b>	5,811.	<del></del>	<del></del>	<del></del>
}	12	Total revenue. See instructions.			1,181,731.	0.	0.
632009	11-11		F		_,,,		Form <b>990</b> (2016)

Form 990 (2016) PETRA COMMUNITY HOUSING
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	Ĩ			
	and domestic governments. See Part IV, line 21				· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic		ì		
	ındıviduals. See Part IV, line 22				<del></del>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	Ì		Ì	
	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	28,501.	23,941.	3,135.	1,425.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	36,263.	28,618.	4,861.	2,784.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,263.	1,742.	339.	182.
	Other employee benefits				
	Payroll taxes	18,424.	14,952.	2,275.	1,197.
	Fees for services (non-employees)				
а	Management				
	Legal				
	Accounting	12,300.	9,988.	1,513.	799.
	Lobbying				
	Professional fundralsing services. See Part IV, line 17				
	Investment management fees	11,488.	11,488.		
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	255.	207.	31.	<u> </u>
	Advertising and promotion	494.	247.	247.	
	Office expenses	5,690.	4,622.	699.	369.
	In farmer all and Anadas all and				
	Douglition				
		3,000.	2,436.	369.	195.
	Occupancy	462.	375.	57.	30.
	Payments of travel or entertainment expenses				30.
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	· · · · · <del>-</del> · · <del>-</del> · ·		<del></del>	
	Interest	3,454.	2,660.	794.	
		5/=5=•	2,000.	7,7=0	
	Payments to affiliates  Depreciation, depletion, and amortization	16,113.	16,113.		
		1,176.	352.	706.	118.
	Other expenses, Itemize expenses not covered	1,170		700.	110.
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.) ' REAL ESTATE DEVELOPMENT	615,062.	615,062.	0.	0.
	TELEPHONE	2,399.	1,948.	295.	156.
	TRAINING	497.	403.	62.	32.
-	CONTRACTS	340.	276.	42.	22.
		116.	116.		44.
	All other expenses	758,297.	735,546.	15,425.	7 226
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	130,431.	133,340.	15,445.	7,326.
	, , ,				
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.	[			
	Check here If following SOP 98-2 (ASC 958-720)			<u></u>	Form <b>990</b> (2016)

			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	3,460.	1	633
	2	Savings and temporary cash investments	62,900.	2	351,898
	3	Pledges and grants receivable, net	4,567.	3	10,217
-   -	4	Accounts receivable, net		4	418,012
	5	Loans and other receivables from current and former officers, directors,			
-		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
-		section 4958(f)(1)), persons described in section 4958(c)(3)(B); and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
1		employees' beneficiary organizations (see instr). Complete Part II of Sch L		_ 6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges	9,629.	9	6,041
11	0a	Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D 10a 451,138.  Less: accumulated depreciation 10b 86,320.	388,993.	10c	364,818
1		Investments - publicly traded securities	000/2200	11	
1		Investments other securities See Part IV, line 11	726,828.	12	780,796
1		Investments · program-related. See Part IV, line 11	72070201	13	1001150
1		the first series	·	14	
1		Other assets. See Part IV, line 11	484,855.	15	265,281
10		Total assets. Add lines 1 through 15 (must equal line 34)	1,681,232.	16	2,197,696
1		Accounts payable and accrued expenses	37,373.	17	41,792
1				18	41,172
19		Deferred revenue		19	<del></del>
20		Tax-exempt bond liabilities		20	
2		Escrow or custodial account liability. Complete Part IV of Schedule D	·	21	
2	2	Loans and other payables to current and former officers, directors, trustees,		, [	
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L	40 644	22	00.000
23		Secured mortgages and notes payable to unrelated third parties	42,641.	23	90,023
24		Unsecured notes and loans payable to unrelated third parties		24	
2	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	0.55 0.40		0.54 0.00
		Schedule D	265,319.	25	251,000
20	6	Total liabilities, Add lines 17 through 25	<u>345,333.</u>	26	382,815
		Organizations that follow SFAS 117 (ASC 958), check here ▶ \[ \textbf{X} \] and			
İ		complete lines 27 through 29, and lines 33 and 34.		1	
	7	Unrestricted net assets		27	409,866
2	8	Temporarily restricted net assets	1,312,061.	28	1,405,015
2	9	Permanently restricted net assets		29	<del></del>
21	_	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
25	_			1	
25	_	and complete lines 30 through 34.			
21 21 30				30	
29	0	and complete lines 30 through 34.		30 31	
21 21 21 31 31	0 1	and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund			
30	0 1 2	and complete lines 30 through 34.  Capital stock or trust principal, or current funds	1,335,899.	31	1,814,881

	1990 (2016) PETRA COMMUNITY HOUSING	<u> 23-280:</u>	<u> 1102</u>	Pa	ge <b>12</b>
Pà	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 .			48.
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>75</u>	8,2	<u>97.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	43	0,1	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	L,33	5,8	99.
5	Net unrealized gains (losses) on investments	5	4	8,8	31.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 ]	.,81	<u>4,8</u>	<u>81.</u>
Pa	rt XII Financial Statements and Reporting				
	Check If Schedule O contains a response or note to any line in this Part XII		<u></u> .	••	X
				Yes	No
1	Accounting method used to prepare the Form 990: L Cash X Accrual Cther				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			1
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			]
	separate basis, consolidated basis, or both:		1 1	ı	ļ
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
þ	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both		1 1		
	X 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		1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
р	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	·	3b		
			Form	990 (	(2016)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number PETRA COMMUNITY HOUSING 23-2801102 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. ☑ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization g Provide the following Information about the supported organization(s). (iv) is the organization listed in your governing document? (III) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vI) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see Instructions))

Schedule A (Form 990 or 990-EZ) 2016 PETRA COMMUNITY HOUSING 23-2801102 Page 2

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					i	
	include any "unusual grants.")	42,490.	33,802.	15,441.	54,561.	3,699.	149,993.
2	Tax revenues levied for the organ-					Į .	
	ization's benefit and either paid to			ĺ			
	or expended on its behalf						
3	The value of services or facilities	1					
	furnished by a governmental unit to	<u> </u>		1		į	
	the organization without charge						
	Total. Add lines 1 through 3	42,490.	33,802.	15,441.	<b>54</b> ,561.	3,699.	149,993.
5	The portion of total contributions	İ					
	by each person (other than a	1	]				
	governmental unit or publicly	1					
	supported organization) included	]					
	on line 1 that exceeds 2% of the	(	Ĺ				
	amount shown on line 11,						
	column (f)	ļ					
	Public support. Subtract line 5 from line 4	<u> </u>					149,993.
	ction B. Total Support	( ) 2010	(1.1.0040	410044	4 12 0045	( ) 2010	10.7.1.1
	ndar year (or fiscal year beginning in)	(a) 2012 42,490.	(b) 2013 33,802.	(c) 2014 15,441.	(d) 2015 54,561.	(e) 2016 3,699.	(f) Total 149, 993.
	Amounts from line 4	44,450.	33,002.	15,441.	34,301,	3,033.	145,555.
В	Gross income from interest,		l				
	dividends, payments received on	]	Ĭ	]	'	)	
	securities loans, rents, royalties	15,492.	27,180.	20,574.	18,846.	29,341.	111 /22
_	and income from similar sources	15,492.	27,100.	40,574.	10,040.	49,341.	111,433.
9	Net income from unrelated business					}	
	activities, whether or not the	l		İ			
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital		Ī				
	'	ļ l	ŀ	{			
44	assets (Explain in Part VI )  Total support. Add lines 7 through 10	<del></del>	<del></del>				261,426.
	Gross receipts from related activities,	etc (see instructio	une)	·		12 1	
	First five years. If the Form 990 is for			L fourth, or fifth to			, 314, 033.
เง	organization, check this box and stop		mac, accord, trinc	i, iourni, or murta	x year as a section	11 30 1 (0)(3)	▶ [ ]
Sec	tion C. Computation of Publ	ic Support Per	centage	<del></del>	· · · · ·	<del></del>	
14	Public support percentage for 2016 (I	line 6, column (f) div	vided by line 11, co	olumn (f))		14	57.37 %
	Public support percentage from 2015		•			15	60.79 %
	33 1/3% support test - 2016. If the c					·	
	stop here. The organization qualifies						<b>&gt;</b> X
b	33 1/3% support test - 2015. If the c	organization did not	t check a box on li				
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion	********* ***** **** * * * * * * * * * *		▶□
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the "fac	ts-and-circumstanc	es" test, check th	is box and stop he	ere. Explain ın Pa	rt VI how the organ	ization
	meets the "facts-and circumstances"						▶□
b	10% -facts-and-circumstances test	t - 2015. If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifles as a public	ly supported orga	anization .	. ▶□
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	ınd see instruction	s 🕨 🔲
					Sche	dule A (Form 990	or 990-EZ) 2016

Sci P

Schedule A (Form 990 or 990-EZ) 2016 P Part III Support Schedule for (				a)(2)	23-280	)1102 Page 3
(Complete only if you checked	- 1		-		Part II If the organi	ization fails to
qualify under the tests listed b			organization talle	to quality under	rant II. II tile oi gan	Zation falls to
Section A. Public Support	*,					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	<b>(c)</b> 2014	(d) 2015	(e) 2016	(f) Totál
1 Gifts, grants, contributions, and	`,	}				
membership fees received. (Do not	//	1		İ		1
include any "unusual grants.")	· ·					
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<ol><li>Gross receipts from activities that</li></ol>		\				1
are not an unrelated trade or bus-		\	1		1	}
iness under section 513		<u> </u>				
4 Tax revenues levied for the organ-			İ			
ization's benefit and either paid to			}			į
or expended on its behalf						
5 The value of services or facilities		\			1	}
furnished by a governmental unit to						
the organization without charge		`	<u> </u>			
6 Total. Add lines 1 through 5			\			
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	<del></del>	<u> </u>	1./	<del></del>	<del></del>	<u> </u>
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)	<del></del>	L	<u>l</u>	<u> </u>	<u> </u>	<u> </u>
Section B. Total Support			····	- <del></del>	<del>,                                      </del>	
Calendar year (or fiscal year beginning in) ▶	(a) 2012	<u>(ь)</u> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		,	<u> </u>	<del>,  </del>	<del> </del>	<del></del>
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		,		<del></del>	<del> </del>	
c 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.)	·			``		
13 Total support. (Add lines 9, 10c, 11, and 12.) [ 14 First five years. If the Form 990 is for	the organization!	first second this	d fourth or feet	toy your so a so-th	1 D F01/0\(2\ ===='=	L
check this box and stop here	ula organization	a mar, aeconu, triii	a, louitri, or iiitii	ian yeai as a sectio	on sortoganiz	auon,
Section C. Computation of Publi	c Support Pe	rcentage	· <u>,</u> <u>.</u>	<del></del>	<del> </del>	···· ·
15 Public support percentage for 2016 (li			column (fi)		15	
16 Public support percentage from 2015					16	<u>%</u>
Section D. Computation of Inves			· ·	<del> </del>	[ 10 ]	
17 Investment income percentage for 20					17	
18 Investment income percentage from 2	•		,,,		18	<u>%</u> %
19a 33 1/3% support tests - 2016. If the		•	on line 1.4. and in			
more than 33 1/3%, check this box ar						

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or fine 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ...

## 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.
- 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 Dld 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 filling 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 (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),
- 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)
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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
1_1_		
<u>'</u>		
2	-	
3a		
3b		
		l
3c	<del> </del> -	
4a	<u> </u>	
4b		
4c_		
_ 5a	$\vdash$	
5b		
5c	-	
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
390 or 9	90-EZ)	2016

	rt IV   Supporting Organizations (continued)	30710	2 P	age 5
Га	rt IV   Supporting Organizations (continued)		Voc	NIa
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or Indirectly controls, either alone or together with persons described in (b) and (c)	1	1	ļ
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b	<del> </del>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<del>                                     </del>	
	tion B. Type I Supporting Organizations	110	ı	L
	- January - Janu		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		[
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	ļ	(	
	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		,	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	'	
Sec	tion C. Type II Supporting Organizations	1	L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		l i	
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1	1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		i i	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	\ \	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_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 Part VI 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	L l	
Sec	tion 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 yea(see Instructions).			
а	The organization satisfied the Activities Test. Complete Ilne 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions	<u>).                                    </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	]	) i	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ļ		
	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			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI 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	<u> </u>	
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2016 PETRA COMMUNITY HOUSING			23-2801102 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on	Nov. 20, 1970 (explain ir	n Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	1 1		
	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		
Sect	ion 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)			<u></u>
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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 pon-functional	ly Integrat	ed Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

	rt V   Type III Non-Functionally Integrated 509			3-2801102 Page 7
	Typo mittori i anotionally intogration occ	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions	_ <del></del>		Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	of purposes of supported		
	organizations, in excess of income from activity	<del></del>		<b> </b>
_3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	<del></del>
4	Amounts paid to acquire exempt use assets	<del></del>		-
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
<u>6</u>	Other distributions (describe in Part VI). See Instructions	<del></del>		
7	Total annual distributions. Add lines 1 through 6		<del></del>	
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	θ	
_	(provide details in Part VI). See instructions			<del></del>
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u></u>	1	
Sect	ion E - Distribution Allocations (see ınstructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI). See instructions			
3_	Excess distributions carryover, if any, to 2016:			
_ a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
Ī	Carryover from 2011 not applied (see instructions)			
_i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7, \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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)
	(Odd IIIStructions)
<del></del>	

## **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(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.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Schedule D (Form 990) 2016

OMB No \_1545-0047

Open to Public Inspection

Nam	e of the organization	Employer identification number 23-2801102		
Pa	PETRA COMMUNITY HOT rt I Organizations Maintaining Donor Advise		2010	
Га			SOFAC	Counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin-	e 6. (a) Donor advised funds		Afternational address and address and a
	-	(a) Donor advised funds	(a)	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 v	vriting that the assets held in donor advis	sed funds	s
	are the organization's property, subject to the organization's	exclusive legal control?		, L Yes L No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used on	ly
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferrir	ng
	ımpermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	orically Ir	mportant land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a cons	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b	man and the state of the state			2b
c	Number of conservation easements on a certified historic stru			2c
q	Number of conservation easements included In (c) acquired a		· · -	
ŭ	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	assed extinguished or terminated by the		
٥	year	sassa, extinguished, or terminated by the	o organiz	action during the tax
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri			
J	violations, and enforcement of the conservation easements it			Yes No
e	Staff and volunteer hours devoted to monitoring, inspecting, I			
6	Land volunteer riburs devoted to morntoning, inspecting, i	randing of violations, and emorcing con-	3 <del>0</del> 1 valion	easements during the year
~	Amount of expanses incurred in manitoring inspecting band	ling of violations, and enforcing concerns	tion coor	amonte during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserva	uon ease	ernents during the year
_	December 2012		VI= V 4 V (D) V!	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(n)(4)(b)(i	· — —
_	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	on's inancial statements that describes	tne orgai	nization's accounting for
Ba	conservation easements. rt III   Organizations Maintaining Collections of	Art Historical Transures or O	thar Si	milar Assats
Га	Complete If the organization answered "Yes" on Form	-	illei Gi	IIIIdi Assets.
1a	If the organization elected, as permitted under SFAS 116 (AS	•		
	historical treasures, or other similar assets held for public exh		ince of pi	JIDIIC service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS	•		•
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	blic servi	ce, 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			<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, pr	ovide
	the following amounts required to be reported under SFAS 11	, ,		
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			<b>&gt;</b> \$

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

		OMMUNITY H							01102	
Pa	rt III   Organizations Maintaining (	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simil	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following the	at are a s	lgnificant	use of its	collection	ıtems
	(check all that apply)		_							
а	Public exhibition	•	a 🖳	Loan or exc	hange progr	ams				
b	Scholarly research	•	e Ll	Other						
C	Preservation for future generations									
4	Provide a description of the organization's of	ollections and expla	in how t	hey further t	he organizati	ion's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicition								_	
	to be sold to raise funds rather than to be m								J Yes	No_
Pa	rt IV Escrow and Custodial Arran	- •	lete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	ns or other as	ssets not	ıncluded	<del></del>	_	_
								. └_	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
	Beginning balance						. <u>1c</u>		<del></del>	
d	Additions during the year					••	1d			
е	0 1						1e			
f	Ending balance			•			1f	<del></del>		r
	Did the organization include an amount on F						-		」Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII  rt V Endowment Funds. Complete							· · · · ·	<u></u>	<u> </u>
ra	rt V Endowment Funds. Complete									
	Park was af and law	(a) Current year	(d)	Prior year	(c) Two yea	rs dack	(d) Inree y	/ears back	(e) Four y	ears back
та	Beginning of year balance	<del></del>	<del> </del>		ļ	+			<u> </u>	
р	Contributions	<b></b>		<del></del>	ļ — — —				<b></b> -	
C	Net investment earnings, gains, and losses		<del> </del>						ļ <del></del>	
	Grants or scholarships		<del> </del>							
е	Other expenditures for facilities		]		}	)				
	and programs					+				
	Administrative expenses		<del> </del>	<del></del>	<del></del>					
g	End of year balance	rest user and belose	L		\					
2	Board designated or quasi-endowment	•	0. 	g, column (a	ij) neid as:					
a	Permanent endowment	%								
	Temporarily restricted endowment	%								
·	The percentages on lines 2a, 2b, and 2c sho									
22	Are there endowment funds not in the posse		ation the	at are held a	nd administs	ared for th	o organi	zation		
Ja	by:	333011 Of the Organiz	adon di	at all Hold a	nd administ	orea for ti	io organiz	Lation	ſ⊽	es No
	(1) consolisted executantlesses								3a(i)	es No
	(ii) related organizations	• • • • • • • • • • • • • • • • • • • •	•		•••		•		3a(ii)	_
h	If "Yes" on line 3a(ii), are the related organiza	 atlons listed as requi	 red on S	Ichadula R?		• • • • • • • • • • • • • • • • • • • •	• • • •		3b	_
4	Describe in Part XIII the intended uses of the								<u> </u>	<u></u>
	rt VI Land, Buildings, and Equipm			- Carrago						
	Complete if the organization answere		0. Part I	/. line 11a. S	see Form 990	). Part X.	line 10.			
	Description of property	(a) Cost or o			orother		cumulate	ed	(d) Book v	value
		basis (investr			(other)		reclation		(a) Doon (	alao
1a	Land				0,000.				40	,000.
	Buildings				2,479.		20,8	27.		,652.
	Leasehold improvements									<u>, , , , , , , , , , , , , , , , , , , </u>
	Equipment				8,097.		8,0	97.		0.
	Other				0,562.	-	57,3		23	,166.
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur					<b></b>		,818.

	NITY HOUSING	23-	-2801102 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) WILLIAM. S. WEST HOPE		<del></del>	
(B) MEMORIAL FUND	780,796.	END-OF-YEAR MARKET	VALUE
(C)			<del></del>
(D)			<del></del>
(E)			· · · · · · · · · · · · · · · · · · ·
(F)			
(G)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	780,796.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<del></del>	
Part IX Other Assets.			
Complete if the organization answered "Yes" of		1 d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) PREPAID PROJECT COSTS			192,678
(2) DUE FROM AFFILIATES			22,303
(3) INVESTMENT IN STEELTOWN V			300
(4) MORTGAGE NOTE RECEIVABLE	STV LP		50,000
(5)	<del></del>		
(6)			
(8)			
(9)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	···	265,281
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LOAN PAYABLE - CHESTER COUNTY	
(3) COMMUNITY FOUNDATION	250,000.
(4) TENANT SECURITY DEPOSITS	1,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	<b>251,000.</b>

<sup>2.</sup> 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 X

	edule D (Form 990) 2016 PETRA COMMUNITY HOUSING		2801102 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	?etur	n.
	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	1,188,448.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а		]	
b		1	
c		1	
d		1	
-		1	n
		2e	1,188,448.
3	Subtract line 2e from line 1	3	1,100,440.
4		}	
a	, , , , , , , , , , , , , , , , , , , ,	-	
	Other (Describe in Part XIII.)	┨	
	Add lines 4a and 4b	4c	- 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,188,448.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Ketu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		, <u> </u>
1	Total expenses and losses per audited financial statements	1	758,297.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities 2a		
b	Prior year adjustments	]	}
С		1	
d		1	
	Add lines 2a through 2d	2e	0.
3	Orbital de Control	3	758,297.
4	Amounts Included on Form 990, Part IX, line 25, but not on line 1:	-	75072571
*			
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Other (Describe in Part XIII.)	1	_
	Add lines 4a and 4b	4c	750 007
_ <u>5</u>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	758,297.
	rt XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	4, Part	: X, lıne 2; Part XI,
ines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional Information.		
PAF	RT X, LINE 2:		
UNC	CERTAINTY IN INCOME TAXES: THE ORGANIZATION'S PRIOR THREE	YEA	RS OF TAX
FII	LINGS REMAIN OPEN TO AUDIT BY THE INTERNAL REVENUE SERVICE	AN	D OTHER
XAT	KING AUTHORITIES. THE ORGANIZATION BELIEVES ITS EVALUATION	N O	F ITS TAX
POS	SITIONS IS APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMST	ANC	ES.

632054 08-29-18

Schedule D (Form 990) 2016

## SCHEDULE G

Department of the Treasury Internal Revenue Service

(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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	MMUNITY HOUSING					23-2801	ntification number
	Complete if the organization answer	ered "Y	es" o	n Form 990, Part IV,	line 1		
1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or c key employees listed in Form 990, Part b If "Yes," list the 10 highest paid Individ compensated at least \$5,000 by the organization have a written or compensated at least \$5,000 by the organization have a written or compensated at least \$5,000 by the organization have a written or compensated at least \$5,000 by the organization raised.	e Solicitat f Solicitat g Special  pral agreement with any individual t VII) or entity in connection with p uals or entities (fundraisers) pursu	tion of tion of fundra (includer trofess	non-g gover lising ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribi	Did alser ustody trol of utlone?	(iv) Gross receipts from activity	1	Amount paid or retained by) fundraiser eed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	İ						
					<del></del>		
							<u> </u>
		_					
Total			<b>•</b>				
3 List all states in which the organization is or licensing.	s registered or licensed to solicit c	contrib	utions	or has been notified	l nt is	exempt from re	egistration
		_					
		· <u>-</u>			_		
		_					

	edu art	tle G (Form 990 or 990-EZ) 2016 PETRA C				-2801102 Page 2 d more than \$15,000
<u> </u>		of fundraising event contributions and gr				
	Γ		(a) Event #1	(b) Event #2	(c) Other events	
	1		GIANT GIFT		NONE	(d) Total events
	l		CARDS	]		(add col (a) through
an an	1		(event type)	(event type)	(total number)	col (c))
'n						
Revenue	1	Gross receipts	22,925.		<u> </u>	22,925.
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)	22,925.	!		22,925.
	4	Cash prizes				
ø	5	Noncash prizes .				
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				-
	8	Entertainment				
	9	Other direct expenses	22,040.			22,040.
	I -	Direct expense summary. Add lines 4 through				22,040.
		Net income summary. Subtract line 10 from li				885.
Pa	irt I					
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Diligo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
ě.						
_	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
rect E	4	Rent/facility costs				
Ω						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor .	No	No	No No	<u> </u>
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming Income summary. Subtract line 7	from line 1, column (d)			
		-				
		ter the state(s) in which the organization condu		<del></del>		
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	lf "I	No," explain:				
		re any of the organization's gaming licenses re Yes," explain:			x year?	Yes No
					<del></del>	
	_					
	20.00	1-12-16		<del></del>	Schodule G /Eo	rm 990 or 990-FZ\ 2016

Sch	edule G (Form 990 or 990-EZ) 2016 PETRA COMMUNITY HOUSING	23-2801102	Page 3
111	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 gamlng?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in.		
	The same should be able to	13a	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record		
	Name >		
	Address >	<del></del>	<del></del>
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount	
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V), and F 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Part III, lines 9, 9b, 10	b, 15b,
_			
		<del></del>	
		<del></del>	
_		<del></del>	
_			
			<del></del>

Schedule G (Form 990 or 990 EZ)  Part IV Supplemental Info	PETRA COMMUNITY	HOUSING	23-2801102 Page 4
Fait IV Supplemental inic	тпацоп (сопилива)		
		- <del>-</del>	
<del></del>			
	- <del></del>		
			<del></del>
		_	
		<del></del>	<del></del>
			Schedule G (Form 990 or 990-EZ)

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#### **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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2016
Open to Public

Open to Pu

Employer identification number

Department of the Treasury internal Revenue Service

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

PETRA COMMUNITY HOUSING 23-2801102 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HOME BUYERS. FORM 990, PART VI, SECTION B, LINE 11B: MANAGEMENT REVIEWED A DRAFT OF FORM 990 PRIOR TO FILING AND RECOMMENDED ANY CORRECTIONS NEEDED TO BE MADE. A PRESENTATION OF THE 990 IS MADE TO THE FULL BOARD AT THE MEETING IMMEDIATELY FOLLOWING THE 990 FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY REQUIRES ITS EMPLOYEES, OFFICERS AND DIRECTORS TO SIGN A CONFLICT OF INTEREST POLICY TO ENSURE ONGOING COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE ORGANIZATION'S MANAGEMENT IS DETERMINED BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: WRITTEN REQUESTS FOR COPIES OF ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE REQUIRED. WHEN A WRITTEN REQUEST IS RECEIVED, THE ORGANIZATION PROVIDES THE REQUESTED INFORMATION. FORM 990, PART XII, LINE 2C: THE AUDIT COMMITTEE'S PROCEDURES FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS HAVE NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

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

Identification of Disregarded Entities, Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

PETRA COMMUNITY HOUSING

Name of the organization Department of the Treasury Internal Revenue Service

Part

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 23-2801102

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
STEELT 201 SO SPRING	STEELTOWN VILLAGE GP LLC - 81-3997514 201 SOUTH MAIN STREET SPRING CITY, PA 19475	REAL ESTATE DEVELOPMENT	PENNSYLVANIA	0	300.	300, PETRA COMMUNITY HOUSING
Part	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	ations. Complete if the organization ar	nswered "Yes" on Form 990, Par	t IV, line 34 becaus	e it had one or more	related tax-exempt

organizations during the tax year.

(a)	(g)	(c)	(G)	(e)	( <del>)</del>	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b) controlled entity?	2(b)(13) led ?
				501(c)(3))		Yes	ę 2
SPRING CITY ELDERLY HOUSING CORP -	PROVIDING HOUSING TO						
23-2869620, 201 S, MAIN STREET, SPRING CITY, BLDERLY PERSONS OF LOW	BLDERLY PERSONS OF LOW			-			
PA 19475	INCOME	PENNSYLVANIA	501(C)(3)	170(B)(1)(A) N/A	I/A		×
FREEDOM HOUSE INC - 23-2931454	PROVIDING HOUSING TO						
201 S. MAIN STREET	DISABLED ADULTS OF LOW					-	
SPRING CITY, PA 19475	INCOME	PENNSYLVANIA	501(c)(3)	170(B)(1)(A) N/A	W/.		×
GRUBER MILLS INC - 14-1851889	PROVIDING HOUSING TO						
201 S. MAIN STREET	ELDERLY PERSONS OF LOW		_				
SPRING CITY PA 19475	INCOME	PENNSYLVANIA	501(C)(3)	170(B)(1)(A) N/A	<b>\</b> /\		×

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

Schedule R (Form 990) 2016

23-2801102

Page 2

Schedule R (Form 990) 2016 PETRA COMMUNITY HOUSING

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

טולמווגמוטוז חפמופת של א משונה של א משונה אל אפת	מווופופונוים ממנווז מוופ ומי	A year									
(a)	<u>Q</u>	<u>છ</u>	(g	(e)		£	(B)	ε	<u>©</u>	S	Æ
Name, address, and EIN of related organization	Primary activity	Legal domicale (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from fax under sections 512-514)		Share of total sincome el	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner? Yes No
STEELTOWN VILLAGE LP - 81-4050955, 201 SOUTH MAIN STREET, SPRING CITY, PA 19475	REAL ESTATE DEVELOPMENT	PA	STEBLIOWN VILLAGE GP LLC	RELATED		o	300.		N/A	×	018
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	ganizations Taxable a	s a Corpo	vration or Trust. Co	omplete if the	organization ans	swered "Yes" on	Form 990, Pa	rt IV, line 34	because it had	one or mor	e related
- i	orporation or trust durin	g the tax	/ear.								
(a) Name, address, and EIN of related organization	N u	Prim	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total p, Income		(g) Share of Peend-of-year o	(h) Percentage ownership	Section 512(b)(13) controlled entity?
							:				
					'						

Schedule R (Form 990) 2016

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

	4	Jule.	O/11 = 2+=01 :	Yes No
Duffig the tax year, and the organization engage in any or the following transactions     Receipt of (i) interest, (ii) annuities, (iii) rovalties, or (iv) rent from a controlled entity		ימופט טוטמוונגמוטווא וואופט	ווו רמונט ווייע י	
	:		4	×
Gift. grant, or capital contribution from related organization(s)			C.	-
l caps or loan dilapantees to or for related organization(s)			T	×
				1
e Loans of Ioan guarantees by related organization(s)			<b>9L</b>	0
			:	
f Unvidends from related organization(s)				
g Sale of assets to related organization(s)				- - -
h Purchase of assets from related organization(s)			#	N H
	: :::::::::::::::::::::::::::::::::::::	: : : : : : : : : : : : : : : : : : : :		li X
j Lease of facilities, equipment, or other assets to related organization(s)	: :::::::::::::::::::::::::::::::::::::		:::::::::::::::::::::::::::::::::::::::	ı,
K Lease of facilities, equipment, or other assets from related organization(s)				4
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>	ınization(s)		=	+
<ul> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>	nization(s)		<u> </u>	+
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)		<u>1</u>	$\dashv$
o Shanng of paid employees with related organization(s)		: : : : : : : : : : : : : : : : : : : :	10	X o
p Reimbursement paid to related organization(s) for expenses			<b>a</b>	+
q Reimbursement paid by related organization(s) for expenses			19	X
			•	
	: : : : :		JI	
ß	4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		18	Y S
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	mo must complete tr	ils line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	p <sub>e</sub>
(1) FREEDOM HOUSE, INC.	0	61,451.	DOLLAR AMOUNT RECEIVED	
(2) FREEDOM HOUSE, INC.	Ŏ	52,465.	DOLLAR AMOUNT RECEIVED	
מממזמי	C	70007		
(3) GRUBER MILLES, INC.			DOLLAR AMOUNT RECEIVED	
(4) GRUBER MILLS, INC.	O	118,176.	DOLLAR AMOUNT RECEIVED	
(5) SPRING CITY ELDERLY HOUSING CORPORATION	0	158,869.	869. DOLLAR AMOUNT RECEIVED	
(6) SPRING CITY ELDERLY HOUSING CORPORATION	0	113,578.	DOLLAR AMOUNT RECEIVED	
				orm 990) 201

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

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

	(g)	©	(a) (b)	Œ	(6)	(F)	5	8
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income paraises (related, unrelated, excluded from tax under ons?)	Share of total income	Share of end-of-year assets	Ostrogor- Code V-UBI General or Percentage aboate amount in box 20 managing ownership Yes No (Form 1065) Yes No	box 20 managing lie K-1 partner (065)	Percentage ownership
!								

Schedule R (Form 990) 2016

Schedule R	l (Form 990) 2016	<u> PETRA</u>	COMMUNITY	HOUSING		23-2801102 Page
Part VII	(Form 990) 2016 Supplemental Ir	formation.				
	Provide additional inf	ormation for resp	onses to questions	on Schedule R. Se	e instructions.	
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