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.

OMB No. 1545-0047 **2016**

Depa	eriment of the Trea nai Revenue Servi	sury ce				umbers on this form as and its instructions is a					
A			year, or tax ye	_		, and ending					لكيسبيد
В	Check if applicable:	applicable: C Name of organization MOUNT WASHINGTON COMMUNITY							D Employer identification number		
X	Address change	s change DEVELOPMENT CORPORATION									
	Name change	change								638640	
Ħ	Initial return		VIRGINIA		red to street add	ress)	1	Room/suite	# Telephon	e number 481 -322	'n
Ħ	Final return/			ce, country, and ZIP or	foreign postal co	ode				IUL JEL	<u> </u>
님	terminated	PIT	TSBURGH	•	PA 1521	1			G Gross rec	eiotst 1	192,268
L.	Amended return	F Name a	and address of princi	pal officer.							<u> </u>
\sqcup	Application pending	MIC	CHAEL GR	ANDE				H(a) is this a gro	oup return for a	subordinates []	Yes X No
		608	3 VIRGIN	IA AVE				H(b) Are all sub	ordinates inc	luded?	Yes No
			TSBURGH		PA	15211		If "No,	attach a list	(see instructions)	ļ
1	Tax-exempt status			01(c) () ◀ (nsert no)	4947(a)(1) or 5	27				
J		WCDC				 		H(c) Group exce			
K	Form of organizatio		proration Trus	t Association	Other -		L Y	ear of formation: 1	990	M State of legal	domicile: PA
		ummar			-1161			 	···		
•				s mission or most		ctivities: ment Corporati	i op /	ARCDC) in			
Governance	pro	fit co	rporation	with a mi	esion t	o cultivate	TON (develo	nment	and	
Ë	COM	nunity	investme	nt.			P		A		
Š					ed its operati	ions or disposed of mo	ore than 2	25% of its net a	ssets	••• ••••	
ජ				governing body (4-1			1 . 1	13	
63	4 Number	of indepe	endent voting m	embers of the gov	erning body	(Part VI, line 1b)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	4	13	
₹.	5 Total nu	mber of in	ndividuals emple	oyed in calendar y	ear 2016 (Pa	art V, line 2a)			5	7	
Activitles &									6	0	-
_	7a Total un	related bu	usiness revenue	e from Part VIII, co	lumդ (C) , lin	RECEIVED			. 7a		0
	b Net unre	elated bus	iness taxable in	come from Form	990-1531ius 3	# ₆₀			. 7b		0
	8 Contribu	itions and	arante (Part VI	ll, line 1h)	8	14UV 2 0 2017	ŞΪ-	Prior Yes	,503	Current	13,399
	9 Program	ncons and Service i	revenue (Part V	'(), wite (in) '() line 2n\					,503		53,404
Revenue	10 Investm	ent incom	e (Part VIII. col	umn (A), lines 3, 4	and 7d)	GDEN, UT			24		4,942
~				(A), lines 5, 6d, 8d					9,402		0
						olumn (A), line 12)	. .		3,443	1'	71,745
				(Part IX, column (0
				Part IX, column (A							0
8	15 Salaries	, other co	mpensation, en	nployee benefits (I	Part IX, colu	mn (A), lines 5-10)		44	<u>5,616</u>	2:	14,044
Expenses	16aProfess	ional fund	raising fees (Pa	art IX, column (A),	line 11e)	11,050					0
Ř	b Total fur	ndraising	expenses (Part	IX, column (D), lir	ne 25) 🕨	11,050					
-				(A), lines 11a-11					7,119		30,087
						A), line 25)	·····		3,735 9,708		44,131
5	19 Revenu	e less exp	enses. Subtrac	t line 18 from line	12	**********		Beginning of Cu	rrent Year	End of	72,386 Year
Net Assets or Fund Balances	20 Total as	sets (Par	t X, line 16)				Ī		1,606		20,498
	21 Total lia	bilities (Pa	art X, line 26)		••••		·· ··· [2,028		56,426
25	22 Net ass	ets or fun	d balances Sul	otract line 21 from	line 20			89:	9,578		64,072
			e Block								
Ų	Inder penalties o	f perjury, I	declare that I have	e examined this rete	um, including	accompanying schedule:	s and state	ements, and to the	ne best of n	ny knowledge ar	nd belief, it is
	ue, consci, and	Winpiete.	Decial addition pro	eparer (durer trial) d	nicer) is base	on all information of wh	ich prepa	rer nas any know	T T	1 1 10 /	1
Sig	an I	Signature of	officer	-56/2c-1	₩—				Date	1/5/	
He		-	HAEL GRA	NDE	•	T	resi	dent	5.010		-
110		•	name and title		$\overline{}$		1631	Gene			
	Print/Ty	pe preparer	s name		Preparer's sign	141400		Date	Check	M PTIN	
Pai	id Delbe	ert D. 1	Tyler, CPA		DAVES		/		/17 self-er	· 🗀 "	95080
Pre	parer Firm's r			COLLIER					rm's EIN ▶		45009
Us	e Only				Ste 1			····-			
		ddress 🕨	Pitts	<u>burgh, P</u>	1521	L9			Phone no	412-47	1-7060
				eparer shown abo	ve? (see ins					XΥ	es No
For		duction A	ct Notice, see th	e separate instruc	lions.					7 CZQFor	m 990 (2016)
_, ,											

Form 990 (2016) MOUNT WASHING	COMMUNITY_	25-16±.	. 340	Page 2
	Service Accomplishmer ntains a response or note			X
1 Briefly describe the organization's mission Mount Washington Community community investment.	on nunity Developme th a mission to	nt Corporation	(MWCDC) is a	not-for-
2 Did the organization undertake any sign prior Form 990 or 990-EZ? If "Yes," describe these new services or		the year which were not listed	on the	Yes X No
3 Did the organization cease conducting, services? If "Yes," describe these changes on Sch		now it conducts, any program		Yes X No
4 Describe the organization's program ser expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any,	rvice accomplishments for each (4) organizations are required to	report the amount of grants		
4a (Code.) (Expenses \$ Business Development	172,208 including g	grants of \$) (Revenue \$	
Business development of existing resources proximity to the down homes, access to parlactive core business base due to the magnitude restaurants on Grandattract new ones to I	s and assets in ntown core busin ks and recreation district. Addi ificent city sky view Avenue help	the community less district, on, mass transi- tionally, a transi- line and great to to retain exi	including the affordable si t availabilit cemendous visit amenities li	close ngle family y and an tor/tourism ke the
4b (Code) (Expenses \$	105,431 including	grants of \$) (Revenue \$	
Real Estate Development Residential and communication approach to encourage improves the communication MWCDC to target	unity developmer e long-term deve ty's housing sto	elopment benef: ock and begins	its to the nei to develop pr	.ghborhood, cojects by
Strategies will leve historic character, quality housing. a) Commercial Real Es b) Housing Developmen	mass transit res	sources and ex	architectural cellent access	and sibility to
4c (Code:)(Expenses \$ Community Development Community development elements into a neign safety, community desprowth and quality of spaces, embodied by unsurpassed urban gramwCDC through its Emcontinually improving opportunities in cora) Emerald View Park	t is a broad temple thousand the second temple to the second temple temple to the second temple temple to the second temple temp	rm used to pro- open space an broad function Washington's s ew of the City ated by Emeral ps and other p g park-related	<pre>d recreation to ensure con ignature is i ; the communi d View Park (ark-related a amenities an</pre>	to public mmunity ts open ty has EVP). The ctivities, i
4d Other program services (Describe in S				· · · · · · · · · · · · · · · · · · ·
(Expenses \$ 4e Total program service expenses ▶	including grants of \$ 359,001) (Rev	enue \$	
DAA	333,001			Form 990 (20

Form 990 (2016) MOUNT WASHINGT COM
Part IV Checklist of Required Schedules COMMUNITY

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

****	990 (2016) MOUNT WASHINGTO COMMUNITY 25-165 40	···-	Р	age 4
Fd	rt IV Checklist of Required Schedules (continued)		Yes	No
20a	bid the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	res	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	. 1200	 	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	. =		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	.	1	
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		1	}
	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	$\overline{}$	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d	_	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	.	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		 	$\overline{}$
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	,	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		T	\top
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28	<u> </u>	X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28	ь	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	Į		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1	1	-
	Part I	3	Ц_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ì	Ì	
	complete Schedule N, Part II	_3:	2	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	3:	3	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1	-	
	or IV, and Part V, line 1	3.		<u> </u>
35 a	, , , , ,	35	a	X
b		1		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	b	
36	, , , , , , , , , , , , , , , , , , ,	l l	-	
	related organization? If "Yes," complete Schedule R, Part V, line 2] 3	6	<u> </u>
37	3			Ì
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		-	

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

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orm	990 (2016) MOUNT WASHINGTO COMMUNITY 25-163 40		Pa	ge 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		14	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7	ا ا		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		.	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
40	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, secunties account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	70		-
~	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X _
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	┼	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		₹.
ن د	required to file Form 8282?	7c	+	X
u ^	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\vdash	$\frac{1}{x}$
ď	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	+-	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	_	•	
p	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	_	-	
11	Section 501(c)(12) organizations. Enter:		ł	
а	 		-	
ь	, , , , , , , , , , , , , , , , , , , ,		l	
	against amounts due or received from them)	┨		
12a		12	<u>a </u>	
42		-	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13		
а	·	13	-	-
	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		}	
r.	the organization is licensed to issue qualified health plans		ł	
c		\dashv	Ī	
14a		14	a	X
ŀ	10 mg - 11 - 12 mg - 1	14		
_				

Form 990 (2016) MOUNT WASHINGTO COMMUNITY Page 6 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 13 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 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 X 15a X b Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure PA 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection Indicate how you made these available Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records: > MICHAEL GRANDE 608 VIRGINIA AVE

PITTSBURGH

Board Member (8) CHRIS KAIL

Board Member

Board Member

Treasurer

DAA

(9) KEVIN KERR

(10) ALAINA SPANOUDAKIS

) MOUNT	WASHINGTO	COMMUNITY		10	Page 7
Part VII	Compensa	ation of Officers,	Directors, Trustees,	Key Employees, Hig	hest Com	pensated Employees, and
	Independe	ent Contractors				
1	Check if So	chedule O contair	ns a response or note to	any line in this Part \	/II	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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X

X

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (F) (C) (D) (E) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of box, unless person is both an related other week from officer and a director/trustee) compensation (list any organizations the (W-2/1099-MISC) from the hours for organization ndrvidual trustee ir director nstitutional trustee (W-2/1099-MISC) organization related ghest compensated nployee employee and related organizations below dotted organizations line) (1) TOM BRADY 2.00 X 0.00 Board Member 0 0 (2) CURT CONRAD 2.00 X Board Member 0.00 0 0 (3) DARLA D'ANNA 2.00 X 0 0.00 0 0 Board Member (4) MICHAEL GRANDE 2.00 0.00 X X 0 0 President (5) ERIC HORWITH 2.00 Board Member 0.00 X 0 0 (6) TERRY MOSS 2.00 X Board Member 0.00 0 0 0 (7) JOE REWIS

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections exempt function business revenue 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events d Related organizations 1d Program Service Revenue and Other Sim 105,000 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 8,399 1f g Noncash contributions included in lines 1a-1f. 113,399 h Total. Add lines 1a-1f **Busn Code** 38,448 38,448 2a GOVERNMENT CONTRACTS 14,956 14,956 b OTHER INCOME 0 0 0 0 d f All other program service revenue 53,404 Total. Add lines 2a-2f > Investment income (including dividends, interest, 18 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 6a Gross rents Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 25,447 other than inventor b Less cost or other 20,523 basis & sales exps 4,924 c Gain or (loss) 4,924 4,924 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c All other revenue Total. Add lines 11a-11d 171,745 58,328 0 18 Total revenue. See instructions

Form 990 (2016) MOUNT WASHING I COMMUNITY Part IX Statement of Functional Expenses

Total expenses Program service Management and Fund	(D) draising penses
Do not Include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 18,603 16,018 2,313 10 Payroll taxes	(D) draising
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 18,603 16,018 2,313 10 Payroll taxes	
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9 Other employee benefits 18,603 16,018 2,313 10 Payroll taxes 18,916 15,322 3,216	
10 Payroll taxes 18,916 15,322 3,216	
10 Payroll taxes 18,916 15,322 3,216	272
11 Fees for services (non-employees)	378
add to: dot victions (not only of oo)	
a Management	
b Legal	
c Accounting 28,907 23,496 4,931	480
d Lobbying	
e Professional fundraising services. See Part IV, line 17	
f Investment management fees	
g Other (If line 11g amount exceeds 10% of line 25, column	
(A) amount, list line 11g expenses on Schedule (O) 72,796 58,965 12,375	1,456
12 Advertising and promotion	
13 Office expenses 10,243 8,296 1,742	205
14 Information technology 6,616 5,360 1,125	131
15 Royalties	
16 Occupancy 18,255 14,110 3,791	354
17 Travel 3,703 3,490 189	24
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings 2,418 2,279 124	<u> 15</u>
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 4, 613 4, 613	
23 Insurance 8,484 7,754 651	79
24 Other expenses. Itemize expenses not covered	
above (List miscellaneous expenses in line 24e If	
line 24e amount exceeds 10% of line 25, column	
(A) amount, list line 24e expenses on Schedule 0)	
a SIGNAGE 48,787 39,466 8,345	976
b UNCOLLECTABLE CONTRACTS 9,893 9,893	
c TRANSFER OF ASSETS 3,903 3,903	
d EQUIPMENT RENTAL 3,662 3,662	0 157
e All other expenses 7,807 4,388 1,269	2,150
25 Total functional expenses. Add lines 1 through 24e 444, 131 359, 001 74, 080 26 Joint costs. Complete this line only if the	11,050
organization reported in column (B) joint costs	
from a combined educational campaign and	
fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)	

MOUNT WASHING!

Form 990 (2016)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 393,155 73,194 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 433,155 148,585 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 13,665 3,882 10a Land, buildings, and equipment: cost or 26,858 other basis. Complete Part VI of Schedule D 10a 13,821 b Less. accumulated depreciation 10b 26,353 13,037 11 Investments-publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 85,278 81,800 15 Total assets. Add lines 1 through 15 (must equal line 34) 951,606 320,498 16 16 17,240 17 Accounts payable and accrued expenses 21,799 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 30,229 of Schedule D 39,186 25 26 Total liabilities. Add lines 17 through 25 52,028 56,426 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 189,974 144,253 28 709,604 Temporarily restricted net assets 119,819 28 Net Assets or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 899,578 264,072 33 Total liabilities and net assets/fund balances 951,606 320,498

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses Subtract line 2 from line 1 3 Possets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 -363,120	om	990 (2016) MOUNT WASHINGTO COMMUNITY 25-16 40				Page	e 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Total expenses (must equal Part IX, column (A), line 25) 4 A44,131 3 Revenue less expenses Subtract line 2 from line 1 3 -272,386 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 899,578 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 Total Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	Par	t XI Reconciliation of Net Assets					
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 3 from line 1 Revenue less expenses Subtract line 3 from line 1 Revenue less expenses Subtract line 3 from line 1 Revenue less expenses Subtract line 3 from line 1 Revenue less expenses Subtract line 3 from line 1 Revenue less expenses Subtract line 3 from line 1 Revenue less expenses Subtract line 3 from line 3 from line 3 from line 1 Revenue less expenses line 2 Revenue less expenses line 2 from line 1 Revenue		Check if Schedule O contains a response or note to any line in this Part XI	 +				
3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 — 363,120 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 12 Yes No 13 Accounting method used to prepare the Form 990 Cash X Accrual Other 16 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 16 Yes rhe organization's financial statements compiled or reviewed by an independent accountant? 16 Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis 16 Were the organization's financial statements audited by an independent accountant? 16 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. 17 Consolidated basis Both consolidated and separate basis 18 Consolidated basis, or both: 18 Separate basis Consolidated basis Both consolidated and separate basis 19 Consolidated basis Both consolidated and separate basis 10 Consolidated basis Both consolidated and separate basis 11 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. 11 Consolidated basis Both consolidated and separate basis 12 Consolidated basis Both consolidated and separate basis 13 Consolidated basi	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Part period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Part SII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990' Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 or both. X Separate basis Consolidated basis or both. X Separate basis Consolidated basis Doth consolidated and separate basis C 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 Consolidated basis Doth consolidated and separate basis C 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 Consolidated basis Doth consolidated and separate basis C If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? 3a X If "Yes," did the organization undergo the required audit or audit	2	Total expenses (must equal Part IX, column (A), line 25)	2				
Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Xesparate basis Consolidated basis, or solidated on a separate basis Consolidated basis, or both: Xesparate basis Consolidated basis, or solidated on a separate basis consolidated basis, or solidated said separate basis consolidated basis, or solidated said separate basis consolidated basis or both: Xesparate basis Consolidated	3	Revenue less expenses Subtract line 2 from line 1	3				
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 1-363, 120 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 264,072 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		89	9,5	<u> 78</u>
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 264,072 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	5	Net unrealized gains (losses) on investments	5				
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 264,072 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	6	Donated services and use of facilities	6				
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant? 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 Consolidated basis Both consolidated and separate basis 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 Consolidated basis Both consolidated and separate basis If "Yes," the 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 Consolidated basis Both consolidated and separate basis If "Yes," the organization of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O	7	Investment expenses	7				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	8	Prior period adjustments	8				
33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 b Were the organization's financial statements audited by an independent accountant? 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 Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	9	Other changes in net assets or fund balances (explain in Schedule O)	9		-36	3,1	20
33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 b Were the organization's financial statements audited by an independent accountant? 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 Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Text 10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990		· · · · · · · · · · · · · · · · · · ·	10		26	4,0	72
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		required data to detaile, explain may in defination of and debands daily stops taken to disadigo deal deduction				m 99	0 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Pu Charity Status and Public ipport

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.

2016
Open to Public Inspection

OMB No 1545-0047

Name of the organization

MOUNT WASHINGTON COMMUNITY DEVELOPMENT CORPORATION

Employer Identification number 25-1638640

	1. E. J			tatus (All organizations n			nis part.) See instructions	<u>5.</u>
The c	rgar	nization is not a	private foundation because	it is: (For lines 1 through 12, ch	eck only	one box.)		
1	Щ			ciation of churches described in			A)(i).	
2	Щ)(ii). (Attach Schedule E (Form				
3		•	•	e organization described in sect	•	,, ,, ,,	•	
4		A medical rese	earch organization operated i	in conjunction with a hospital de	escribed in	n section	170(b)(1)(A)(iii). Enter the hos	spital's name,
_	_	city, and state:						
5	Ш			a college or university owned of	r operated	d by a gov	ernmental unit described in	
_	\Box	•)(1)(A)(iv). (Complete Part II	•				
6			•	vernmental unit described in se			•	
7	X		n that normally receives a st ection 170(b)(1)(A)(vi). (Cor	ubstantial part of its support from mplete Part II.)	m a gover	nmental u	init or from the general public	
8		A community t	rust described in section 17	'0(b)(1)(A)(vi). (Complete Part	II)			
9				ribed in section 170(b)(1)(A)(i)				e
		or university or university:	r a non-land grant college of	agriculture (see instructions). E	Enter the r	name, city	, and state of the college or	
10	Ш	-		more than 33 1/3% of its supp				SS
		support from g	ross investment income and	ot functions—subject to certain dunrelated business taxable in	come (les	s section	511 tax) from businesses	
11				, 1975 See section 509(a)(2). xclusively to test for public safe	-	-		
12	H	•		xclusively to test for public safe	•			200
12	ш	•		ations described in section 509	-			
				at describes the type of suppor				
	а	Type I. A	supporting organization ope	rated, supervised, or controlled	by its sup	ported or	ganization(s), typically by givin	ng
				er to regularly appoint or elect a		of the dire	ectors or trustees of the	
	_		•	omplete Part IV, Sections A ar				
	Ь	_		pervised or controlled in connection				
			management or the support on(s). You must complete `	ing organization vested in the s	ame pers	ons that c	control or manage the supporte	ea
	С		• •	upporting organization operated	Lin conne	ction with	and functionally integrated w	th.
	_	its suppor	ted organization(s) (see inst	ructions) You must complete	Part IV,	Sections	A, D, and E.	• • •
	d			. A supporting organization ope				* *
				organization generally must sa	-		•	ess
				nust complete Part IV, Section				
	е			eived a written determination fron front in a written determination front in tegrated suppor			a Type I, Type II, Type III	
	f		ber of supported organization		ung organ	.2.4.011		,
	g		• • • • •	e supported organization(s).				<u> </u>
	i) Na	me of supported	(iı) EIN	(III) Type of organization	(iv) is the o	organization	(v) Amount of monetary	(vi) Amount of
	0	rganization		(described on lines 1–10	listed in you	ir governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
				 	Yes	No		
(A))							
					 	 	<u> </u>	
(B)	·						
(C			 	 	╂	 		
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MWCD8640 11/07/2017 5 09 PM WASHINGTON COMMUNITY 25-1638640 Schedule A (Form 990 or 990-EZ) 2016 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 838,017 722,046 917,743 795,357 190,250 3,463,413 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 838,017 722,046 917,743 795,357 190,250 3,463,413 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) 980,382 Public support. Subtract line 5 from line 4 2,483,031 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 838,017 795,357 722,046 917,743 190,250 3,463,413 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 39 33 24 18 162 sources Net income from unrelated business activities, whether or not the business 20,760 17,974 6,000 6,000 50,734 is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 7,454 9,117 16,571 11 Total support. Add lines 7 through 10 3,530,880 12 12 Gross receipts from related activities, etc (see instructions) 426,384 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 70.32% 14 Public support percentage from 2015 Schedule A, Part II, line 14 85.77% 15 15 16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2016

! WASHINGTON COMMUNITY MO

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

(Complete only if you checked the b	ox on line 10 of Part I or if the organiz	ation failed to qualify under Part II.
If the organization fails to qualify und	der the tests listed below, please com	plete Part II.)

Sect	ion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) T	otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b		<u> </u>					
8	Public support. (Subtract line 7c from							
_	line 6)		<u> </u>	<u> </u>	<u> </u>	.L		
	tion B. Total Support			,	,			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f)	Total
9	Amounts from line 6					<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b		<u> </u>	 				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)		_l					
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)		▶ [
Se	ction C. Computation of Public S	Support Perce	ntage					
15	Public support percentage for 2016 (line	8, column (f) divid	ded by line 13, colu	ımn (f))			15	%
16	Public support percentage from 2015 Sc	hedule A, Part III,	line 15	·			16	%
Se	ction D. Computation of Investm	ent Income P	ercentage					
17	Investment income percentage for 2016	(line 10c, column	(f) divided by line	13, column (f))		<u> </u>	17	%
18	Investment income percentage from 201						18	%
19a	33 1/3% support tests—2016. If the org	ganization did not	check the box on I	ine 14, and line 15	is more than 33 1	/3%, and line		. г
	17 is not more than 33 1/3%, check this	=	•	•	- · · ·	=		▶ L
t	•••	=					ıd	. г
	line 18 is not more than 33 1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly supporte	ed organization		▶ L

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

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Schedule A (Form 990 or 990-EZ) 2016 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

<u>s</u>

Sect	ion A. All Supporting Organizations	Diete Part V.		
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	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	_1		
	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	2		
	(b) and (c) below.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a_		
	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)	3b		
	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	3c		
	"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	4a		
	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			
С	Did the organization support any foreign supported organization that does not have an IRS determination	4b		
	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,"	_4c		
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	_		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	_5a		
	designated in the organization's organizing document?			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5</u> b		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		
	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	_6		
	(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-FZ)	_		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	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	8		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	If Section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	_	ı	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
	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	9b		
	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	9c		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the second of the second o	1 1	- 1	

determine whether the organization had excess business holdings)

	tle A (Form 990 or 990-EZ) 2016 MOU WASHINGTON COMMUNITY 25-163864	10		Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11 '	Has the organization accepted a gift or contribution from any of the following persons?		ı	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1. [. [
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
Secti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
Ject	on B. Type I Supporting Organizations		1	
4	Did the disease to store a second selection of an arrange of the store		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-1-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Soct	supervised, or controlled the supporting organization.	2		<u> </u>
Seci	ion C. Type II Supporting Organizations		-	
	Many a majority of the assert of the design of the state	r	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		:	
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soci	the supported organization(s)	11		<u> </u>
Jeci	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
-	the organization maintained a close and continuous working relationship with the supported organization(s)	2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a		-	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3	<u> </u>	ــــــــــــــــــــــــــــــــــــــ
1 _	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	5)		
a	i i i i i i i i i i i i i i i i i i i			
t -	Harmonia Compression Compressi	4 \		
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ctions)		
2	Activities Test. Answer (a) and (b) below.			
		F	Yes	No_
8				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ł	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	 	+
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	┼—	
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	- -
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		L

chedule A (Form 990 or 990-EZ) 2016 MOU WASHINGTON COMMUNIT		25-1638	640 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o			
Instructions. All other Type III non-functionally integrated supporting organizations	must comple	ete Sections A through E	
Section 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		<u></u>
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or			·
maintenance of property held for production of income (see instructions)	6		<u> </u>
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		<u> </u>
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5_		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integ	grated Type I	II supporting organization	n (see
instructions)	••	- -	

	B A (Form 990 or 990-EZ) 2016 MOU WASHINGTON C		25-1638	640 Page 7
Part	Y Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	ions (continued)	
Section	on D - Distributions			Current Year
<u>1 · </u>	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted 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 organizations	tion is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				······································
<u> </u>				
	From 2013		· 	**************************************
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	<u></u>		
	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			······································
<u>_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$,
	Applied to underdistributions of prior years	***************************************		
	Applied to 2016 distributable amount			
	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.			<u> </u>
7	Excess distributions carryover to 2017. Add lines 3;	1		
	and 4c.			
8_	Breakdown of line 7.			
!	Excess from 2013			
	Excess from 2014			
	i Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

MO ! WASHINGTON COMMUNITY

25-1638640

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.)

Part II, Line 10 - Other Income Detail

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16,571

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

| Ipplemental Financial State | Ints | 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.

OMB No 1545-0047

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

Open to Public Inspection

	of the organization	Employer i	dentification number	
	OUNT WASHINGTON COMMUNITY EVELOPMENT CORPORATION	25-1638640		
Pa				
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			<u> </u>
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	-		
	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	(all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land	d area
	Protection of natural habitat	Preservation of a certified histor	c structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a cons	ervation	
	easement on the last day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inc	cluded ın (a)	_2c	
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	xtınguished, or termınated by the organız	ation durin	g the
	tax year ▶			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of		п. п.
	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	easement	s during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of views.	olations, and enforcing conservation ease	ements du	ring the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B))(1)	
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation easer	•		
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that	describes	the
_	organization's accounting for conservation easements			
—	art III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on		r Similai 	r Assets.
1:	a If the organization elected, as permitted under SFAS 116 (ASC 958),	•		
	works of art, historical treasures, or other similar assets held for publ			of
	public service, provide, in Part XIII, the text of the footnote to its finar			
ŧ	o If the organization elected, as permitted under SFAS 116 (ASC 958),			
	works of art, historical treasures, or other similar assets held for publ		rtherance o	of
	public service, provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			▶ \$
2		-	provide the	Э
	following amounts required to be reported under SFAS 116 (ASC 95	8) relating to these items		
	a Revenue included on Form 990, Part VIII, line 1			> \$
	b Assets included in Form 990, Part X			> \$

	INGTON CO				<u>.5-16.</u>				Page 2
Part III Organizations Maintaining C							ets (c	ontinued	<i>1</i>)
3 Using the organization's acquisition, accession, collection items (check all that apply)	and other records	s, check a	ny of the follo	wing that are	a significa	nt use of its			
a Public exhibition	d 🗌 (Loan or ex	change prog	rams					
b Scholarly research	e 🗌 (Other							
c Preservation for future generations				•	•				
4 Provide a description of the organization's colle	ctions and explain	how they	further the o	rganization's e	exempt pui	rpose in Part			
XIII.									
5 During the year, did the organization solicit or re	eceive donations o	of art, histo	orical treasure	es, or other sir	milar			_	
assets to be sold to raise funds rather than to b	e maintained as p	art of the	organization'	s collection?				Yes	No
Part IV Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21.	•	on Fori	m 990, Par	rt IV, line 9,	or repor	ted an amo	unt on	Form	
1a Is the organization an agent, trustee, custodian	or other intermed	ary for co	ntributions of	r other assets	not				
included on Form 990, Part X?		,						Yes	No
b If "Yes," explain the arrangement in Part XIII ar	d complete the fo	llowing tal	nle [,]			•			
The pool of the analysis of the area and the	ia complete the lo	noving tal	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Amount	
c Beginning balance						1c			—
d Additions during the year						1d			
e Distributions during the year						1e			
f Ending balance						1f			
2a Did the organization include an amount on For	m 990 Part Y line	21 for a	ecrow or cuet	todial account	liability2	L		Yes	□ No
b If "Yes," explain the arrangement in Part XIII					-				H
Part V Endowment Funds.	MICOR HOLE II WIE C	xpiailauoi	rias been pr	Ovided On Fair	. 7411				1 1
Complete if the organization a	answered "Yes	" on For	m 990 Pa	rt IV line 10	3				
John Proce in this organization of	(a) Current year		nor year	(c) Two years		(d) Three years	hack	(e) Four ye	ars back
1a Beginning of year balance	(-,	(-).		(0, 7.1.0) 2.1.1	-	(=) +100 }20.0	-	(0) , .	
b Contributions		<u> </u>			- 			·	
c Net investment earnings, gains, and		 -							
losses					l				
d Grants or scholarships		†	 -						
e Other expenditures for facilities and		 		 					
programs					1				
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage of the curre	nt vear end baland	ce (line 1a	column (a))	held as:					
a Board designated or quasi-endowment ▶	%		, 00.4 (4),	110.0 00.					
b Permanent endowment ► %									
c Temporarily restricted endowment ▶	%								
The percentages on lines 2a, 2b, and 2c shou									
3a Are there endowment funds not in the posses		zation that	are held and	d administered	for the				
organization by:								ΓY	res No
(i) unrelated organizations								3a(i)	32 132
(ii) related organizations								3a(ii)	
b If "Yes" on line 3a(ii), are the related organiza	tions listed as regi	uired on S	chedule R?					3b	
4 Describe in Part XIII the intended uses of the				•					
Part VI Land, Buildings, and Equip		201111011111	dilas.						
Complete if the organization		s" on Fo	rm 990 Pa	art IV. line 1	11a. See	Form 990	Part)	Cline 10)
Description of property	(a) Cost or othe			other basis		ccumulated	1,	(d) Book va	
	(investmen			her)		preciation	l	(-,	
1a Land			<u> </u>	12,778			 	1	2,778
b Buildings				0	·		0	-	=1
c Leasehold improvements			 .	2,998		2,99			
d Equipment				11,082			-	1	1,082
e Other				,		13,82	1		3,82
Total. Add lines 1a through 1e. (Column (d) must e	gual Form 990 P	art X. colu	mn (B) line :	10c.)	L				0,039
Total. Add intes to unought te. (Column d) must e	quai i oini 990, Fi	<u>ωι Α, σοία</u>	mir (D), line	100)					0,00

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

39,186

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Sched	ule D (Form 990) 2016 MOUNT WA INGTON COMMUNITY	(5-1638640)	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement		•	urn.	
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12	a		
1	Total revenue, gains, and other support per audited financial statements			_1	171,745
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i	•		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		4	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		1	2e	
3	Subtract line 2e from line 1			3	171,745
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1	ŧ	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		ļ	
С	Add lines 4a and 4b	_		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>		5	171,745
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen		•	leturn.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12	2a		
1	Total expenses and losses per audited financial statements		l l	1	441,776
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a		.	
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	441,776
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,355		
С	Add lines 4a and 4b	<i>-</i>		4c	2,355

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.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part X - FIN 48 Footnote

Part XIII Supplemental Information.

MWCDC accounts for uncertainty in income taxes using a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold is met. Management determined that there were no tax uncertainties that met the recognition threshold in 2016.

Part XII, Line 4b - Expense Amounts Included on Return - Other

Book / Tax Depreciation Difference \$ 2,355

444.1

Schedule D (Form 990) 2016 MOUNT W. INGTON COMMUNITY
Part XIII Supplemental Information (continued)

5-1638640

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Schedule D (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Employer identification number 25–1638640

Name of the organization

MOUNT WASHINGTON COMMUNITY DEVELOPMENT CORPORATION

Form 990, Part III, Line 4c - Third Accomplishment

- b) Pennsylvania Scenic Byway (McArdle Roadway and Grandview Avenue)
- c) Dollar Energy Fund
- d) Public Safety

Form 990, Part VI, Line 7a - Election of Members and Their Rights
Yes, the Organization has members who may elect one or more members of the
Governing body.

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached
KATHRYN HUNNIEN
608 VIRGINIA AVE
PITTSBURGH, PA 15211

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is approved by the board of directors and that approval is recorded in the board minutes.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
All members of the governing body are required to sign an ethics statement
and code of conduct policy annually. These policies require governing
board members to "verbally disclose any interests in a transaction or
decision where they (including their business or other nonprofit
affiliation), their family and/or significant other, employer, or close
associates, will receive a benefit or gain (financial or otherwise)."

Name of the organization

Employer identification number

MOUNT WASHINGTON COMMUNITY

25-1638640

These policies are agreed to on an annual basis and enforced when necessary.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Each employee, including the Executive Director, does participate in an annual review and performance process which is tied to the future compensation of said employee. Benchmarks or other comparability data is not utilized however in this case. Compensation is based on past performance, future goals, and funds available. However, no compensation was distributed in the current year for these positions.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Each employee, including the Executive Director, does participate in an annual review and performance process which is tied to the future compensation of said employee. Benchmarks or other comparability data is not utilized however in this case. Compensation is based on past performance, future goals, and funds available. However, no compensation was distributed in the current year for these positions.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are provided upon request.

Form 990, Part IX, Line 11g - Other Fees for Services
Description

	Program	Service	Mgt & G	eneral	Fundrais	ing
CONTRACT LA	BOR					
	\$	12,980	\$	2,724	\$	321

Schedule O (Form 990 or 990)-EZ) (20)16) <u> </u>				Page 2
Name of the organization	_				Employer Identifi	cation number
MOUNT WASHING	TON (COMMUNITY			25-16386	540
•			_			
CONSULTANTS						
	\$	39,295	\$	8,247	, \$.	970
OTHER PROFESS	IONA	L SERVICES				
	\$	6,690	\$	1,404	\$	165
Tot	al					
	\$	58,965	\$	12,375	\$	1,456

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation
TRANSFER OS ASSETS \$ -363,120

The remaining restricted grants and funds of

Emerald View Park was transerred to Pittsburgh Parks Conservancy (a non
profit organization) in the amount of \$363,120.