Form 990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

| A | East | the 20 | 16 calen | dar ves | r or tax | vear begi | nning Jul | 1 | 201 | 6, and endi | ng Jun | 30 | - 4 | . 2017 |
|-------------------------|-------------|--|----------------|---------------------|-----------------|-----------------|-------------------------------------|-----------------------|----------------|-------------------|----------------|---|-----------------------|------------------------|
| | | ck if applic | | | | | NNSYLVANIA | | | | | | ver ide | ntification number |
| В | _ | Address | | | | | MNSTLVANIA | 4 COMMONI | I KEA | L ESTAI. | CORF. | <u> </u> | | |
| | 1 | 1 | | | ng business | | ox if mail is not deliv | vered to etract addr | nee) | Room | n/suite | E Teleph | | 5266 |
| | 1 | Name ch | - | l . | | | | ored to sacci addit | .33) | 1 | | | | |
| | <u> </u> - | Initial retu | | | | AD STRI | E.E.T. | e foreign and a | | #80 | | (21 | .5) | 940-3900 |
| | - | Final return | | , | | · | e, country, and zir t | or toreign postal cod | | | | 1_ | | A |
| | L | Amended | i return | | ADELPI | | | | P <i>P</i> | 19110 | | | | \$6,054,299. |
| | L_ | Application | on pending | | | ess of principa | | | | P | | a group retur | | |
| | | | | | Lord | | Broad St,#800 | | | PAPI 91140 | If 'No,' | subordinates attach a list | s include (see ins | ed? Yes No structions) |
| <u> </u> | | ax-exemp | | X 501 | (c)(3) | 501(c) (|) ▼ (in: | sert no) | 947(a)(1) | or 5,27 | _ | | | |
| <u>J</u> _ | | Vebsite | : • ww | | urn.ne | et | | | j , | <i></i> | | exemption n | umber | <u> </u> |
| <u>K</u> | | orm of org | | | poration | Trust | Association | Other ► | 1 1 | Year of forma | tion 199 | 0 M | State of | legal domicile PA |
| Pa | ırt | | <u>ummar</u> | | | | | | | | | | | |
| | 1 | | | | | | n or most sign | | | Dur miss | | | lvan | <u>ce and</u> |
| ė | | | | | | | terests o | | s <u>and</u> | <u>homele</u> | ss_peo | <u>ple</u> _ | | |
| Activities & Governance | | <u>(S</u> € | e_add | <u>itio</u> | <u>nal ir</u> | <u>iformat</u> | ion attac | <u>ched)</u> | _ _ | | - | - - | | |
| er. | | | | | - · | | | | | | | | | |
| ó | 3 | | ck this bo | | | • | in discontinued ning body (Part | • | | | | | 3 | 1 |
| 9 | 4 | | | • | | • | of the governi | | | | | | 4 | 10 |
| ies | 5 | | | - | _ | | calendar year | | | | | | 5 | 30 |
| Ē | 6 | Tota | I number | of volu | nteers (es | stimate if n | ecessary) | | | | | | 6 | 25 |
| Ac | 7 | 'a Tota | I unrelate | d busin | iess revei | nue from F | Part VIII, columi | n (C), line 12 . | | · · · · · · | | | 7a | |
| | L | b Net | unrelated | busine | ss taxabl | e income f | rom Form 990- | T, Ime 34 . 💫 | | • • • • • • | | | 7b | 0. |
| | | | | | | | Part VIII, column from Form 990- | | -CEI | VED | | rior Year | | Current Year |
| <u>o</u> | ٩ | 3 Conf | tributions | and gra | ants (Part | VIII, line | 1h) | · <i>\&\</i> | | | · / | 5,552,6 | | 6,014,501. |
| eun | 9 | Prog | ram serv | ice reve | enue (Par | t Vili, line | 2g) | \ليم\ الإم\. | ·2 i | ::::75 | //رد | 16, | <u> 767.</u> | 39,798. |
| Revenue | 10 | , inve | stment in | come (1 | Part VIII, | column (A |), lines 3, 4, and | 4 /01 | <u>K</u> | 1918 - S | 3/ | | | |
| ш | 11 | | | | | | es 5, 6d, 8c, 9d | | | ·····/:& | <i>∥</i> · | | 201 | 6 054 000 |
| | 12 | | | | | | (must equal Pa | | | | | 5,569,3 | | 6,054,299. |
| | 13 | | | | - | | column (A), l | - | _ | | · | 4,011, | 684. | 4,483,545. |
| | 14 | | | | | | , column (A), lir | | | | · | 1 105 | 000 | 1 111 004 |
| es | 15 | | | | | | benefits (Part | | | | · | 1,105,9 | 993. | 1,111,294. |
| èns. | 16 | ia Professional fundraising fees (Part IX, column (A), line 11e) | | | | | | | | | *********** | 1 | | |
| Expenses | | b Tota | l fundrais | ing exp | enses (P | art IX, colu | ımn (D), line 25 | 5) ► | | 755. | | | | |
| ш | 17 | 7 Othe | er expens | es (Par | t IX, colu | mn (A), lin | es 11a-11d, 11 | f-24e) | | | | 457,3 | 361. | 512,969. |
| | 18 | 3 Tota | l expense | es Add | lines 13- | 17 (must e | equal Part IX, co | olumn (A), line | 25) | | | 5,575,0 | 038. | 6,107,808. |
| | 19 | Reve | enue less | expens | ses Subt | ract line 18 | 3 from line 12 | <u> </u> | · · · · | | | -5,6 | 657. | -53,509. |
| 8 8 | | | | | | | | | | | Beginni | ng of Curre | nt Year | End of Year |
| Assets or d Balances | 20 | | • | | • | | | | • • • • | | | 1,262, | | 1,302,585. |
| A A | 2 | 1 Tota | I liabilities | s (Part) | X, line 26 |) | | | | | • | 1,127, | <u> 157.</u> | 1,220,531. |
| Net / | 22 | | | | | Subtract lin | ne 21 from line | 20 | <u> </u> | <u> </u> | · | <u>135,5</u> | 563. | 82,054. |
| Pa | art | II∵̃∦ S | ignatuı | re Blo | ck | | | | | | | | | |
| Und | er pe | nalties of | perjury, I dec | clare that | I have exam | ned this retur | n, including accomp | panying schedules | nd stateme | nts, and to the I | oest of my kno | wledge and b | elief, it i | s true, correct, and |
| | piete —— | Declarati | on of prepar | er (other i | man officer) | is based on a | il information of which | on preparer has any | Knowledge | , | | | | |
| | | li | <u></u> | | | F. 45 | 7 <i>7</i> / | | | | | ate | | |
| Si | | | Signatu | re of offic ر مب | er | | _ | _ /_ >- | | | U. | ار ار | _ | |
| He | re | - 1 | <u> </u> | rc_ | LOR | <u>, N</u> | Execut | IVE DI | REC | TOR | | 5/14/1 | <u>/8</u> | |
| _ | _ | | | | ne and title | | In | | | Data | | , | | TOTIN |
| | | | Print/Type p | - | | | Preparer's signa | 12 | CPA | | 44.0 | ١ ' | Χď | PTIN |
| Pa | | - | | | LEONA | | | P. LEONAF | <u>יח</u> | 05/14 | /18 | self-employ | red | P00229620 |
| | | | Firm's name | | | R, DAIT | | | | | | | | . 1.10.0000 |
| US | e (| Only | Firm's addre | | | JOHN F. | | | UITE | | | Firm's EIN | | 3-1436393 |
| _ | | | · | | | DELPHIA | | P | | | | Phone no | (21 | Tall to the second |
| | | | | | | | shown above? | | s) | | <u></u> | · · · · · · | · · · · | X Yes No |
| BA | A F | or Pap | erwork R | Reducti | on Act N | otice, see | the separate | instructions. | | TI | EA0101 11/ | 16/16 | | (2016) Form 990 (2016) |

| Form 990 (201 | | 25-1635266 | Page 2 |
|---------------|--|---|---|
| Part III | tatement of Program Service Accomplishments | | |
| , (| heck if Schedule O contains a response or note to any line in this Part III | | |
| 1 Briefly d | scribe the organization's mission. | | |
| Our M | ission is to advance and | | |
| | d the rights and interests of tenants and homeless people. | | |
| | | | |
| (See_ | additional information attached) | | |
| | | | |
| 2 Did the | rganization undertake any significant program services during the year which were not listed on the pi | nor | |
| Form 99 | or 990-EZ? | Ye | s X No |
| If 'Yes,' | escribe these new services on Schedule O | | |
| 3 Did the | rganization cease conducting, or make significant changes in how it conducts, any program services? | · Ye | es X No |
| | escribe these changes on Schedule O. | | |
| 4 Describe | the organization's program service accomplishments for each of its three largest program services, as 601(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other formula, if any, for each program service reported. | s measured by expe ners, the total expen | nses ses, |
| 1 = (C = do: | \/Evpopped \$ 4.41C 40E including groups of \$ 2.630,707,\/Dis | \$ | |
| 4 a (Code: |) (Expenses \$ 4,416,485. including grants of \$ 3,632,787.) (Re | | 0.) |
| | al needs programs - Direct assistance in the form of rent an | | |
| <u>utili</u> | ty assistance, housing search and inspection to primarily | | |
| low-i | ncome persons whose circumstances create special | | |
| needs | | | |
| 110001 | | | |
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| |) | | |
| 4 b (Code: |) (Expenses \$ 1,153,972. including grants of \$ 850,758.) (Re | venue > | <u> </u> |
| Emero | ency services programs - Direct assistance to | | |
| prima | rily low-income persons, who are in need of grants | | |
| for r | ental payments, security deposits or housing search | · | |
| | | | |
| 4.14 | nspections, in order to prevent nomelessness. | | |
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| 4 c (Code: |) (Expenses \$ 325, 335. including grants of \$ 0.) (Re | evenue \$ | 39,798.) |
| | ts services programs - Housing counseling, fair | · | , |
| | | | |
| | ng and other programs providing tenants' | | |
| infor | mation, research and community relations. | | |
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| 4 - 045 | commence (Passarba in Schedule O.) | | |
| | ogram services (Describe in Schedule O) | | |
| (Expens | | | |
| 4 e Total pro | gram service expenses 5,895,792. | | |
| BAA | TEEA0102 11/16/16 | Fo | orm 990 (2016) _v |

25-163,5266 Page 3

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Χ 2 Χ 3 Χ 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule 11 a b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total Χ 11 b 11 c Χ 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 Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . Χ 11 e 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. X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Χ 13 X 14a X 14b Χ 15 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

19

X

| _ | | | Yes | No |
|-----|---|--------|-------------|----|
| | 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 | 7 | A |
| 1 | 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 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | X |
| 2 | 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 | х | |
| 3 | 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 |
| 4a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | 2 | Α |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | \ \ \ | ļΑ |
| d | Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? | 24d | 2/ | Α |
| а | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | х |
| | 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 | | х |
| | 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 | - Marie | Х |
| 8 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | . 72.1 | | |
| а | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| b | A famīly member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | ļ | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| | Did the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule M | 29 | - | Х |
| ì | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| ? | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 1 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | х |
| ı | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · · | 34 | | Х |
| 5 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ļ | Х |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | Х |
| 6 | 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 | | Х |
| , | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | | | Х |
| | | | | |

Form 990 (2016) PENNSYLVANIA COMMUNITY REAL ESTATE CORP. Party Statements Regarding Other IRS Filings and Tax Compliance

| | , Check if Schedule O contains a response or note to any line in this Part V | | | |
|-----|--|-------------|----------------|------------------|
| | | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | KATA. | B. B. V. | 180 |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1989 安二 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X | |
| 2 a | 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 30 | | | |
| | of at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | X | Section . |
| L | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 20 | | 1898 |
| 2 - | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | X |
| | | 3 a | | |
| | o If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 3 b | 2 | <u> </u> |
| | 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)? | 4 a | | Х |
| b | olf 'Yes,' enter the name of the foreign country | | | 132 17 133 16 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5 a | Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| C | ; If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | 2 | łΑ |
| 6 a | 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? | 6 a | | Х |
| b | of Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | 2 | A |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 16.2 | 13600 | |
| 9 | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | | 7 | |
| - | services provided to the payor? | 7 a | | X |
| b | o If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | 7 | A |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | | } | T. |
| | Form 8282? | 7 c | , 41.00 | X |
| | this Yes, indicate the number of Forms 8282 filed during the year | | | - |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | <u> </u> | X |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | 77 | A |
| h | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7 h | N, | /A |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | SERR | 10283 | 110/9 |
| | organization have excess business holdings at any time during the year? | 8 | 11/ | A |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 東西 | 注源 |
| а | a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | N | łΑ |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | 77 | IA |
| 10 | Section 501(c)(7) organizations. Enter | 1788 | | |
| а | a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b ~/ A | | 20.2 | |
| | Section 501(c)(12) organizations. Enter | | | |
| | a Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | 70 / | A PROVINCE |
| | of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b N/A | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12- | 这個的 | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | 7 / | 八 |
| | | | | 数/ご |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 17.5 | 19 | |
| | Enter the amount of reserves on hand | TALE | 3.77 | أنبنا |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| - t | olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | 990 (| 1 A |

.: Form 990 (2016) PENNSYLVANIA COMMUNITY REAL ESTATE CORP. 25-1635266 Page 6 Part VI B Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.............. X X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?................ 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 h X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 a Х a The governing body? b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Χ b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.............. 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · 12 a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X X 13 13 Did the organization have a written whistleblower policy? X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a X 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Pennsylvania Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

100 S.Broad St, #800 Phila.

FINANCE DEPT

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

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

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

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

| | | | | (C) | | | | | | |
|----------------------------|--------------------------------|-----------------------------------|-----------------------|--------------------------|----------------------------|---------------------------------|----------|--|---|--|
| (A) Name and Title | (B) Average hours per | ; than | one i both dire | box, i an o ector/ | unies: fficer truste | | n | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) Mary Aull | 1.00 | | | | | | | | | |
| President | | Х | | X | | | | 0. | 0. | 0. |
| _(2) David Fair | | ۱ | | | | | | | | |
| Treasurer | | X | | X | | | | 0. | 0. | 0. |
| _(3) Suzanne Erb | | ,, | | | | | | | | |
| Secretary | | X | | X | | | | 0. | 0. | 0. |
| _(4) Jacquelyn Asbell | | ١,, | | | | | | | } | |
| Board Member | | Х | | | | | <u> </u> | 0. | 0. | 0. |
| _(5) Leonard Carter | | ١,, | i | i | İ | | | | | |
| Board Member | | Х | | | _ | | | 0. | 0. | 0. |
| (6) Andris Dandridge | | ,, | 1 | | | | | | Ì | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| _(7)_Whittier_Dow | | ,, | | | j | J J | | | , | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| _(8) Valerie Johnson | 1.00 | | | | | | | | | |
| Board Member | | Х | _ | | | | | 0. | 0. | 0. |
| (9) Diane E. Rorie | 1.00 | | | | ŀ | | | | | |
| Board Member | | Х | | | <u> </u> | | | 0. | 0. | 0. |
| (10) Dollyne Wayman-Brody | | | | | | . | | : | | |
| Board Member | | Х | | | <u> </u> | | | 0. | 0. | 0. |
| (11) Phil Lord | 40.00 | | | | | | | | } | |
| Executive Director | | | | Χ | | | | 94,149. | 0. | 2,472. |
| (12) Nicole Lawrence-White | 40.00 | | | | | | | | j | |
| Deputy Exec.Director | | | | Χ | | | | 76,890. | 0. | 14,976. |
| (13) Donna Bent | 40.00 | | | | | | | | | |
| Controller | | | | Х | | | | 58,488. | 0. | _12,324. |
| (14) | | | | | | | | | Ì | |
| | | | | | | | | | | Form 000 (2016) |

| Form 990 (2016) PENNSYLVANIA COMMUNITY | | | | | | | | l Uishaat Can | 25-163 | 5266 | Page 8 |
|--|---|-------------|-----------------------|-------------------------------------|-----------------------------------|------------------------------|-----------|--|---|---------------|--|
| Part VII Section A. Officers, Directors, Tru | Stees, | <u>ney</u> | ЕП | ipic O) | | es, a | inc | Hignest Con | ipensated E | mpic | yees (continued |
| (A) Name and title | Average hours per week | bo | , unle | Posi theck iss per ind a d | tion more rson i lirecto | than or | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation fro related organization | om Nos | (F) Estimated amount of other compensation |
| | (list any hours for related organiza - tions below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | omer | (W-2/1099-MISC) | (W-2/1099-MISC | ons () | compensation from the organization and related organizations |
| (15) | | | | | | | | | | | |
| (16) | | | | | , | | | - | | | |
| (17) | | | | | | | | | | - | |
| (18) | | - | | | | | 1 | | | | |
| (19) | | _ | | | | | | | | | |
| (20) | - | - | | | | | | · | | $\overline{}$ | |
| (21) | | - | | | | | | | | _ | |
| (22) | | - | | | | | | | - | + | |
| (23) | | - | | | | | | | | _ | <u> </u> |
| (24) | - | | | | | | | · | | | |
| (25) | | - | | | | | | | | \dashv | |
| 1 b Sub-total | | | | | | _ | <u> </u> | 229,527. | | 0. | 29,772 |
| d Total (add lines 1b and 1c) | <u></u> | <u></u> | | | | · · · | <u> </u> | 229,527. | | 0. | 29,772 |
| 2 Total number of individuals (including but not limited from the organization ► 0 | to those | listed | abo | ove) | who | rece | ivec | d more than \$100,6 | 000 of reportabl | e com | pensation |
| 3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc | | | | | | | | | | | Yes No |
| 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual | ian \$150, | 0002 | If 'Y | 'es, ' | com | plete | Scl | hedule J for | | | 4 |
| 5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co | | | | | | | | | | | 5 X |
| Section B. Independent Contractors 1 Complete this table for your five highest compensate | ed indepe | nden | t cor | ntrac | tors | that | rece | erved more than \$1 | 100,000 of | | |
| compensation from the organization Report comper (A) | | r the | cale | ndar | yea | r end | ling | (B) | | <u> </u> | (C) |
| Name and business addre | | | | | | | | Description o | i services | | ompensation |
| | | | | | | | \exists | | | | |
| | | | | | | | - | | | | |
| Total number of independent contractors (including to \$100,000 of compensation from the organization to the contractors). | out not lin | nited | to th | ose | liste | d abo | ve) | who received mo | re than | | |
| BAA | <u>_</u> | TEFAC | 108 | 11/16 | /16 | | | | | <u> </u> | Form 990 (2016 |

| | • | Check if Schedule O c | ontains a respo | nse or note to any li | ne in this Part VIII . | <u>.</u> <u></u> | | . , |
|--|------|--|---------------------|-----------------------|--|--|--------------------------------|--|
| | | <u> </u> | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | | Federated campaigns . | | | | | | |
| ts, Grants Amounts | þ | Membership dues | 1b | | RAE-ASEA | 不会是是 | | |
| 8, E | C | Fundraising events | 1c | | | | P | |
| a ii | d | Related organizations . | 1d | | | | | |
| ons, Giff Similar | е | Government grants (contribute | ons) 1 e | 6,011,995. | | | | |
| P S | f | All other contributions diffs or | ants and | | | | | |
| the | • | All other contributions, gifts, gr similar amounts not included a | bove . 1 f | 2,506. | | | 163 at 175 to | |
| <u> </u> | g | Noncash contributions include | d in lines 1a-1f \$ | | Care Care de | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Total. Add lines 1a-1f . | | | 6,014,501. | | | |
| | | | | Business Code | | | | ************ |
| 돌 | 2 a | Tenant programs | 3 | 624100 | 39,798. | 39,798. | 0. | 0. |
| Program Service Revenue | b | | | | | | | |
| ë | С | | | | | | | |
| ē | d | | | | | | | |
| E | е | | | | | | | |
| gra | f | All other program service | revenue | | | | | |
| Pro | | Total. Add lines 2a-2f | | | 39,798. | | 14 - 45 mm - 18 | 1024530V-50V-50V |
| | 3 | Investment income (inclu | | | 337.33. | Commence the state of the second of the seco | | N-95''- 2015'-1 |
| | Ŭ | other similar amounts) . | • • • • • • • • | | | | | |
| | 4 | Income from investment | of tax-exempt b | ond proceeds | | | | |
| | 5 | Royalties | | | | | | |
| | | [| (ı) Real | (ii) Personal | | WAR SHOW | 74.7% 209176 | |
| | 6 a | Gross rents | | | | | | |
| | ь | Less: rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | V. | | |
| | d | Net rental income or (los | s) | | | | | |
| | | Gross amount from sales of | (i) Securities | (ii) Other | | | ## (5 mm - 1 mm) | STATE OF THE STATE |
| | , a | assets other than inventory | - | | | | | |
| | | Less cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | | | | | |
| • | R a | Gross income from fundr | aising events | | | | AND SERVICE | |
| Ž | " | (not including\$ | albing events | | | | | |
| Ķ | | of contributions reported | on line 1c) | | | | | |
| 8 | | See Part IV, line 18 | | а | | | | |
| Other Revenu | b | Less. direct expenses . | | Ь | | | | |
| ਨੋਂ | | Net income or (loss) from | | ents · · · · · ► | | | | |
| _ | 9 2 | Gross income from camil | no activities | | 13.11 (1883) | 27 从秦986年代。 | 23.00 (19.2°) \ | AND MARKET |
| | Ja | Gross income from gamin See Part IV, line 19 | ····· | а | | | | |
| | ь | Less direct expenses . | | b | | | | |
| | | Net income or (loss) from | | es | | | | |
| | | | = | | -7. EXELECTION | | | |
| | 104 | Gross sales of inventory, and allowances | | а | 16. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18 | | | |
| | 1 | Less: cost of goods sold | | b | | | | |
| | | Net income or (loss) from | | tory | | D. D. C. P. P. S. | | |
| | | Miscellaneous Revenu | | Business Code | 经要求 資質。 | | 《异族》的" 是"。一人 | 1852 May 18-13 |
| | 11 a | | | | | | | |
| | ь | | | | | | | |
| | С | | | | | | | |
| | d | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | | A CONTRACTOR S | KRANT A | |
| | | Total revenue. See instr | | | 6,054,299. | 39,798. | 0. | 0. |
| | | | | | | | | |

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX.......... (A) Total expenses (D) (B) (C) Do not include amounts reported on lines Fundraising Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22. 4,483,545 4,483,545 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees 276,191 236,807 38,903 481 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... 512,570 85,249. 597,819 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 142,899 123,271 19,628 0 Payroll taxes <u>13,449</u>. 94,385 80,900 36. Fees for services (non-employees) a Management b Legal c Accounting 78,200 6,159 0. 84,359 e Professional fundraising services See Part IV, line 17. Other (If line 11g amount exceeds 10% of line 25, column 29,448 29,433 15 0. (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 12 Office expenses 123,703 98,070 25,559 74. Information technology 4,705 3. 4,326 376 Royalties 13,505 106. 16 Occupancy 177,079 163,468 17 14,444 12,085 2,350 9. Payments of travel or entertainment expenses for any federal, state, or local Conferences, conventions, and meetings . . . 917 390 0 1,307 20 Interest 52,292 49,241 3,020. 31. 21 Payments to affiliates. Depreciation, depletion, and amortization . . . 10,531 9,029 1,496 6. 9 13,930 162 23 101 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 O) e All other expenses 755. 5,895,792. 6,107,808. 211,261. 25 Total functional expenses Add lines 1 through 24e. . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here ► SOP 98-2 (ASC 958-720).

| 2 Savings and temporary cash investments 2 3 | | | Check if Schedule O contains a response or note to any line in this Part X | <u> <u></u></u> | | |
|--|----------|------|--|--------------------------|----------|--|
| 1 Cash - non-inderest-bearing | | | | (A) Beginning of year | | (B) End of year |
| ### Accounts receivable, net. ### Accounts receivables from other disqualified persons (as defined under section 4956()(3)(8), and contributing employees and sponsoring organizations of section 501()(9) voluntary employees beneficiatory organizations (see instructions) Complete Part I of Schedule L. #### Accounts receivable, net. ### Accounts payable and deferred charges. ### Accounts payable and deferred charges. ### Accounts payable and deferred charges. ### Accounts payable and excrued expenses. ### Accounts payable and accrued expenses. ### Accou | [| 1 | | 73,558. | 1 | 20,722. |
| 1,145,463 | 1 | 2 | | | 2 | |
| 1 | Ì | 3 | | | 3 | |
| trustees, key employees, and highest compensated employees? Complete Part In Or Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(nt)) approved and sponsoring organizations of section 595(nt)(3) (with outmutung employees) beneficiary organizations (see instructions) Complete Part I of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 8 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 11 Investments — publicly traded securities 12 Investments — publicly traded securities 13 Investments — program-related See Part IV, line 11 14 Intringible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue 20 Tax-exempl bond liabilities 21 Escrew or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 21 Construction that follow SFAS 117 (ASC 958), check here Fig. and complete lines 30 through 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Parmanently restricted net assets 20 Organizations that follow SFAS 117 (ASC 958), check here Fig. and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Padd-in or capital surplus, or land, building, or equipment fund 31 Padd-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances. 34 Logical assets 35 Complete Part II of Schedule L 36 Total leasests or fund balances. 36 Total leasests or fund balances. 37 Total net assets or fund balances. 38 Total net a | l | 4 | Accounts receivable, net | 1,145,463. | 4 | 1,243,112. |
| Loans and other receivables from other disqualified persons (as defined under section 4958)f(1) persons described in section 4958(2)(3) persons described in section 4958(2)(3) persons described in section 4958(2)(3) persons described in section 4958(2) pollutary employees beneficiary organizations (see instructions) Complete Part II of Schedule L. | ļ | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| 8 Inventones for sale or use 9 Prepard expenses and deferred charges 0, 9 19,227. | | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' | | | |
| 10 a Land, buildings, and equipment: cost or other basis. | Ø | 7 | Notes and loans receivable, net | | 7 | |
| 10 a Land, buildings, and equipment: cost or other basis. | se | 8 | Inventories for sale or use | | 8 | |
| 10 a Land, buildings, and equipment: cost or other basis. | As | _ | | 0. | 9 | 19.227 |
| b Less accumulated depreciation | | 10 a | Land, buildings, and equipment cost or other basis. | | | |
| 11 Investments — publicly traded securities 11 12 1 12 1 12 1 13 1 12 1 13 1 13 1 14 13 1 14 13 1 14 14 | | | | | 10 c | 1 610 |
| 12 Investments — other secunties See Part IV, line 11 13 Investments — program-related See Part IV, line 11 13 Intensible assets 14 Intangble assets 15 Other assets See Part IV, line 11 24,719 15 14,875 16 Total assets Add lines 1 through 15 (must equal line 34) 1,262,720 16 1,302,585 17 Accounts payable and accrued expenses 80,687 17 94,927 18 Grants payable 30 Grants payable 30 Additional payable 30 | | _ | | 10,300. | | 4,049. |
| 13 Investments - program-related See Part IV, line 11 | ľ | | , | | | |
| 14 Intangible assets 14 14 14 15 16 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 17 | j | • | | | | |
| 15 Other assets. See Part IV, line 11 | | • • | • - | | | |
| 16 | ļ | | | 24 710 | | 14.075 |
| 17 Accounts payable and accrued expenses 80,687 17 94,927 18 Grants payable 18 19 Deferred revenue 296,470 19 296,470 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 24 26 Total liabilities. Add lines 17 through 25 1, 127, 157 26 1, 220, 531. 27 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 135,563 33 82,054 | | | | | | |
| Tax-exempt bond liabilities | | | Accounts payable and accrued expenses | | _ | |
| Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D. Total Iliabilities, Add lines 17 through 25. Total Iliabilities, Add lines 17 through 25. Total Iliabilities, Add lines 33 and 34. Unrestricted net assets. Temporarily restricted net assets. Permanently restricted net assets. Capital stock or trust principal, or current funds. Capital stock or trust principal, or current funds. Retained earnings, endowment, accumulated income, or other funds. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 135,563. 139 296,470. 20 21 290 21 291 291 292 293 294 295 296,470. 20 21 21 296 27 297 297 297 298 299 290 290 291 291 291 291 291 | | | | 80,007. | | 94,921. |
| 20 Tax-exempt bond liabilities | ı | | | 296 470 | | 296 470 |
| Escrow or custodial account liability Complete Part IV of Schedule D | | | | 230,410. | | 250,470: |
| Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | y, | | · | | | |
| Secured mortgages and notes payable to unrelated third parties | oilitie | | Loans and other payables to current and former officers, directors, trustees, | | | |
| Secured mortgages and notes payable to unrelated third parties | Ē | | Complete Part II of Schedule L | | 22 | |
| Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25 | 7 | 23 | Secured mortgages and notes payable to unrelated third parties | 750,000. | 23 | 829,134. |
| Total liabilities. Add lines 17 through 25 | | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| Organizations that follow SFAS 117 (ASC 958), check here x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 25 | |
| lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | 26 | | 1,127,157. | 26 | 1,220,531. |
| lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | | Organizations that follow SFAS 117 (ASC 958), check here > X and complete | | 3 | |
| Temporarily restricted net assets | ĕ | | lines 27 through 29, and lines 33 and 34. | | | |
| 28 Temporarily restricted net assets | ž | 27 | | 135,563. | 27 | 82,054. |
| 29 Permanently restricted net assets | ja j | 28 | | | 28 | |
| Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 1 262 720 34 1 302 585 | d E | 29 | Permanently restricted net assets | | 29 | |
| 30 Capital stock or trust principal, or current funds | r Fun | | | | | |
| Paid-in or capital surplus, or land, building, or equipment fund | 0 | 30 | • | | 30 | The state of the s |
| Retained earnings, endowment, accumulated income, or other funds | 6 | | · | | | |
| 33 Total net assets or fund balances | 58 | | | | | |
| 34 Total liabilities and net assets/fund balances | 35 | | | 135 563 | | 82.054 |
| | ž | | | | | 1,302,585. |

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| | | <u> 1635</u> 26 <u>6</u> | | Page 12 |
|-----|---|--------------------------|------------|------------------|
| Pa | 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 | 6,05 | 4,299. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,10 | 7,808. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | - 5 | 3,509. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 13 | 5,563. |
| 5 | Net unrealized gains (losses) on investments | 5 | | |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses | 7 | | |
| 8 | Prior period adjustments | 8 | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 82 | 2,054. |
| Pa | TXII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | П |
| | | | Y | es No |
| 1 | Accounting method used to prepare the Form 990. | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | |
| 2 : | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis | | | |
| ı | b Were the organization's financial statements audited by an independent accountant? | • • • • • • | 2 b | 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. X Separate basis | | | |
| | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant? | ıt, | 2 c | Х |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3 a | х |
| 1 | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a | | | ,, |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | · · · · · | 3 b | X |
| BAA | | | Form 9 | 90 (2016) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

| Name o | f the | organization | | | | | Employer identific | ation number |
|------------|-------|---|--|---|--|--------------------------|---|---|
| | | YLVANIA COMMUNITY F | | | | | 25-163526 | |
| Part | 18 | Reason for Public Cha | rity Status (All or | ganizations must c | omplete | e this p | art.) See instruction | ns. |
| The o | gai | nization is not a private foundat | ion because it is (For | lines 1 through 12, chec | k only or | ne box) | | |
| 1 | | A church, convention of church | hes, or association of d | churches described in se | ction 17 | <mark>70(ь)(1)(</mark> / | A)(i). | |
| 2 | Г | A school described in section | 170(b)(1)(A)(ii). (Attac | ch Schedule E (Form 99 | 0 or 990 | -EZ)) | | |
| 3 | Г | A hospital or a cooperative hos | spital service organiza | tion described in section | 170(b) | (1)(A)(iii) |). | |
| 4 | | A medical research organization | on operated in conjunc | tion with a hospital desc | ribed in s | section ' | 170(b)(1)(A)(iii) Enter t | he nospital's |
| | Ь. | name, city, and state | | | | | | |
| 5 | | An organization operated for the section 170(b)(1)(A)(iv). (Co | he benefit of a college mplete Part II) | or university owned or o | perated | by a gov | ernmental unit describe | d in |
| 6 | | A federal, state, or local gover | nment or governmenta | ıl unıt described ın secti | on 170(b |)(1)(A)(v | /). | |
| 7 | Х | An organization that normally in section 170(b)(1)(A)(vi). | | part of its support from a | governi | mental ui | nit or from the general p | ublic described |
| 8 | L | A community trust described ii | n section 170(b)(1)(A) | (vi). (Complete Part II.) | | | | |
| 9 | Γ | An agricultural research organ | ization described in se | ction 170(b)(1)(A)(ix) o | perated | ın conjur | nction with a land-grant | college |
| | _ | or university or a non-land-gra | nt college of agriculture | e (see instructions). Ente | er the na | me, city, | and state of the college | or |
| | | university | | | | | | · |
| 10 | | An organization that normally from activities related to its exinvestment income and unrela June 30, 1975 See section 5 | empt functións—subjec ted business taxable ir | t to certain exceptions, a scome (less section 511 | and (2) n | o more t | han 33-1/3% of its supp | ort from gross |
| 11 | | An organization organized and | d operated exclusively | to test for public safety | See sect | tion 509(| (a)(4). | |
| 12 | | An organization organized and or more publicly supported org lines 12a through 12d that des | ianizations described ii | n section 509(a)(1) or s | ection 5 | 09(a)(2). | See section 509(a)(3). | ourposes of one . Check the box in |
| а | L | Type I. A supporting organization(s) the power to recomplete Part IV, Sections A | egularly appoint or elec | ed, or controlled by its s t a majority of the direct | upported ors or tru | l organız ıstees of | ation(s), typically by giv the supporting organiza | ing the supported atton You must |
| Ь | | Type II. A supporting organiza management of the supporting must complete Part IV, Secti | g organization vested ii | trolled in connection with the same persons that | ts supported to | oorted or or manag | ganızatıon(s), by havıng ge the supported organi: | control or zation(s) You |
| С | | Type III functionally integrat | ed. A supporting organ | nization operated in conf | nection w | th, and | functionally integrated v | vith, its supported |
| d | | Type III non-functionally inte | egrated. A supporting of ganization generally m | organization operated in ust satisfy a distribution | connect | ion with i | its supported organization | on(s) that is not ement (see |
| е | | instructions) You must comp Check this box if the organizat | ion received a written | determination from the I | RS that i | t is a Typ | pe I, Type II, Type III fur | nctionally |
| | En | integrated, or Type III non-fun- ter the number of supported or | | | | | | |
| | | ovide the following information: | | | | | | |
| 9 | i) Na | ame of supported organization | (iı) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) is organizati in your go docum | overning | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | } | | | |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| m | | | | | | | | |
| <u>(B)</u> | | | | | | - | | |
| (C) | | , | | | | | | |
| <u>(D)</u> | | | | | | | | |
| (E) | | , | | | | | | |
| Total | | , | | | | | | |

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 | tion A. Public Support | | | | | | |
|-------|---|--|--|--|---|----------------------------------|--------------------|
| begir | ndar year (or fiscal year nning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | 5,965,773. | 6,304,205. | 5,776,371. | 5,552,614. | 6,014,501. | 29,613,464. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 5,965,773. | 6,304,205. | 5,776,371. | 5,552,614. | 6,014,501. | 29,613,464. |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0. |
| 6 | Public support. Subtract line 5 from line 4 · · · · · · · · · | | | | | | 29,613,464. |
| Sec | tion B. Total Support | | · · · · · · · · · · · · · · · · · · · | | , | | |
| | ndar year (or fiscal year nning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 5,965,773. | 6,304,205. | 5,776,371. | 5,552,614. | 6,014,501. | 29,613,464. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 0. | 0. | 0. | 0. | | 0, |
| 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.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 29,613,464. |
| 12 | Gross receipts from related activiti | ies, etc. (see instru | ictions) | | | 12 | 131,739. |
| | First five years. If the Form 990 is organization, check this box and s | top here | · · · · · · · · · · · | | | | ▶ [] |
| | tion C. Computation of Pu | | | | | | |
| 14 | Public support percentage for 2010 | 6 (line 6, column (f | divided by line 11 | l, column (f)) | | 14 | 100.00% |
| | Public support percentage from 20 33-1/3% support test—2016. If the | ne organization did | not check the box | on line 13, and lin | e 14 is 33-1/3% or | more, check this t | 100.00 % |
| b | and stop here. The organization of 33-1/3% support test-2015. If the | e organization did | not check a box or | n line 13 or 16a, ar | nd line 15 is 33-1/3 | % or more, check | this box |
| | and stop here. The organization of | qualifies as a public | cly supported orga | nization | | | ▶ [_] |
| 17a | 10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a | oots the 'farts and | circumetancee' tes | et chack this how s | indistan here. Eva | Jain in Part VI how | |
| | 10%-facts-and-circumstances te or more, and if the organization mere organization meets the facts-and-organization meets and description meets | eets the 'facts-and- circumstances' tes | circumstances' tes t The organization | st, check this box a i qualifies as a pub | and stop here. Exp blicly supported org | laın in Part VI how anızatıon | the ▶ |
| 18 | Private foundation. If the organiz | ation did not check | a box on line 13, | 16a, 16b, 17a, or | 17b, check this box | and see instruction | ons ▶ [_] |
| BAA | | | | | Sch | edule A (Form 99 | 90 or 990-EZ) 2016 |

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

| | (Complete only if you check | ed the box on line | 10 of Part I or if th | e organization faile | ed to qualify under | Part II If the orga | nization N/A |
|------------|---|----------------------|----------------------------|------------------------|---------------------|---------------------|--------------|
| 800 | fails to qualify under the test tion A. Public Support | s listed below, ple | ase complete Part | 11) | | | |
| | dar year (or fiscal year beginning in) | (a) 2012 | (h) 2012 | (c) 2014 | (d) 2015 | (a) 2016 | (f) Total |
| Calen 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | (a) 2012 | (b) 2013 | (6) 2014 | (4) 2015 | (e) 2016 | (f) Total |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | , | |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | , | , | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | / | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 | | | | | | |
| | for the year | | | / | | | |
| 8 | Public support. (Subtract line | | | | | | |
| <u> </u> | 7c from line 6) | | | UZA ZELITA BEFATA Z | | Phospie v Agreement | <u> </u> |
| | tion B. Total Support | (a) 2012 | (b) 2013 / | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | dar year (or fiscal year beginning in) Amounts from line 6 | (a) 2012 | (b) 2013 / | (6) 2014 | (d) 2013 | (e) 2010 | (i) rotai |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| • | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is | | | | | | |
| 12 | regularly camed on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is organization, check this box and st | | | | | | ▶ □ |
| Sec | tion C. Computation of Pul | | | | <u></u> | | |
| 15 | Public support percentage for 2016 | (line 8, column (f | divided by line 13 | 3, column (f)) | | 15 | 8 |
| 16 | Public support percentage from 20 | | | | | | 8 |
| Sec | tion D. Computation of Inv | | | | | | |
| 17 | Investment income percentage for | 2016 (line 10c, co | lumn (f) divided by | line 13, column (f | | | 8 |
| 18 | Investment income percentage from | | | | | | ક |
| | 33-1/3% support tests—2016. If the is not more than 33-1/3%, check the 33-1/3% support tests—2015. If the support tests—2015. | is box and stop h | e re. The organizat | ion qualifies as a p | oublicly supported | organization · · · | ▶ [|
| 20 | line 18 is not more than 33-1/3%, or Private foundation. If the organization | theck this box and | stop here. The or | ganızatıon qualifie | s as a publicly sup | ported organizatio | n ▶ [_] |
| 70 | ·ate roundation, it the organize | actors and mot condu | C CON OIL III IC 17, | . 5a, 5. 155, 6new | DON WING BUT I | | |

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)

N/p

Section A. All Supporting Organizations

- 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 authoriting such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 10h 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 |
|----------------|----------------|-----------------------------|
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| Sche | edule A (Form 990 or 990-EZ) 2016 PET | NNSYLVANIA | COMMUNITY REAL EST. | ATE CORP. | 25-1635266 | F | Page 5 |
|------|---|--|---|------------------------------|--------------------------|-----------------------|-------------|
| Pa | ゼⅣ Supporting Organizations | (continued) | | | | 7/ | |
| 44 | . Has the organization accepted a gift or co | antribution from a | ny of the following persons? | | | Yes | No |
| | A person who directly or indirectly control | | • | d in (b) and (c) below | v. the | | |
| | governing body of a supported organization | on? | - | | 11a | 3 | |
| I | A family member of a person described in | า (a) above? | | | 111 | <u> </u> | |
| | A 35% controlled entity of a person descr | | above? If 'Yes' to a, b, or c, prov | nde detail in Part VI. | 110 | : | <u> </u> |
| Sec | tion B. Type I Supporting Organ | izations | | | | - | |
| 1 | Did the directors, trustees, or membership | n of one or more « | supported organizations have th | se power to regularly | appoint | Yes | No |
| • | or elect at least a majority of the organiza | tion's directors or | trustees at all times during the | tax year? If 'No,' des | scribe in | | 26 |
| | Part VI how the supported organization(s If the organization had more than one sup | pported organizati | ion, describe how the powers to | appoint and/or remo | ove 🐉 | | |
| | directors or trustees were allocated amon applied to such powers during the tax year | | organizations and what condition | ns or restnctions, if a | iny, 1 | : 199 <i>0.</i> 2 | 10.30 |
| 2 | Did the organization operate for the bene | | ed organization other than the si | unported organizatio | 7988 | 15263 | |
| _ | that operated, supervised, or controlled th | ne supporting orga | anızatıon? <i>If 'Yes,' explaın ın P</i> aı | rt VI how providing s | | | |
| | benefit carned out the purposes of the supporting organization. | ppoπea organizat | tion(s) that operated, supervised | i, or controlled the | 2 | In house designed the | شمعمند د د |
| Sec | tion C. Type II Supporting Orgar | nizations | | | | - | |
| | | | | | Residence . | Yes | No |
| 1 | Were a majority of the organization's direct | | | | | | |
| | of each of the organization's supported or supporting organization was vested in the | | | | | L | 13.000 |
| Sec | tion D. All Type III Supporting O | rganizations | | | | | |
| | | | | | | Yes | No |
| 1 | Did the organization provide to each of its | s supported organ | izations, by the last day of the fi | ifth month of the | | | 整 |
| • | organization's tax year, (i) a written notice | e describing the ty | pe and amount of support provi | ded during the prior | | | |
| | year, (ii) a copy of the Form 990 that was organization's governing documents in eff | | | | 1 | | - تدگذار |
| _ | | | · | | | | |
| 2 | Were any of the organization's officers, di organization(s) or (ii) serving on the gover | rning body of a su | ipported organization? If 'No,' ex | xplaın ın Part VI how | , <u>133</u> | | |
| | the organization maintained a close and o | continuous working | g relationship with the supporte | d organization(s) | 2 | | 34340 |
| 3 | By reason of the relationship described in | (2), did the organ | nization's supported organization | ns have a significant | | | |
| | voice in the organization's investment pol all times during the tax year? If 'Yes,' desi | | | | ayed 200 | | |
| | in this regard | | | | 3 | | <u> </u> |
| Sec | tion E. Type III Functionally Inte | grated Suppo | orting Organizations | | | <u>_</u> | |
| 1 | Check the box next to the method that the | e organızation use | ed to satisfy the Integral Part Te | st during the year(s | ee instructions). | | |
| | The organization satisfied the Activitie | es Test Complete | e line 2 below | | | | |
| | The organization is the parent of each | h of its supported | organizations Complete line 3 | below | | | |
| | The organization supported a governi | mental entity Des | scribe in Part VI how you suppo | rted a government e | ntity (see instructions) | | |
| _ | | · | | - | , | | |
| 2 | Activities Test Answer (a) and (b) below | v. | | | T 22 22 | Yes | No |
| | a Did substantially all of the organization's a supported organization(s) to which the org | activities during the | e tax year directly further the ex | cempt purposes of th | ie | | |
| | organizations and explain how these ad | ctivities directly fur | rthered their exempt purposes, I | how the organization | was 💥 | | |
| | responsive to those supported organization substantially all of its activities | ons, and how the o | organization determined that the | ese activities constitu | uted 2a | 1 | 1 |
| | Did the activities described in (a) constitut | te activities that h | out for the organization's involve | ment one or more - | 4 | 143 | 1245 |
| | the organization's supported organization | (s) would have be | en engaged in? If 'Yes.' explain | in Part VI the reaso | ns for | | |
| | the organization's position that its support organization's involvement | ed organization(s, | s) would have engaged in these | activities but for the | 2b | , | |
| | _ | | | | | 13 | 1 |
| | Parent of Supported Organizations. Answ | | | | | | |
| , | a Did the organization have the power to re each of the supported organizations? Pro | gularly appoint or vide details in Pai | elect a majority of the officers, or vi. | directors, or trustees | of 3a | - | 2.2.2.3.6 |
| | Did the organization exercise a substantia | | | and activities of co- | th of its | 亚铁 | 200 |
| | supported organization exercise a substantial supported organizations? If 'Yes,' describe | e in Part VI the ro | ole played by the organization in | this regard | 3b | <u>-</u> | |
| BAA | | | TEEA0405 09/28/16 | Schee | dule A (Form 990 or 9 | 90-EZ | 201€ |

| | dule A (Form 990 or 990-EZ) 2016 PENNSYLVANIA COMMUNITY REAL E | STATE | CORP. 25-16: | 35266 Page 6 |
|-----|--|-----------------------|---|--------------------------------|
| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | rganiza | tions | N/A |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust of instructions. All other Type III non-functionally integrated supporting organizations | on Nov 2 s must co | 0, 1970 (explain in Part V Implete Sections A throug | l) See h E |
| Sec | tion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sec | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). | | | |
| а | Average monthly value of securities | _ 1a | | |
| b | Average monthly cash balances | _ 1 b | | |
| c | Fair market value of other non-exempt-use assets | 1 c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1 d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | <u> </u> | |
| Sec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | CANAGE STATE | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | 经验证据 | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | 进程第14年用第二次 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6_ | | |
| 7 | Check here if the current year is the organization's first as a non-functionally integral | ated Typ | e III supporting organization | on |

Schedule A (Form 990 or 990-EZ) 2016

| | dule A (Form 990 or 990-EZ) 2016 PENNSYLVANIA COMMUNI | | | 35266 Page 7 |
|----------|---|---|---|---|
| | t.V. Type III Non-Functionally Integrated 509(a)(3) Su | ipporting Organiza | tions (continued) | N/A |
| Sec | tion D — Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purpos | ses | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | of supported organizatio | ns, | |
| 3 | Administrative expenses paid to accomplish exempt purposes of suppo | orted organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | · · · · - · · · · · · · · · · · · · · · | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the organiza in Part VI) See instructions | tion is responsive (provid | e details | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Sec | tion E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI) See instructions | | | |
| 3_ | Excess distributions carryover, if any, to 2016 | | | 是对外数位为 |
| a | | | | |
| b | | | | |
| С | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | Walter Berner | | |
| h | Applied to 2016 distributable amount | A TO THE PARTY OF THE | 22: (25:3) | |
| _ i | Carryover from 2011 not applied (see instructions) | | 设备5岁/数00家6条 | |
| j | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | E 199 SECTION OF THE LIBERT OF | |
| | Applied to 2016 distributable amount | | | ne " Mar a |
| <u>c</u> | Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions | | | |
| | | 1 20 24 5 18 18 22 18 18 18 18 18 18 18 18 18 18 18 18 18 | | 3 44 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 | Breakdown of line 7 | | | |
| | Evene from 2012 | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | CONTROL OF THE PROPERTY. | | |
| | Excess from 2015 | | | THE STATE OF THE STATE OF |
| е | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

: Schedule A (Form 990 or 990-EZ) 2016

PENNSYLVANIA COMMUNITY REAL ESTATE CORP.

25-1635266

Page 8

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

∴ Open to Public Inspection Employer identification number

| | PENNSYLVANIA COMMUNITY REAL ESTATE CORP. | 25-1635266 |
|----|--|---|
| Pā | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. | |
| | | unds and other accounts |
| 1 | Total number at end of year | mes and other accounts |
| 2 | Aggregate value of contributions to (during year) | |
| 2 | Aggregate value of grants from (during year) | |
| 3 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds | |
| | are the organization's property, subject to the organization's exclusive legal control? | · · · · L Yes L No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | |
| Pä | Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. | ~/A |
| 1 | | |
| 1 | | managed band and |
| | Preservation of land for public use (e.g., recreation or education) | • |
| | Protection of natural habitat Preservation of a certified his | itoric structure |
| _ | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a consellast day of the tax year | rvation easement on the |
| | | eld at the End of the Tax Year |
| | a Total number of conservation easements | |
| | b Total acreage restricted by conservation easements | |
| | c Number of conservation easements on a certified historic structure included in (a) | |
| | d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic | |
| , | structure listed in the National Register | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization tax year ► | ion during the |
| 4 | Number of states where property subject to conservation easement is located ► | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 conservation e | asements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easen ▶\$ | nents during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement include, if applicable, the text of the footnote to the organization's financial statements that describes the organization easements | it, and balance sheet, and atton's accounting for |
| Ρa | Organizations Maintaining Collections of Art, Historical Treasures, or Other Sim Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. | ilar Assets. |
| 1 | a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and be art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of in Part XIII, the text of the footnote to its financial statements that describes these items. | public service, provide, |
| | b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public lowing amounts relating to these items. | nce sheet works of art, lic service, provide the |
| | (i) Revenue included on Form 990, Part VIII, line 1 | ▶\$ |
| | (ii) Assets included in Form 990, Part X | ▶\$ |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro amounts required to be reported under SFAS 116 (ASC 958) relating to these items | |
| | a Revenue included on Form 990, Part VIII, line 1 | ▶\$ |
| | b Assets included in Form 990, Part X | |

| | | COMMUNITY RE | | | 25-163 | | Page |
|---|--------------------------------------|---|---|-----------------|----------------------------|----------------|------------|
| Part III Organizations Mainta | ining Colle | ctions of Art, H | listorical Tre | asures, o | r Other Similar Ass | ets (continu | ıed) ► |
| 3 Using the organization's acquisition items (check all that apply): | n, accession, a | and other records, cl | neck any of the | following that | are a significant use of r | ts collection | |
| a Public exhibition | | d L | oan or exchang | e programs | | | |
| b Scholarly research | | e C | other | | | | |
| c Preservation for future genera | | | | | | | |
| 4 Provide a description of the organi Part XIII | | | | | | | |
| 5 During the year, did the organization to be sold to raise funds rather than | on solicit or red in to be mainta | ceive donations of ai lined as part of the c | t, historical trea irganization's co | sures, or other | er sımılar assets | Yes | No |
| Escrow and Custodia line 9, or reported an a | Arrangen mount on F | nents. Complete orm 990, Part X | out the organi line 21. | zation ans | wered 'Yes' on Forn | า 990, Part IV | V, ~, |
| 1 a is the organization an agent, truste on Form 990, Part X? | ee, custodian c | or other intermediary | for contribution | s or other ass | sets not included | Yes | No |
| b If 'Yes,' explain the arrangement in | Part XIII and | complete the followi | ng table | | | | |
| | | | | | | Amount | |
| c Beginning balance | | | | | | | |
| d Additions during the year | | | | | | | |
| e Distributions during the year | | | | | | - | |
| f Ending balance | | | | | | T | |
| 2 a Did the organization include an arr | | | | | | | No |
| b If 'Yes,' explain the arrangement in | n Part XIII. Che | eck here if the explar | nation has been | provided on | Part XIII | [| |
| Part V Endowment Funds. C | complete if t | he organization | answered 'Y | es' on Forr | n 990, Part IV, line 1 | 0. 2 | / <u>A</u> |
| | (a) Current | year (b) Prio | r year (c) | Two years back | k (d) Three years back | (e) Four years | s back |
| 1 a Begin ning of year balance | | | | | | | |
| b Contributions | | | | | | | |
| c Net in vestment earnings, gains, and losses | | | | | | | |
| d Grants or scholarships | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | |
| f Administrative expenses | | | | | | | |
| g End of year balance | | | | | | T | |
| 2 Provide the estimated percentage | of the current | year end balance (lii | ne 1g, column (a | a)) held as | | | |
| a Board designated or quasi-endowr | ment ► | 96 | | | | | |
| b Permanent endowment ► | 8 | | | | | | |
| c Temporarily restricted endowment | > | 8 | | | | | |
| The percentages on lines 2a, 2b, a | | egual 100% | | | | | |
| 3 a Are there endowment funds not in organization by | the possession | n of the organization | that are held a | nd administer | red for the | Yes | No |
| (i) unrelated organizations | | | | | | | |
| (ii) related organizations | | | | | | | + |
| b If 'Yes' on line 3a(ii), are the relate | | | | | | | 1- |
| 4 Describe in Part XIII the intended to | | | | | | - 1 1 | 1 |
| | | | Circ Idinas | | | | |
| Part VI Land, Buildings, and Complete if the organiz | | | rm 990 Part | IV line 11 | a See Form 990 P | art X Jine 10 | l |
| Description of property | | (a) Cost or other bas | | t or other | (c) Accumulated | (d) Book va | |
| | | (investment) | | (other) | depreciation | | |
| 1a Land | | | | | | | |
| b Buildings | | | | | | | |
| | | | | | i | | |
| c Leasehold improvements | | | | | | | |
| c Leasehold improvements d Equipment | | | | 13,278. | 8,629. | 4, | , 649 |

Schedule D (Form 990) 2016

| Schedule D (Form 990) 2016 PENNSYLVANIA_COMMU | NITY REAL ESTA | ATE CORP. 25-1635266 Pag |
|--|---------------------------------|--|
| Part VII Investments - Other Securities. | | |
| | | Part IV, line 11b. See Form 990, Part X, line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | · <u> </u> | |
| (C) | | |
| (D) | | |
| (E) | | |
| <u>(F)</u> | | |
| (G) | | |
| (H) | | |
| (1) | | THE STATE OF THE PROPERTY OF THE STATE OF TH |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12) | | 不是一个人的人,但是一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的 |
| Part VIII Investments — Program Related. Complete if the organization answered 'Y | es' on Form 990. F | Part IV line 11c See Form 990 Part X line 13 |
| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) | (-) | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 13) ▶ | | 下,他们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 |
| Part IX Other Assets. | | D-1 N/ has 444 Oss France 000 D-4 V has 45 |
| | res on Form 990, F scription | Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value |
| (1) SECURITY DEPOSITS | scription | 14,875 |
| (2) | | 11707. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) lii | 20 15) | 14 075 |
| | 16 15) | |
| Other Liabilities. Complete if the organization answered 'Yes' on Fo | orm 990. Part IV. line 1 | 1e or 11f. See Form 990. Part X. line 25 |
| (a) Description of liability | (b) Book value | |
| (1) Federal income taxes | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) (9) | | |
| (10) | | |
| (11) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25) | . • | |
| 2. Liability for uncertain tax positions In Part XIII, provide the text of the footn | ote to the organization's final | incial statements that reports the organization's liability for uncertain |
| tax positions under FIN 48 (ASC 740) Check here if the text of the footnote h | as been provided in Part XIII | l |
| BAA | TEEA3303 08/15/16 | Schedule D (Form 990) 20 |

| Schedule D (Form 990) 2016 PENNSYLVANIA COMMUNITY REAL ESTATE CORP. | 25-1635266 | Page 4 |
|---|-------------------|----------|
| Reconciliation of Revenue per Audited Financial Statements With Revenue per | r Return. | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | · · · 1 6, | 054,299. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. | *** | |
| a Net unrealized gains (losses) on investments | | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII) | X35 | |
| e Add lines 2a through 2d | | |
| 3 Subtract line 2e from line 1 | 6, | 054,299. |
| 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) | | |
| c Add lines 4a and 4b | | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 054,299. |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p | per Return. | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a | | |
| 1 Total expenses and losses per audited financial statements | 1 6, | 107,808. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | 3.0 | |
| a Donated services and use of facilities | | |
| b Prior year adjustments | | |
| c Other losses | | |
| d Other (Describe in Part XIII) | | |
| e Add lines 2a through 2d | 2 e | |
| 3 Subtract line 2e from line 1 | 6, | 107,808. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII) | | |
| c Add lines 4a and 4b | | 107 000 |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) |] 5 6, | 107,808. |
| Parkania Suddiemental information. | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

Schedule D (Form 990) 2016

4/2 <u>8</u> (h) Purpose of grant or assistance Open to Public OMB No 1545-0047 2016 Employer Identification number Yes X Raiting Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 25-1635266 (g) Description of noncash assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Information about Schedule | (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section (if applicable) Partil General Information on Grants and Assistance PENNSYLVANIA COMMUNITY REAL ESTATE CORP (b) EIN 1 (a) Name and address of organization or government 1 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) 크 ন্ত্ৰ

Schedule I (Form 990) (2016) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table TEEA3901 11/03/16 Enter total number of other organizations listed in the line 1 table BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 1 i 7 S 8

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Schedule I (Form 990) (2016) PENNSYLVANIA COMMUNITY REAL ESTATE CORP.

| Partill | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III

| can be duplicated if additional space is needed. | ce is needed. | | | *** | |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of reciplents | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 Rental Assistance (SNU) | 406 | 3,632,787. | 0 | 0. N/A | N/A |
| 2 Rental Assistance (ESU) | 229 | 850,758. | .0 | 0. N/A | N/A |
| 67 | | | | | |
| 4 | | | | | |
| ro. | | | | | |
| 9 | | | | | |
| 7 | | | | | |
| Partive Supplemental Information. Provide the information | de the information | required in Part Lilir | e 2: Part III. column | n required in Part I line 2. Part III, column (b); and any other additional information | litional information |

reviewing the necessary documentation. Certain small utility assistance payments are reimbursed to The Organization remits rental assistance payments directly to landlords after receiving and Rangives Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Pt I Line 2

the utility company and/or tenants, the calculatins for which are based on reviewing the necessary

documentation.

Schedule I (Form 990) (2016)

SCHÈDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

PENNSYLVANIA COMMUNITY REAL ESTATE CORP

25-1635266

Pt VI, Line 11b

The Form 990 is reviewed in detail by the Executive Director and Controller, and then discussed with the Board President. The Form 990 is also sent to the other board members for review and response. Any requested details or explanations are then provided to any of the other board members who may have an inquiry.

Pt VI, Line 19

The Organization makes the necessary governing documents, policies and financial statements available upon request.

Pt VI, Line 12c

Conflict of interest statements are reviewed by the board and management each year at the annual meeting as submitted, in order to address conflicts, if any. Activity is also monitored during the year for possible conflicts.

Pt VI, Line 15a Pt VI, Line 15b

The board uses compension data for comparable positions at similar organizations in determining compensation.