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

▶ Do not enter social security numbers on this form as it may be made public Department of the Treasury

Inte	rnal Reve	nue Service	▶ Go	to www.irs.g	ov/Form	990 for ins	tructions a	nd the lates	<u>st information</u>	on. 1007	Inspection			
A	For the	2017 calend	lar year, or tax yea			1, 20:		d ending		<u>, 2018</u>				
В	Check if applicable	C Name o	f organization						D Emplo	yer identific	cation number			
	Addre	PETR	A COMMUNI	ry Housi	NG									
	Name chang	5	usiness as							23-2801102				
	Initial return	Number	r and street (or P.O.	box if mail is not	delivered t	to street add	ress)	Room/suit	e E Teleph	E Telephone number				
	Final return/		S. MAIN S'	TREET					610-948-1797					
_	termin ated	, ,	town, state or provi			foreign po	stal code		G Gross re	ceipts \$	839,529.			
Ļ	Ameno	SPRI	NG CITY,						-	is a group re				
L	Application pendir	F Name a	and address of prince. MAIN ST	-				19475	1	ubordinates' subordinates in				
	Tax-exe	empt status		501(c) (sert no.)	4947(a)(1				list (see instructions)			
J			RACH ORG					1	-1	ip exemption				
K	Form of	organization:	X Corporation	Trust	Associati	on 🔲 C)ther 🕨	L Yea	r of formation:	1994 м	State of legal domicile: PA			
	Part I	Summary	<u> </u>											
a	, 1		oe the organization'											
SCANNED Schringer		HOUSING	TO VERY	LOW, LOV	1 & M	ODERA'	re inc	OME PE	OPLE A	ND FIRS	ST TIME			
Ë	2	Check this bo	ox 🕨 📖 if the c	rganization dis	continue	d its opera	tions or disp	osed of mo	re than 25%	of its net as				
ທີ່ຊື່	3		ting members of the	-						3	12			
SCANNED	4		dependent voting m		-)		4	12			
	5		of individuals empl	-)17 (Part V	line 2a)			5	12			
Z	6		of volunteers (estin							6	12			
	7 a		ed business revenue business taxable in				IN/ED			7a 7b	0.			
	b	Net unrelated	business taxable in	ncome from Fo	rm 990-1	INCHE	IAED		Dut V	1.1.				
APR		C4-b. 4	and mante (Deat)	III line 1h\	92				Prior Y	6,717.	Current Year 106,190.			
~	8		and grants (Part VI		23	FEB I	5 2019	191		$\frac{0,717.}{2,573.}$	628,623.			
\$ 0.1 2	9	-	ice revenue (Part VI		<u> </u>					6,445.	61,035.			
2 8	10		come (Part VIII, col e (Part VIII, column				IN LIT	~~ <u>}</u>		2,713.	5,111.			
2019			e (Part VIII, Coldinii e - add lines 8 throug							8,448.	800,959.			
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								_		0.	0.			
u		•	er compensation, en	•		·=	A). lines 5·10	»	8	5,451.	134,923.			
Fynenses	16a		fundraising fees (Pa				,,	' 		0.	0.			
٥) b		sing expenses (Part			" ▶	13,	358.						
ũ	17		es (Part IX, column		•	4e)			67:	2,846.	495,519.			
		•	es Add lines 13-17				e 25)		75	8,297.	630,442.			
		-	expenses Subtrac				,		43	0,151.	170,517.			
ō			<u> </u>					В	leginning of C		End of Year			
Net Assets or	E 20	Total assets (Part X, line 16)						2,19	7,696.	2,194,617.			
t As	21	Total liabilities	s (Part X, line 26)					L	38	2,815.	231,637.			
			fund balances Sul	otract line 21 fr	om line 2	0			1,81	<u>4,881.</u>	<u>1,962,980.</u>			
		Signatur												
	-		_								/ knowledge and belief, it is			
tru	e, correc	t, and complete	e. Declaration of prepa	rer (other than o	rcer) is ba	sed on all in	formation of	which prepar	er has any kno	wledge.	1-2-1-2			
			Tev	10	m	-				ate 2/1	1/2019_			
	gn	Signatur	_			, 			U	alt J	l .			
He	ere		TE KAMBIC, print name and title	EXECUT	LVE D	TRECT	<u> </u>		. <u>. </u>					
_					153				Date	Check	PTIN			
n -	:4	Print/Type pre			Prepa	rer's signatu	re	CIA	02/09/	# <u>_</u>				
Pa			MOONO, CPA	TODAU	ACC	OCTAMI	ES CPA			rm's EIN	23-1380332			
	eparer e Only		KIMMEL,				SOY 97		<u>- FI</u>	IIII 3 LIIV	<u> 23 1300332 </u>			

OAKS, PA 19456

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

Phone no. (610)666-0450

23-2801102 Page 3

Form 990 (2017) PETRA COMMUNITY HOUSING
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	-	<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.5
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	U		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u> _
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 142	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
	complete Schedule G, Part III	19	000	(2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If, "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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	ļ		
	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 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	1		
	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,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ļ		
	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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		X.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ł		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l	٠,,	
	Part V, line 1	34	X	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٦,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X OOO	(2017)
		Form	เฮฮป	ノロエク

	Check if Schedule O contains a response or note to any line in this Part V			Γ
	Chock in Contraction of Contraction		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	כו	100	1,10
	· · · · · · · · · · · · · · · · · · ·	Š		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
Ū	(gambling) winnings to prize winners?	1c		
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 1:	2	İ	
ь	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?	За		X
	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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b	-	
7	Organizations that may receive deductible contributions under section 170(c).			٠,,
	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	1		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		^
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	- 7e		X
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	—		
Ü	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		
	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	_		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	4		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	-	
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			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans [13b] [13b]	\dashv		
	Enter the amount of reserves on hand Did the expense tree receives any payments for indeer tapping services during the tay year?	140		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		^
D	n res, has a filed a form rzo to report these payments rif ino, provide an explanation in schedule O	1-+0	<u> </u>	

Form 990 (2017) PETRA COMMUNITY HOUSING 23-2801102 Page
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					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12				
	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.			1			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with	any other				
	officer, director, trustee, or key employee?			2		_X_	
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		X	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	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,	stockh	olders, or				
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	ne following:				
а	The governing body?			8a	X	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?			8b	<u>X</u> _		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> X</u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	e Code)				
					Yes	No	
	Did the organization have local chapters, branches, or affiliates?			10a		X	
b							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy beto	ore filling the form?	11a		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			۱			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		-414-0	12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	res, a	escribe	40-	х		
	in Schedule O how this was done			12c	X	 	
13	Did the organization have a written whistleblower policy?			14	X		
14	Did the organization have a written document retention and destruction policy?	val by u	ndonandant		- 22	 	
15	Did the process for determining compensation of the following persons include a review and appro		ndependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•		15a	х		
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15b	X		
þ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a			ļ	
iva	taxable entity during the year?		=	16a		х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org						
	exempt status with respect to such arrangements?			16b	1		
Sec	tion C. Disclosure		<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed ▶PA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sec	tion 501(c)(3)s only)	avaılab	ole		
	for public inspection indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain	ın ın Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, an	d fınan	cıal		
	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records 🕨				
	THE ORGANIZATION - 610-948-1797		·				
	201 S. MAIN STREET, SPRING CITY, PA 19475						

PETRA	COMMUNITY	HOUSTNG	23-2801102	Page 7
LUILA	COMMONTIL	DOODING	<u> </u>	rayer

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)	l		((C)		1041	(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week					ıs bot or/trus		compensation from	compensation from related	amount of other
	(list any	ctor				Ĭ		the	organizations	compensation
	hours for	Individual trustee or director	gy.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		ಕ್ಷ	Dens		(W-2/1099-MISC)		organization and related
	organizations below	dual tr	tional		nptoy	yee y	<u> </u>			organizations
	line)	Individ	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			
(1) BOB HEIST	0.50									
DIRECTOR/VICE PRESIDENT		X.		X				0.	0.	0.
(2) PASTOR JACK MASON	0.50									•
DIRECTOR/VICE PRESIDENT-EL		X	_	X		ļ	<u> </u>	0.	0.	0.
(3) GARY STEIN	0.50				•					•
DIRECTOR/PRESIDENT		X		Х	_		_	0.	0.	0.
(4) REBECCA ROMAIN	0.50									•
DIRECTOR		X	_		_	ļ		0.	0.	0.
(5) MITCHELL READING	0.50	l								•
DIRECTOR	- 50	X	_					0.	0.	<u> </u>
(6) IRENA HERR	0.50									0
DIRECTOR	0.50	X			<u> </u>			0.	0.	0.
(7) SANDRA FRY	0.50									0
DIRECTOR	0.50	X	_		<u> </u>	-		0.	0.	0.
(8) ERIC GOODING	0.50									0
DIRECTOR/TREASURER	0 50	X		X		-		0.	0.	0.
(9) SCOTT FITZGERALD	0.50	٠,,		,,					_	0
DIRECTOR/SECRETARY	0.50	X		X		┼		0.	0.	0.
(10) MARIE ROSE GIBSON	0.50	٠,,						0.	0.	0.
DIRECTOR	0.50	X	<u> </u>			├	-			<u> </u>
(11) PAUL LAMOREAUX	0.50	₹,						0.	0.	0.
DIRECTOR	0 50	X	_	_		\vdash				
(12) JEN MAYO PRESTON	0.50	x						0.	0.	0.
DIRECTOR	0.50	^		-	-	\vdash				<u> </u>
(13) JOAN LYON	0.50	X						0.	0.	0.
DIRECTOR	0.50	^			-	╁──		0.		
(14) EUBANK TRAVIS-BEY	0.50	X						0.	0.	0.
DIRECTOR	0.50	+	-	-		1			.	
(15) CATHY CALHOUN	0.50	x						0.	0.	0.
DIRECTOR (16) POPERT VIVOLE	0.50	_		\vdash		H		 		
(16) ROBERT KNOLL	0.50	X						0.	0.	0.
DIRECTOR CORPERCE	0.50	_		\vdash	†	+		1		7
(17) DONALD COPPEDGE	0.30	X						0.	0.	0.
DIRECTOR 732007 11-28-17	1	1 42	Ь	L	L		L			Form 990 (2017)

(A)	(B)	ріоу	ees		<u>и пі</u> С)	gne	<u> </u>	(D)	(E)			(F)			
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es	timate	d		
raine and the	hours per	(do box	not c , unle	:heck :ss pe	more rson	than is bot	one h an	compensation	compensation	า		nount (
•	week		cer ar	ndad	irecto	or/trus	tee)	from	from related		ì	other			
	(list any	rector						the	organizations			pensa			
	hours for related	io c	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		om the anızatı			
	organizations	ruste	ll trus		₂₅	mpeu		(44-271099-141130)			_	d relati			
	below	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	est co	E					anızatı			
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former								
(18) JOSEPH CIRESI	0.50						1								
DIRECTOR		Х	<u> </u>	ļ			<u> </u>	0.		0.			<u>0.</u>		
(19) BARRY BEHNKE	0.50										Ì		_		
DIRECTOR	0.50	X	ļ		┢			0.		0.			0.		
(20) BETTY BOORAEM	0.50				İ			0.		0.	Ì		0.		
DIRECTOR	0.50	X				 	╁┈		_	٠.			<u> </u>		
(21) SHIRLEY SHAFER DIRECTOR	0.30	X						0.		0.	Ì		0.		
(22) RALPH COLLICK	0.50		1	1	 -	T			-						
DIRECTOR	- 0.00	x					Ì	0.		0.	Ì		0.		
(23) DONNA HIRST	0.50						İ								
DIRECTOR		X						0.		0.			0.		
(24) STEVE KAMBIC	12.00	ļ													
EXECUTIVE DIRECTOR		_		X		<u> </u>		23,743.	55,51	6.		4,7	<u>61.</u>		
		ł													
			ļ			├	<u> </u>								
		1													
1b Sub-total	·	I	<u> </u>		1		.	23,743.	55,51	6.	_	4,7	61.		
c Total from continuation sheets to Part V	II. Section A						•	0.	00,700	0.			0.		
d Total (add lines 1b and 1c)	,						>	23,743.	55,51	6.		4,7	61.		
2 Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) wi	ho r	eceived more than \$100	,000 of reportable	Э					
compensation from the organization													0		
										1		Yes	No		
3 Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				v		
line 1a? If "Yes," complete Schedule J for s											3		X		
4 For any individual listed on line 1a, is the s and related organizations greater than \$15								•	tne organization		4		х		
5 Did any person listed on line 1a receive or									idual for services						
rendered to the organization? If "Yes," con	•						Ciai	ica organization or mark	10000		5		X		
Section B. Independent Contractors		•													
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation 1	from	`		
the organization Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithi	n the organization's tax	year						
(A)								(B)		_		C)	_		
Name and business	address	N	ON	<u> </u>	_			Description of s	services		ompe	nsatio			
	- ·					_									
								· · · · · · · · · · · · · · · · · · ·							
							\dashv								
2 Total number of independent contractors	including but r	ot li	mıte	d to	tho	se li	stec	d above) who received n	nore than						
\$100,000 of compensation from the organ	ization 🕨					0									

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue ons, Gifts, Grants Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 2,768 c Fundraising events 1c 1d d Related organizations Government grants (contributions) 1e f All other contributions, gifts, grants, and 103,422. similar amounts not included above 1f 49,801 Noncash contributions included in lines 1a-1f \$ 106,190 h Total. Add lines 1a-1f Business Code 547,080. 531390 547,080. Program Service Revenue 2 a GRANT INCOME 81,543. **b MANAGEMENT FEES** 531310 81,543. All other program service revenue g Total. Add lines 2a-2f 628,623. Investment income (including dividends, interest, and 3 50,380. 50,380. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 17,113. 6 a Gross rents 18,645. b Less rental expenses -1,532.c Rental income or (loss) d Net rental income or (loss) -1,532.-1.532(i) Securities (II) Other 7 a Gross amount from sales of 10,655. assets other than inventory b Less cost or other basis and sales expenses 10,655. c Gain or (loss) 10,655. 10,655. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 2,768. of including \$ contributions reported on line 1c) See Part IV, line 18 19,925 19,925 b Less. direct expenses 0 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 6,643. 6,643. 531390 11 a REIMBURSEMENTS d All other revenue 6,643. e Total, Add lines 11a-11d 694,769 0. 800,959. 12 Total revenue See instructions.

Form 990 (2017) PETRA COMMUNITY HOUSING Part IX Statement of Functional Expenses

	Statement of Functional Expense	_	or organizations must be	molete column (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A)	
	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			\	•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		,	*.	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	22 025	10 240	2 154	1,433.
	trustees, and key employees	22,935.	18,348.	3,154.	1,433.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	74,119.	59,888.	10,127.	4,104.
7 8	Pension plan accruals and contributions (include		33,000.	10,127	
0	section 401(k) and 403(b) employer contributions)	1,572.	1,268.	215.	89.
9	Other employee benefits	28,281.	22,798.	3,869.	1,614.
10	Payroll taxes	8,016.	6,461.	1,098.	457.
11	Fees for services (non-employees)	370101	0 / 2021		
''	Management				
b	Legal	100.	80.	14.	6.
	Accounting	12,000.	9,673.	1,642.	685.
d	Lobbying				
	Professional fundraising services. See Part IV, line 17		<u> </u>		
f	Investment management fees	12,082.	12,082.		
q	Other (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)	378.	304.	52.	22.
12	Advertising and promotion	1,536.	768.	768.	
13	Office expenses	3,898.	3,143.	533.	<u> 222.</u>
14	Information technology	5,401.	4,354.	739.	308.
15	Royalties				
16	Occupancy	3,021.	2,436.	413.	172.
17	Travel	354.	285.	49.	20.
18	Payments of travel or entertainment expenses	-	•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,152.	928.	158.	66.
20	Interest	5,241.	4,036.	1,205.	
21	Payments to affiliates	46.440	46 440	-	· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	16,113.	16,113.	0.014	2.60
23	Insurance	3,690.	1,107.	2,214.	369.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REAL ESTATE DEVELOPMENT	412,742.	412,742.		
b	LICENSES, PERMITS, MISC	4,876.	3,931.	667.	278.
С	FUNDRAISING	3,062.			3,062.
d	TELEPHONE	2,163.	1,744.	296.	123.
е	All other expenses	7,710.	6,596.	786.	328.
25	Total functional expenses Add lines 1 through 24e	630,442.	589,085.	27,999.	13,358.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
	1	Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			633.	1	28,054
	2	Savings and temporary cash investments		[351,898.	2	247,181
	3	Pledges and grants receivable, net		Ī	10,217.	3	0
	4	Accounts receivable, net		Ī	418,012.	4	142,191
	5	Loans and other receivables from current and fo	ormer of	fficers, directors,			
		trustees, key employees, and highest compens.					
		Part II of Schedule L				5	1
	6	Loans and other receivables from other disqual	ified per	rsons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(d	c)(3)(B), and contributing			
	•	employers and sponsoring organizations of sec	tion 501	i(c)(9) voluntary			
S.		employees' beneficiary organizations (see instr)	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
ĕ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		Ĺ	6,041.	9	2,498
	10a	Land, buildings, and equipment cost or other					•
		basis Complete Part VI of Schedule D	10a	642,965.	•		
	b	Less accumulated depreciation	10b	110,933.	364,818.	10c	532,032
	11	Investments - publicly traded securities				11	<u>-</u>
	12	Investments - other securities See Part IV, line	11	<u>_</u>	<u>780,796.</u>	12	773,314
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		<u> 265,281.</u>	15	469,347	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	14)	2,197,696.	16	<u>2,194,617</u>
	17	Accounts payable and accrued expenses			41,792.	17	20,093
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		_		20_	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and forme	r officer	s, directors, trustees,			
Ě		key employees, highest compensated employe	es, and	disqualified persons			
Liabilities		Complete Part II of Schedule L		_		22	
_	23	Secured mortgages and notes payable to unrel	ated thi	rd parties	90,023.	23	207,897
	24	Unsecured notes and loans payable to unrelate	ed third (parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	Complete Part X of			
		Schedule D		1	251,000.		3,647
	26	Total liabilities. Add lines 17 through 25			382,815.	26	231,637
		Organizations that follow SFAS 117 (ASC 956	B), chec	k here 🕨 🐰 and 📗			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
auc	27	Unrestricted net assets			409,866.		468,489
gal;	28	Temporarily restricted net assets			<u>1,405,015.</u>	28	1,494,491
ğ	29	Permanently restricted net assets		, , ,	<u> </u>	29	
Ē		Organizations that do not follow SFAS 117 (A	ASC 958	3), check here 🕨 📖 📗			
ō		and complete lines 30 through 34.					,
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ea	quipmei	nt fund		31	
<u>i</u>	32	Retained earnings, endowment, accumulated in	ncome,	or other funds		32	4 000 000
Z	33	Total net assets or fund balances		<u> </u>	1,814,881.	33	1,962,980
	34	Total liabilities and net assets/fund balances			<u>2,197,696.</u>	34	2,194,617

Form **990** (2017)

orm	990 (2017) PETRA COMMUNITY HOUSING	23-280	1102	Pag	e 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9.95	
2	Total expenses (must equal Part IX, column (A), line 25)	2),44	
3	Revenue less expenses Subtract line 2 from line 1	3		,51	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>1,814</u>		
5	Net unrealized gains (losses) on investments	5	-22	2,41	<u> 18.</u>
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	<u>1,962</u>	2,98	<u>30.</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> X</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)			
2a	·		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both	•			
	Separate basis Consolidated basis Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher		1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	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 9	990 (2	2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PETRA COMMUNITY HOUSING

Employer identification number

23-2801102 Part I 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)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN ın your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 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)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	ınclude any "unusual grants ")	33,802.	15 <u>,44</u> 1.	54,561.	_3,699.	103,422.	210,925.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to	,								
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge					100 100				
4	Total. Add lines 1 through 3	33,802.	15,441.	54,561.	3,699.	103,422.	210,925.			
5	The portion of total contributions									
	by each person (other than a				i					
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						010 005			
	Public support. Subtract line 5 from line 4						210,925.			
	ction B. Total Support	·					40.7.1.1			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
	Amounts from line 4	33,802.	15,441.	54,561.	3,699.	103,422.	210,925.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	07 100	20 574	10 046	20 241	E0 300	146 221			
	and income from similar sources	27,180.	20,574.	18,846.	29,341.	50,380.	146,321.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income Do not include gain					•				
	or loss from the sale of capital									
	assets (Explain in Part VI)						257 246			
	Total support. Add lines 7 through 10					40 3	357,246.			
	Gross receipts from related activities,			d &s.,,,,,,,,, = #8446 + -			,294,940.			
13	First five years. If the Form 990 is for	-	inst, second, thir	u, iourin, or tinn ta	x year as a section	11 30 1(C)(3)	ightharpoonup			
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Per	rcentage							
	Public support percentage for 2017 (olumn (fl)		14	59.04 %			
	Public support percentage for 2017 (•	Oldiffit (1))		15	57.37 %			
	33 1/3% support test - 2017. If the c			n line 13, and line 1	ا 14 is 33 1/3% or m					
104	stop here. The organization qualifies			10, 6,10 1110		.5.5, 5551 15 50	▶ X			
h	33 1/3% support test - 2016. If the			ne 13 or 16a. and	line 15 is 33 1/3%	or more, check th				
,	and stop here. The organization qual						▶□			
172	•	· · · ·			13, 16a. or 16b. a	and line 14 is 10%	or more.			
a	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
h	10% -facts-and-circumstances tes	_			=	17a, and line 15 is	10% or			
	more, and if the organization meets the	•								
	organization meets the "facts-and-circ						ightharpoons			
18	Private foundation. If the organization						s			
						dule A (Form 990				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A Dublic Support	low, please comp	Diete Lait II j				
Section A. Public Support			4 2 2 2 4 5	4 11 004 0	1 1 2017	(0.7-+-1/
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						/
membership fees received (Do not						
include any "unusual grants ")		 	ļ · -	-	<u> </u>	 /
2 Gross receipts from admissions,	1					/
merchandise sold or services per- formed, or facilities furnished in						/
any activity that is related to the						
organization's tax-exempt purpose			 		1 1	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to				/	1	
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						_
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that				./		
exceed the greater of \$5,000 or 1% of the			/			
amount on line 13 for the year c Add lines 7a and 7b			/			
			 			
8 Public support. (Subtract line 7c from line 6) Section B. Total Support		<u> </u>				
	(-) 0010	(h) 0014	(c) 2015	(4) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(I) Iolai
9 Amounts from line 6			/			
10a Gross income from interest, dividends, payments received on		/	Á			
securities loans, rents, royalties,		/		1		
and income from similar sources			<u> </u>			
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						_
11 Net income from unrelated business		/				
activities not included in line 10b,					1	
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)	1					
14 First five years. If the Form 990 is for the	the organization'	s first second th	ird fourth or fifth t	ax vear as a secti	on 501(c)(3) organi	zation.
check this box and stop here	., organization	s mai, accord, th	na, ioarni, or iiiti i	a. your as a scott	on our toylor organi	
Section C. Computation of Public	c Support Pe	rcentage			·-	
15 Public support percentage for 2017 (lir	~ ~ ~ ~		column (fi)		15	9
16 Public support percentage from 2016:			Column (1))		16	9
Section D. Computation of Inves			<u> </u>		1 10 1	
					17	9
17 Investment income percentage for 201			ine 13, column (f))		17	9
18 Investment income percentage from 2				. 46	18	
19a 33 1/3% support tests - 2017. If the c						17 is not
more than 33 1/3%, check this box an						. ▶∟
b 33 1/3% support tests - 2016. If the o						
line 18 is not more than 33 1/3%, chec	k this box and st	t op here. The org	anızatıon qualıfıes	as a publicly supp	orted organization	▶ <u>∟</u>
20 Private foundation If the organization	did not check a	hox on line 14, 19	9a or 19b check t	his box and see in	estructions	

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)

Saction	Α.	AII	Cupporting		ganizations
Section	A.	All	Supporting	l Of	ganizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If
 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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	_	
	2		
			,
	<u>3a</u>		
	3b		
	3с		
	4a_		
	4b		
	4c		
	_5a		
	_5b _5c		
	6_		
	7		
	. 8	£	
	0.5		
	9a		
	9b		
	9c		
	- 55		
	10-		
	10a		
	10b		
m a	90 or 99	20-F7	2017

23-	2	8	0	1	1	0	2	Page	ŧ
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	dule A (Form 990 or 990-EZ) 2017 PETRA COMMUNITY HOUSING	23-280110	2 Pa	<u> 1ge 5</u>
Pa	rt IV Supporting Organizations (continued)		1 1	
		[Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	445		
	below, the governing body of a supported organization?	11a		\vdash
	A family member of a person described in (a) above?	11b		
	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. tion B. Type I Supporting Organizations			
<u>0ec</u>	tion B. Type i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	1,0
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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,			
	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 carned out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization	2_		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	l	<u> </u>
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	•		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a	~	-	
3	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		
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 yeatsee in	structions).		
a	The organization satisfied the Activities Test. Complete line 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 en	ity (see instruction	s)	_
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			
	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,			İ
	how the organization was responsive to those supported organizations, and how the organization determined	·		i
	that these activities constituted substantially all of its activities	2a	-	<u> </u>
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	1	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				
	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			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b	1	I

2	3-2801102 Page 6
(explain in F	Part VI) See instructions. All
gh E	
Year	(B) Current Year (optional)

Schedule A (Form 990 or 990-EZ) 2017 PETRA COMMUNITY HOUSING

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

1 L	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on I	Nov. 20, 1970 (explain in	Part VI) See instruction
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
ection	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 0	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
m	naintenance of property held for production of income (see instructions)	6		
7 0	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ectior	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
ın	structions for short tax year or assets held for part of year)			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other			
fa	actors (explain in detail in Part VI)			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d	3		
4 C	ash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
S	ee instructions)	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 035	6		
7 R	ecoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
ection	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	nter 85% of line 1	2		
3 N	inimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	nter greater of line 2 or line 3	4		
	ncome tax imposed in prior year	5		
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions)	6		
7 [Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2017

Sche	dule A (Form 990 or 990-EZ) 2017 PETRA COMMUNI			3-2801102 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI) See instructions			
_7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	,	- · · ·	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Dıstributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
_	able cause required- explain in Part VI) See instructions			
3				
a	, , , , , , , , , , , , , , , , , , , ,			
	From 2013			
	From 2014			
	From 2015			- "-
	From 2016			
_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount		-	
i	0 (0040) 1 1 1 1 1 1 1 1 1		-	
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h			
-	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			ı
	and 4c			
8	Breakdown of line 7			

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 PETRA	COMMUNITY	HOUSING	23-2801102 Page 8
Part VI	Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4 Iline 1, Part IV, Section D, lines 2 and 3	Provide the explanations of the state of the	ons required by Part II, line 10, Part II, 9c, 11a, 11b, and 11c, Part IV, Section lines 1c, 2a, 2b, 3a, and 3b, Part V, lin 5, and 6 Also complete this part for a	n B, lines 1 and 2, Part IV, Section C, e 1, Part V, Section B, line 1e, Part V,
				1
			· ,	
)	1	···	
			/	
1				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PETRA COMMUNITY HOUSING

Employer identification number 23-2801102

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 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 his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements it	: holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describe	s the organization's accounting for
-	conservation easements		<u> </u>
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	if the organization received or held works of art, historical treatment	asures, or other similar assets for financ	ıal gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$

b Assets included in Form 990, Part X

	- 88-	OMMUNITY H							01102	
Pai	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	<u>or Othe</u>	<u>er Simil</u>	<u>ar Asse</u>	ts(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a si	gnificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	ams				
b	Scholarly research	€	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how t	hev further t	he organizati	on's exe	mot puro	ose in Par	t XIII	
5	During the year, did the organization solicit o				-					
•	to be sold to raise funds rather than to be ma					01 011111101	400010		Yes	☐ No
Pai	t IV Escrow and Custodial Arran					"Vec" on	Form 99) Part IV		<u> NO</u>
	reported an amount on Form 990, Pa		ete ii tiit	e Organizatio	ii alisweleu	165 011	1 01111 331	J, Fait IV,	inie 3, Oi	
										
та	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	ssets not	included		٦.,	г
	on Form 990, Part X?		_					L	」 Yes	∟ No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabil	ıty?		Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanati	on has been	provided on	Part XIII		,		
Pai	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Parl	t IV, line 1	10 _			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships		ĺ							
	Other expenditures for facilities									
•	`		ļ							
	and programs Administrative expenses		<u> </u>							
f					-					
9	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	•	g, column (a	a)) neid as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	ered for th	ne organiz	zation		
	by								_ Y	es No
	(i) unrelated organizations								3a(i)	
	(II) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0. Part l'	V. line 11a S	See Form 990), Part X.	line 10			
	Description of property	(a) Cost or o			or other		cumulate	ed T	(d) Book v	value
	becompained property	basis (investr		, , ,	(other)		reciation	I	(a) Dook	, 4140
40	Land	2230 (11110011			4,802.				104	,802.
					9,504.		29,3	27		$\frac{1002.}{177.}$
	Buildings	<u> </u>	<u>. </u>	44	2,304.		47,3	41.	420	<u>, 1 / / •</u>
	Leasehold improvements	<u> </u>			0 007			 +		
	Equipment	 			8,097.		8,0			0.
	Other				0,562.		<u>73,5</u>	<u> </u>		,053.
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c)				<u>532</u>	<u>,032.</u>

► 532,032. Schedule D (Form 990) 2017

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			<u></u>
(3) Other			
(A) WILLIAM. S. WEST HOPE			
(B) MEMORIAL FUND	773,314.	END-OF-YEAR MARKE	T VALUE
(C)			
(D)		-	
(E)			
(F)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	773,314.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			··
(4)			
(5)			
(6)			
		<u> </u>	
(8)		<u> </u>	·
(9)			. <u> </u>
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d See Form 990, Part X, line 15	n y Barata sabara
	Description		(b) Book value
(1) PREPAID PROJECT COSTS			403,720
(2) DUE FROM AFFILIATES			15,327
(3) INVESTMENT IN STEELTOWN V			300
(4) MORTGAGE NOTE RECEIVABLE	- STV LP		50,000
(5)			
(6)			
(8)			
			160 245
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		▶ 469,347.
Part X Other Liabilities.	5 000 0 1111	444 O . E 000 B. t.V. b	05
Complete if the organization answered "Yes" (a) Description of liability		b) Book value	25
1		b) Book value	
(1) Federal income taxes		1 000	
(2) TENANT SECURITY DEPOSITS		1,000.	
(3) DUE TO AFFILIATES		2,647.	
(5)			
(6)			
(7)			
(8)			
(9)	0.05)	3,647.	
Total. (Column (b) must equal Form 990, Part X, col (B) lin			ate that reports the
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740) Check I	nere if the text of the foothote has be	en provided in Part XIII

Schedule D (Form 990) 2017 PETRA COMMUNITY HOUSING		23-28	01102 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven		
Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
Total revenue, gains, and other support per audited financial statements		1	800,959.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	800,959.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c 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	800,959.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper		
Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
Total expenses and losses per audited financial statements	·	1	630,442.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a	1 1	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	630,442.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			000,1120
	4a		
	4b		
	_4D	4c	0.
	ì	5	630,442.
Part XIII Supplemental Information.			030,4426
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		art V, line 4, Part X,	ine 2, Part AI,
		 	· · · · ·
		-	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization						Employer ide	ntification number
PETRA C	OMMUNITY HOUSING					23-2801	102
	 Complete if the organization answer 	red "Y	es" or	n Form 990, Part IV, I	ine 1	7 Form 990-EZ	filers are not
Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual	tion of tion of fundra (includ	non-g gover using o	overnment grants nment grants events fficers, directors, trus		, or	
key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	viduals or entities (fundraisers) pursu					Yes اا	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) fundr have co or con contribi	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			_				
		_					
					_		
Total			•		_		
List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration ————————
			-				
					_		
							

Scho Pa	edul rt I	· ·	e organization answered	d "Yes" on Form 990, Part	t IV, line 18, or reported	
		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b List e		ots greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GIANT GIFT	VARIOUS	NONE	(add col (a) through
	•		CARDS	OTHER		1 ' ' '
			(event type)	(event type)	(total number)	col (c))
Revenue			(· · · · · · · · · · · · · · · · · · ·		
ě			15 725	6 060		22,693.
æ	1	Gross receipts	15,725.	6,968.		22,093.
				0.50		0.760
	2	Less Contributions		2,768.		2,768.
	3	Gross income (line 1 minus line 2)	15,725.	4,200.		19,925.
	4	Cash prizes				
	•					
		Noncash prizes				
က္ခ	5	Noncash prizes			-	
Direct Expenses	_	D. Maalla aasta				1
ed.	6	Rent/facility costs				
ŭ						
ect	7	Food and beverages				
۵						
	8	Entertainment				
	9	Other direct expenses	16,730.	3,195.		19,925.
	10					19,925.
		Net income summary Subtract line 10 from I			•	0.
Pa	rt l	III Gaming. Complete if the organization	answered "Yes" on Forn	n 990. Part IV. line 19. or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a		, .		
		\$15,000 011 0111 930 E2, iiile 0a		(b) Pull tabs/instant	-	(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
en/				emige/progressive emige		Con (a) Con (c)
Revenue						
	1	Gross revenue				
S	2	Cash prizes				
Se		,				
Expenses	3	Noncash prizes				
Ж		Tronouor prizo				
act		Pont/foolity costs				
Direc	4	Rent/facility costs		- :		
		- · · · ·				
	5	Other direct expenses	-	 	<u> </u>	
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	<u></u> No _	
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	
		, ,				
	8	Net gaming income summary Subtract line 7	from line 1 column (d)		•	
	0	rect gaining income summary Subtract line /	nom inc 1, column (d)			
_	_	the state of the s				
		ter the state(s) in which the organization condi				No.
		the organization licensed to conduct gaming a	ctivities in each of these	states7		Yes No
b	lf "	No," explain	·		<u> </u>	
	_		· · · · · · · · · · · · · · · · · · ·			
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year [?]	Yes No

<u> Sch</u>	nedule G (Form 990 or 990-EZ) 2017 PETRA COMMUNITY HOUSING	23-2801102 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
12	lands and a the second and of second and second spherical	
	•	13a %
	a The organization's facility	13b %
	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	us
	Name	
	Address >	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt
	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	
	Mandatory distributions	
а	a 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	in the
	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	Part III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information. See instructions	
_		
_		

Schedule 0	G (Form 990 or 990-EZ)	PETRA CO	MMUNITY	HOUSING		23-2801102 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (contin	ued)			
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.SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization COMMUNITY HOUSING Employer identification number 23-2801102

Par	τι	туре	s of Property		7=			_				
			•	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on		(d) nod of dete contributi			s
1	Art -	Works o	f art									
2			al treasures		-					_		
3			al interests			,						
4			ublications		-							
5		•	household goods		-							
6		-	er vehicles									
7		ts and pl								-		
8		lectual p					·	_				
			Publicly traded		-		······					
9			-									
10			Closely held stock									
11			Partnership, LLC, or									
40		interest	s ⁄liscellaneous		_	<u>-</u>						
12			riscellarieous riservation contribution -			_						
13		oric struc										
44			nservation contribution - Other									
14			Residential									
15			Commercial									
16		estate -		x	1	4	9 801.	COUNTY	ASSES	SEL) V	TI.TA
17			Other	<u> </u>			<i>,</i> , , , , , , , , , , , , , , , , , ,	COONII	MODEL	7011	<u>, v.</u>	.100
18		ectibles										
19		d invento	•	 -								
20			edical supplies		-							
21		dermy	.footo		-					_		
22		orical art			·							
23		ntific spe					_					
24			al artifacts		-							
25		er 🕨	()									
26		er 🕨	()	-		<u> </u>						
27	Othe							_				
28			orms 8283 received by the organi	zation durin	a the tax year for e	contributions	1 1					
29			e organization completed Form 82				29		•			
	101 4	VIIICII LIIC	organization completed Form 02	.00,1 ait iv,	Dones Acknowled	gement	25			1	Yes	No
200	Dur	na the w	ear, did the organization receive b	v contributi	on any property rei	norted in Part I di	nes 1 throu	nh 28 that it			100	
SUA			r at least three years from the date									l
			oses for the entire holding period		ai contribution, and	a willer isn t requ	iii ca to be a	300 101		30a		x
			♥ .							000		
			cribe the arrangement in Part II janization have a gift acceptance j	nolicy that s	equires the review	of any nonstand:	ard contribi	itions?		31		х
31			panization have a girt acceptance panization hire or use third parties						<u> </u>			
32a				or related 0	rgariizations to soi	ion, process, or s	cii rioricasii			32a		X
L .		ributions							}	JZA		<u> </u>
		-	cribe in Part II	nolumn (a) fa	er a tuna of propert	v for which colum	an (a) is sho	cked	İ			
33			ration didn't report an amount in o	Joiumni (c) to	л а тур е от ргореп	y for writeri coluit	111 (a) 15 CHE	CREU,				l
	ues	cribe in F	alli									

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

Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017	PETRA	COMMUNIT	ΓY	HOUSING	23-2801102	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Informa	tion. Provide th	ne in f co	formation required by Part I, lines 30b, 32b, and 33 ntributions, the number of items received, or a com		
•							
		_					_
		,					
	<u> </u>						
	/						
,			·				
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							-
		_					····
		<u> </u>					
	<u></u>			_			
							
							

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

PETRA COMMUNITY HOUSING

Employer identification number 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) Department of the Treasury Internal Revenue Service

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.

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

2017

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2017 (g) Section 512(b)(13) Employer identification number 23-2801102No X × × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity $\boldsymbol{\varepsilon}$ Direct controlling entity $\boldsymbol{\varepsilon}$ End-of-year assets 170(B)(1)(A) status (if section 170(B)(1)(A) 170(B)(1)(A) Public charity 501(c)(3)) Total income Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) ਉ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) PENNSYLVANIA PENNSYLVANIA ENNSYLVANIA ELDERLY PERSONS OF LOW DISABLED ADULTS OF LOW ELDERLY PERSONS OF LOW PROVIDING HOUSING TO PROVIDING HOUSING TO ROVIDING HOUSING TO Primary activity Primary activity 9 PETRA COMMUNITY HOUSING INCOME INCOME INCOME 23-2869620, 201 S. MAIN STREET, SPRING CITY Name, address, and EIN (if applicable) SPRING CITY ELDERLY HOUSING CORP Name, address, and EIN of related organization of disregarded entity FREEDOM HOUSE INC - 23-2931454 GRUBER MILLS INC - 14-1851889 SPRING CITY, PA 19475 SPRING CITY, PA 19475 Name of the organization 201 S. MAIN STREET 201 S. MAIN STREET PA 19475 Part II Part

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

732161 09-11-17 LHA

23-2801102 Page 2

Schedule R (Form 990) 2017 PETRA COMMUNITY HOUSING

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 Part III

General or Percentage managing ownership $\overline{\mathbf{s}}$ Yes 9 Code V-UBI amount in box ' 20 of Schedule -K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>@</u> Name, address, and EIN of related organization (a)

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 organizations treated as a corporation or trust during the tax year Part IV

(a)	(a)	(၁)	(b)	(e)	€	(6)	(F)	(E)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Legat domicile Direct controlling (state or entity foreign	Type of entity (C corp, S corp,	ည်	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	√2 ≝(13) √2 ≝ed
		country)		OI tidat)		433613		Yes	N _S
STEELTOWN VILLAGE GP LLC - 81-3997514		щ	PETRA						-
201 SOUTH MAIN STREET	REAL ESTATE		COMMUNITY						
SPRING CITY, PA 19475	DEVELOPMENT	PA	HOUSING	c corp		300.	100,00%		×
:									
	1								
				•	٠				

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Schedule R (Form 990) 2017

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
- c Giff; grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)

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1k

- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(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 and transaction thresholds	who must complete the	is line, including covered	elationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) FREEDOM HOUSE, INC.	0	58,456.	58,456.DOLLAR AMOUNT RECEIVED
(2) FREEDOM HOUSE, INC.	α	37,984.	37,984.DOLLAR AMOUNT RECEIVED
(3) GRUBER MILLS, INC.	0	189,903.	189,903. DOLLAR AMOUNT RECEIVED
(4) GRUBER MILLS, INC.	Ø	103,959.	103,959. DOLLAR AMOUNT RECEIVED
(5) SPRING CITY ELDERLY HOUSING CORPORATION	0	187,253.	187,253.DOLLAR AMOUNT RECEIVED
(6) SPRING CITY ELDERLY HOUSING CORPORATION	0	101,219.	101,219.DOLLAR AMOUNT RECEIVED

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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

Dispropur Code V-UBI General or Percentage borate amount in box 20 managing ownership of Schedule K-1 partner? end-of-year Share of assets 6 (f) Share of ıncome total Predominant income parties se (related, unrelated, orgs)
excluded from tax under sections 512-514)

Yes No (state or foreign Legal domicile country) Primary activity <u>@</u> Name, address, and EIN of entity