Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address COMMUNITY DEVELOPMENT CORPORATION ]Name ]change 25-6063711 Doing business as Initial return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number 112 HOLLYWOOD DRIVE, SUITE 102 (724)283-1961 1,607,492. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ BUTLER, PA 16001 H(a) Is this a group return Applica-tion F Name and address of principal officer JOSH FYE for subordinates? Yes X No pending SAME AS C ABOVE Yes L H(b) Are all subordinates included? 501(c)(3) **X** 501(c) ( **6** I Tax-exempt status If "No," attach a list. (see instructions) J Website: ► WWW.BUTLERCOUNTYCDC.COM H(c) Group exemption number ▶ K Form of organization X Corporation Association Other > Trust Year of formation: 1959 M State of legal domicile: PA Part I | Summary Briefly describe the organization's mission or most significant activities. CREATE AN ENVIRONMENT FOR Activities & Governance PRIVATE INDUSTRY TO CREATE AND RETAIN JOBS. 2 Check this box \( \bigs \) if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 32 32 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 32 Total number of volunteers (estimate if necessary) 6 92,874. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 15,442. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 363,896 399,810. Contributions and grants (Part VIII, line 1h) Revenue 184,379. 154,986. Program service revenue (Part VIII, line 2g) -6,338. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 979. 202,930 113,343. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 752,184 661,801. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 <u>.</u> 0. Benefits paid to or for members (Part IX, column (A), line 4) 232,436 180,287. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Éğpenses 0. 16a Professional fundraising fees (Part IX, column-(A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 1,1,4 11d, 11f 249) 348,171 932,154. o) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 580,607. ,112,441. 171,577. -450,640. Net Assetstor | **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 7,823,403. 6,663,020. 4,720,785 4,011,041. 21 Total liabilities (Part X, line 26) 102,618. 2,651,979. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block -पीर्तिder penalties of perjury, | declare that | have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JOSEPH SAELER, INTERIM DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00229535 Paid TIMOTHY J. MORGUS self employed <u>25</u>-16<u>22</u>758 Firm's name MAHER DUESSEL, CPA'S Preparer Firm's EIN Firm's address 503 MARTINDALE STREET, Use Only SUITE 600 Phone no. 412 - 471 - 5500 PITTSBURGH, PA 15212 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Form **990** (2017)

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	

) (Revenue \$

including grants of \$

(Code ) (Expenses \$

Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

895,170.

Orm	aan	(2017)	

Form 990 (2017) COMMUNITY DEVELOPMENT CORPORATION
Part IV Checklist of Required Schedules

25-6063711

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		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		-
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, Part III	_5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "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			<u> </u>
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	,	·	
	as applicable		(	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	445		Х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		Λ
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		**
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "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		X
I4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
1	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		41
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	]	Х
			000	

Form 990 (2017) COMMUNITY DEVELOPMENT CORPORATION

Part IV Checklist of Required Schedules (continued)

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  21 X  22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  22 X				Yes	No
21	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	_20a		X
domestic government on Part IX. Column (A), line 17 if Yes, "complete Schedule I, Parts I and II  21 Did the organization export more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX. Column (A), line 27 if Yes, "complete Schedule I, Parts I and III  22 X  23 Did the organization answer Yea" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former orficers, directors, rustees, key employees, and highest compensated employees? If Yes, "complete Schedule I and former orficers, directors, rustees, key employees and highest compensated employees? If Yes, "complete Schedule I ask 44 or the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, White Yes or to limit be organization meets any proceeds of tax exempt bonds beyond a temporary peniod exception?  24d Did the organization marks and proceeds of tax exempt bonds beyond a temporary peniod exception?  25d Did the organization meets any proceeds of tax exempt bonds beyond a temporary peniod exception?  25d Did the organization marks and it is represented to the organization marks and the organization and the standard of the supplementation of the standard part of the organization and the standard of the organization of the organization of the standard part or the organization of the organization organization and the time former officer, director, trustees, key employees, substantial contributors of applicable fing thresholds, conditions, and exceptions)  26d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors of applicable fing thresholds, conditions, and exceptions)  27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors of a policable fing thresholds, conditions, and exceptions)  28d Vas the organization receive more than \$25,000 in non-one officer, director, trustee, or key	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Dd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), ine 27 of IVes*, complete Schedule I, Part IX and III 23 Dd 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, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV as as saud after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K if "No"; go to line 25e Dd the organization mixing principal amount of more than \$100,000 as of the last day of the year, that was assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No"; go to line 25e Dd the organization maintain an escrow account other than a refunding secrow at any time during the year to delease any tax-exempt bonds?  24b Dd the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Dd the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Dd the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Dd the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Dd the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Dd the organization and the association and the organization and exceptions? 24d Dd the organization and the association and the organization and an arrived association and the organization and are prepared in an excess benefit transaction with a disqualified person if if "yes," complete Schedule L, Part IV organization provide a grant or other assistance to an officer, director, trustee, key employee 8th and provide schedule C, Part IV organization organization and are provided asparation exceptions? If "yes," complete Schedule L, Part IV organization exceptions? I	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule I, Part I and III  29			21		_X_
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and 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 24th through 24d and complete Schedule K. If "No"; go to line 25a. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  1 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d. Did the organization and that the transaction with a dequalified person during the year? If "Ne", complete Schedule L, Part I b is the organization avera that it engaged in an excess benefit transaction with a dequalified person during the year? If "Ne", complete Schedule L, Part I b is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  2 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV an entity of which a current or former officer, director, trustee, or which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  2 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions?  3 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 X.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. "Mo", go to large 25a 24a X.  24b D did the organization invest any proceeds of tax-exempt bonds beyond at emporary pende exception?  24c Did the organization mental an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  25c Section 501(6)(3), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  25d Section 501(6)(3), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of unity of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I is Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, furstees, key employees, bridset complete Schedule L, Part IV instructions for applicable finding thresholds, conditions, and exceptions)  27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions or applicable finding thresholds, conditions, and exceptions)  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable finding thresholds, conditions, and exceptions)  28d A Carrierto former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV in the neural payable organization receive more than \$250,000 in non-cash o			22_		<u>X</u>
Schedule J  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b. Did the organization maintain an escrow account other than a refunding serrow at any time during the year to defease any lax-exempt bonds?  24c Did the organization maintain an escrow account other than a refunding serrow at any time during the year to defease any lax-exempt bonds?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I I Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  3 A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation sections 301 T701-32 If "Yes," complete Schedule R, Part I II Did the organization inquidate, terminate,	23				
24a   Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No"; go to line 25a   24a   X   24b   Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   24d   24d   Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   24d   Did the organization invest and an escriva account other than a refunding escrive at any time during the year of defease any tax-exempt bonds?   24d   Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year?   24d   Did the organization avairs that it engaged in an excess benefit transaction with a disqualified person of uning the year?   17es, "complete Schedule L, Part   25a   25b   25b   25b   25c					
last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule K. If 'No.' go to line 25e Schedule K. If 'No. If 'No.' go to line 25e Schedule K. If			_23_		X
Schedule K. If 'No', go to line 25a Did the organization meets any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization aware that a sin 'on behalf of' issuer for bonds outstanding at any time during the year? Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV A neithy of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A neithy of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R, Part I, III Did the organization receive and the second of the similar assets of its net assets? If "Yes," complete Schedule	24a				
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 24d 25s Section 50 ftc(3), 50 ftc(4), and 50 ftc(29) organizations. Did the organization engage in an excess benefit transaction with a disqualided person during the year? If "Yes," complete Schedule I., Part I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•			<u> </u>
any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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			24b		
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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    b is the organization wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II   25b    Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II   26					
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I    25b	25a	· · · · · · · · · · · · · · · · · · ·			
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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X  26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  3 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X  An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  32 If "Yes," complete Schedule N, Part II 31 X  33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization or 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  35 Did the organization or have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Sched			25a		
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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	31		] , ,	į	v
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Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  35c to 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 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	24	•	33		
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Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>		
	<i></i>		38	x	
		TESTELL WILL COLLEGE AND TO GOTT PLATE OF TO GOTT COLLEGE AND TO G			2017)

Form 990 (2017) COMMUNITY DEVELOPMENT CORPORATION

Part 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			
	•		V	Na.
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b. 0	, .	. ,	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	,	, , , ,	
С	(gambling) winnings to prize winners?	4	7	
20		10		
28	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  5		~ ·	
<b>L</b>		, <u> </u>	₩.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	0-	X	
		3a	_ <u>^</u>	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Х
<b>.</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a	_	Λ.
D	If "Yes," enter the name of the foreign country	•		
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		v
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		Λ_
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•	.	v
	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01		
~	were not tax deductible?	6b	•	
7	Organizations that may receive deductible contributions under section 170(c).		.	
a	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		
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 required	<b>-</b> .	·	
	to file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7.		X _
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7e</u> 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>y</u> 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9				
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	90	<del></del>	
а	Initiation fees and capital contributions included on Part VIII, line 12	` .		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		.	
11	Section 501(c)(12) organizations. Enter			-
	Gross income from members or shareholders	٠, ٠	,	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			· ′
•	amounts due or received from them)	3	'	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		,
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		١ ١	
а	ls the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the		. ]	
	organization is licensed to issue qualified health plans	,	٦,	
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_	
		<del></del>		

25-6063711 Page 6

Form 990 (2017) COMMUNITY DEVELOPMENT CORPORATION 25-6063711 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32	2	,	
	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 0	١٠.	1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 32		,324	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	}		
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			<del></del>
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	100	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	_ <u>^</u> _	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	<u> </u>		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	Ì	Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOSEPH SAELER - 724-283-1961			
	112 HOLLYWOOD DRIVE, SUITE 102, BUTLER, PA 16001	_		

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

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

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

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

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

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

(A)	(B)	l	111126		C)	пре	isai	(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior	i than	000	Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any		Jer an	lu a u	Tecto	Tritus	166)	from	from related	other
	hours for	Individual trustee or director				l e		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 21 1000 111100)	organization
	organizations	trust	nal tru		oyee	edino.				and related
	below	wdua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Pul	lusi	₩.	Ş.	운동	횬			
(1) N. LEE LIGO	0.50	 				ļ	l			
DIRECTOR	0 50	Х				ļ		0.	0.	0.
(2) CHARLES BOORY	0.50				ŀ					
DIRECTOR	0.50	Х	_			-		0.	0.	0.
(3) JOHN MCCARRIER	0.50									
DIRECTOR	0 50	Х			<u> </u>		-	0.	0.	0.
(4) JOE GRAY	0.50									•
DIRECTOR	0 50	X		_		ļ		0.	0.	0.
(5) STAN KOSCIOUZKO	0.50	,,							^	•
DIRECTOR	0 50	X		-				0.	0.	0.
(6) CHRIS PANIAN	0.50	.,							_	^
DIRECTOR	2 00	X			-	<del> </del>		0.	0.	0.
(7) NICHOLAS NEUPAUER	3.00	37		}				0.	0.	•
DIRECTOR	0.50	X						0.	0.	0.
(8) DR. CHERYL NORTON	0.50	x						0.	0.	0.
DIRECTOR THROUGH 7/17	0.50	^		-		$\vdash$				<u></u>
(9) VERNON WISE III	0.30	X		1	-	ļ		0.	0.	0.
DIRECTOR	0.50	Α	_			-	-	0.	<u> </u>	<u>0                                </u>
(10) NADINE TRIPODI DIRECTOR	0.50	х						0.	0.	0.
(11) MIKE CULLY	0.50					<u> </u>		· · · · · · · · · · · · · · · · · · ·		
DIRECTOR	0.55	x		ł				0.	0.	0.
(12) DAN SANTORO	3.00	-								
DIRECTOR THROUGH 11/17		x						0.	0.	0.
(13) JAMES SAELER	0.50									
DIRECTOR		X				}	}	0.	0.	0.
(14) NISH VARTANIAN	0.50									
DIRECTOR		X						0.	0.	0.
(15) THOMAS GENEVRO	0.50									
DIRECTOR		X				<u> </u>		0.	0.	0.
(16) JOE TAYLOR	0.50									
DIRECTOR		X			<u></u>	<u> </u>	L	0.	0.	0.
(17) ROBERT BOWELL	0.50									
DIRECTOR		X					<u> </u>	0.	0.	0.

Section A. Officers, Directors, Trus	tees, Key Em	pio	ees/	, an	d H	ıghe	st C	Compensated Employed	es (continued)				
(A)	(B)				C)			(D)	(E)		i	(F)	
<ul> <li>Name and title</li> </ul>	Average	(do		Pos heck		ົາ ∍than	one	Reportable	Reportable	,	Es	tımate	be
	hours per	bax	r, unle	ess pe	erson	ıs bo or/tru:	th an	compensation	compensation	- 1		nount	
	week (list any	<u> </u>	1		T	1	1	from the	from related			other	
	hours for	or director				l,		1	organization (W-2/1099-MIS			pensa om th	
	related	se or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 1411	JO,		anızat	
	organizations		institutional trustee		yee	эшь					_	d relat	
	below	Individual	te figure	ية	Key employee	est	ية ا			]	orga	anızatı	ons
	line)	i g	ll St	Officer	Key	Highest compensated employee	윤						
(18) BILL HUNTER	0.50										i		
DIRECTOR		X	_	<u> </u>	<u> </u>	_	<u> </u>	0.		0.			0.
(19) WILLIAM ROLAND	0.50	-					Ì	_			i		
DIRECTOR		X	↓_	<u> </u>		$\vdash$	ļ	0.		0.			0.
(20) DR. TRACY VITALE	0.50	}											_
DIRECTOR	2 50	X	-	_			ļ	0.		0.			0.
(21) WILLIAM MCCARRIER	0.50										i		•
DIRECTOR	0.25	X	ļ .	-	$\vdash$			0.		0.			0.
(22) LESLIE OSCHE	0.50	-											^
DIRECTOR	0.50	X	<u> </u>			-	├	0.		0.			0.
(23) KIM GEYER	0.50	-									ı		^
DIRECTOR	0.50	X		-		+		0.		0.			0.
(24) KEVIN BOOZEL	0.50	-								_			0
DIRECTOR	0.50	X				<del> </del>		0.		0.			0.
(25) BILL JONES	0.50	X						0.		0.			0.
DIRECTOR, AT LARGE	0.50	A	$\vdash$	-	-	+		<u> </u>		<u> </u>			<u> </u>
(26) NEAL JACKSON	0.50	X						0.		0.			0.
DIRECTOR AS OF 4/17  1b Sub-total	L	Α	L		L	<u> </u>		0.	<del> </del>	0.			0.
c Total from continuation sheets to Part VI	I Section A							159,061.		0.	1	3,1	
d Total (add lines 1b and 1c)	ii, Section A							159,061.		0.		$\frac{3}{1}$	
Total number of individuals (including but n	ot limited to th		liste	ed al	hove	e) w	no re	··	000 of reportab			<u> </u>	
compensation from the organization	or mined to the	.000	11010	, <b>.</b>		o,		occinca more man ¢ rec	,000 01 (0)01140				0
								<del></del>				Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e. ke	ev er	nplo	ovee	, or l	highest compensated er	mployee on	ſ			
line 1a? If "Yes," complete Schedule J for s	uch individual			•		•					3		Х
4 For any individual listed on line 1a, is the su			omp	ensa	ation	n and	d oth	her compensation from t	the organization	Ī	-	,	
and related organizations greater than \$15									-		4		X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	y uni	elat	ed organization or indivi	dual for services	. [	- '	اد	1
rendered to the organization? If "Yes," com	plete Schedul	e J 1	or s	uch	pers	son		<u> </u>	<u></u>		5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										npensa	ation f	rom	
the organization Report compensation for	the calendar y	ear	endı	ng v	vith_	or w	ıthır	n the organization's tax y	/ear				
(A)			_					(B)		_	(C		_
Name and business	address	N	INC	Ξ			_	Description of s	ervices		omper	nsatio	<u> </u>
	<del></del>						-						
							$\dashv$						
							_						
2 Total number of independent contractors (i	ncluding but n	ot la	mıte	d to	tho	se li	sted	l above) who received m	ore than	- , -,			
\$100,000 of compensation from the organic	zation 🕨				(	0				4 N	4		

25-6063711

Part VII Section A. Officers, Directors, 1	TY DEVELO Frustees, Key Er				_				ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		i	Pos	ition	ì		Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any	recto				emp		organization	(W-2/1099-MISC)	from the
	hours for	0.0	8			ste		(W-2/1099-MISC)		organization and related
	related	ustee	trus		8	ned.				organizations
	organizations	ual tr	onal		e s	2	١.			organizations
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>			
	0.50	<u>-</u>	=	0	<u> </u>	=	- L			
(27) JUSTIN KRAMM DIRECTOR AT LARGE	0.30	X						0.	0.	0
(28) JOSH FYE	3.00				$\vdash$	_		<del></del>		
	3.00	X		X				0.	0.	0
PRESIDENT	3.00	1	$\vdash$		$\vdash$					
(29) JACK COHEN	3.00	X		X			1	0.	0.	0
VICE PRESIDENT	3.00	^		^	-		-			
(30) JANICE PAKOZDI-LUFFY	3.00	X		х				0.	0.	0
TREASURER/VICE PRESIDENT	3.00	^		Λ	├			<u>.</u>		
(31) SCOTT DOCHERTY	0.25	v		Х				0.	0.	0 .
SECRETARY	3.00	^		Λ	$\vdash$	┢				-
(32) JEFFREY ELSER	0.13	v		х				0.	0.	0.
ASSISTANT SECRETARY		Λ		Λ	$\vdash$	-			0.	
(33) JOSEPH SAELER	60.00	1		7.7				72 102	0.	20 100
INTERIM DIRECTOR AS OF 11/17	11.00	-		X	₩	<del> </del>	<u> </u>	73,192.	0.	28,190
(34) STEVE GIFFORD	60.00	1						40.000	•	1 020
EXECUTIVE DIRECTOR 4/17 - 11/17	2.00	├		Х			<u> </u>	49,290.	0.	1,830
(35) KEN RAYBUCK	60.00	-						26 500		12 000
EXECUTIVE DIRECTOR THROUGH 6/17	2.00	ļ	-	X	<del> </del>		-	36,579.	0.	13,090
		1								
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					<u></u>					-
								159,061.		43,110
Total to Part VII, Section A, line 1c	<u> </u>							159,001.	<u>.                                    </u>	43,110

Form 990 (2017) COMMUNI
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
	1	Since the Control of C		= X <sup>2</sup>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, Grants mounts	b	Federated campaigns Membership dues Fundraising events	1a 1b 1c					
Contributions, Gifts, Grants and Other Similar Amounts	c d e	Related organizations Government grants (contribut	ions) 1d	293,570.		,		
ontribution of Other	g	All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	ve 1f	106,240.				,
<u>5</u>	<u>h</u>	Total. Add lines 1a 1f			399,810.	*	1	* (
				Business Code				
9	2 a			531120	106,998.	106,998.		
e K	b	MEMBERSHIP DUES	& ASSE	531120	47,988.	47,988.		
S E	C							
ev ev	d							
Program Service Revenue	е							
ھ	f	All other program service reve	enue				-	
	g	Total. Add lines 2a-2f			154,986.	- 1 - 1	1 1	.;-
	3	Investment income (including other similar amounts)		•	1,496.			1,496.
	4	Income from investment of ta	x-exempt bond p	proceeds	0.50			0.5.0
	5	Royalties		<u> </u>	959.			959.
			(ı) Real	(II) Personal				
	6 a	Gross rents	573,758.		4.		X 2 1	
	b	Less rental expenses	480,884.		7 1 m			
	С	Rental income or (loss)	92,874.		به الله الله الله الله الله الله الله ال	· · · · · · · · · · · · · · · · · ·		·
i	d	Net rental income or (loss)		<b>_</b> _	92,874.		92,874.	
	7 a	Gross amount from sales of	(ı) Securities	(ii) Other	all all all and a second	1		
		assets other than inventory	456,973.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 000		,
	b	Less cost or other basis			1 37	·, · · · · ·	-	
		and sales expenses	464,807.			` '	, ,	1
	С	Gain or (loss)	-7,834.		*			
-	d			<b>•</b>	-7,834.	1		-7,834.
nue		Gross income from fundraisin including \$	ng events (not of			* .	, P	*,* *
e e		contributions reported on line	1c) See			, ,	, ,	
Other Reven		Part IV, line 18	a			,,	,	
the	b	Less direct expenses	b		,		,	,
Ò		Net income or (loss) from fund	draising events					
		Gross income from gaming a	_					
		Part IV, line 19	а					
j	h	Less direct expenses	b					
i		Net income or (loss) from gan		<b></b>				
		Gross sales of inventory, less						
	10 4	and allowances	а		,			
	h	Less cost of goods sold	b					
		Net income or (loss) from sale	_	<b></b>	1			
	<u>C</u>	Miscellaneous Revenu		Business Code				
	44 -	COMMON AREA MA		531120	19,510.			19,510.
				331120	10,010.			
	b			<b>—</b>				
	C							
		All other revenue Total. Add lines 11a-11d			19,510.		,	
	_	Total revenue See instructions			661,801.		92,874.	14,131.
	12	Total revenue See msu uctions			1 001,001.	10-1000	, , , , , , <del>, , , , , , , , , , , , , </del>	<u> </u>

Sect	ion 501(c)(3) and 501(c)(4) organizations must con			omplete column (A)	<del></del>
	Check if Schedule O contains a respo	nse or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundralsing expenses
1	Grants and other assistance to domestic organizations			· 🖟	Ψ ,
	and domestic governments See Part IV, line 21			, . <sup>7</sup> a ·	
2	Grants and other assistance to domestic		]	* / * *	The state of the s
	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,	445 005	64.055	50 050	
	trustees, and key employees	115,007.	64,957.	50,050.	
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	23,659.	14,908.	8,751.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		45.040		
9	Other employee benefits	30,058.	17,312.	12,746.	
10	Payroll taxes	11,563.	6,660.	4,903.	· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
а	Management				
b	Legal	11,250.	4,500.	6,750.	
С	Accounting	41,219.	16,488.	24,731.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	15,702.		9,421.	<del>-</del>
12	Advertising and promotion	4,496.	4,496.		
13	Office expenses	5,102.		5,102.	
14	Information technology				
15	Royalties	25 150		25 150	
16	Occupancy	35,159.		35,159.	
17	Travel	27,645.		27,645.	
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2 245	2 045		
20	Interest	3,945.	3,945.		
21	Payments to affiliates	10 500		10 500	
22	Depreciation, depletion, and amortization	12,520.		12,520.	<del></del>
23	Insurance	11,054.		11,054.	
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 O.)			· · · · · · · · · · · · · · · · · · ·	-
а	ADJUSTMENT OF INVENTORY	598,597.	598,597.	<u> </u>	
	DEVELOPMENT EXPENSE	144,509.	144,509.		
c	REPAIRS	8,439.		8,439.	
d	MISCELLANEOUS	7,746.	7,746.		
-	All other expenses	4,771.	4,771.		
25	Total functional expenses Add lines 1 through 24e	1,112,441.	895,170.	217,271.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I If following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
	•	(A) Beginning of year		( <b>B)</b> End of year
1	Cash non-interest bearing	14,254.	1	15,864
2	Savings and temporary cash investments	1,195,065.	2	1,467,608
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	40,560.	4	26,599
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete	<del>-</del>		
	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			
ς,	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	
As 8	Inventories for sale or use	3,328,900.	8	2 273 330
9	Prepaid expenses and deferred charges	42,357.	9	2,273,330 56,642
I -	Land, buildings, and equipment cost or other	12/35/1		30,012
104	basis Complete Part VI of Schedule D 10a 4,355,245.	,	_	
ь	Less accumulated depreciation 10b 1,532,268.	2,930,494.	10c	2,822,977
11	Investments - publicly traded securities	2/330/2321	11	2,022,511
12	Investments - other securities See Part IV, line 11		12	
			13	
13	Investments - program-related See Part IV, line 11		14	
14	Intangible assets	271,773.		
15	Other assets See Part IV, line 11	7,823,403.	15 16	6,663,020
16	Total assets. Add lines 1 through 15 (must equal line 34)	194,615.		134,137
17	Accounts payable and accrued expenses	194,013.	17	134,131
18	Grants payable	28,561.	18	10,802
19	Deferred revenue	20,301.	19	10,602
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities 22	key employees, highest compensated employees, and disqualified persons			
	Complete Part II of Schedule L	4 075 036	22	2 776 267
23	Secured mortgages and notes payable to unrelated third parties	4,075,836.	23	3,776,267
24	Unsecured notes and loans payable to unrelated third parties	150,000.	24	89,835
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of	071 772		
	Schedule D	271,773.		0.
26	Total liabilities. Add lines 17 through 25	4,720,785.	26	4,011,041
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	,		,
Ses	complete lines 27 through 29, and lines 33 and 34.	2 (22 7(0		0 100 071
27	Unrestricted net assets	2,632,760.	27	2,190,971
28	Temporarily restricted net assets	469,858.	28	461,008
일 29	Permanently restricted net assets		29	
근	Organizations that do not follow SFAS 117 (ASC 958), check here			
o o	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ğ   31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds	2 100 610	32	0 654 050
33	Total net assets or fund balances	3,102,618.	33	2,651,979.
34	Total liabilities and net assets/fund balances	7,823,403.	34	6,663,020.

Pai	t 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		1,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,11		
3	Revenue less expenses Subtract line 2 from line 1	3	-45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,10	<u>2,6</u>	<u> 18.</u>
5	Net unrealized gains (losses) on investments	_ 5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,65	1,9	<u>78.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				LX.
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				ļ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit			
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

COMMUNITY DEVELOPMENT CORPORATION

Employer identification number 25-6063711

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No J Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		TY DEVELOP								Page 2
Pai	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Oth	er Simil	ar Asse	<b>ts</b> (continu	ied)
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following tha	t are a s	ignificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	c	, <u> </u>	Loan or exc	change progra	ıms				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's continuous	ollections and explai	ın how tl	hey further t	the organization	on's exe	mpt purpo	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	er sımıla	r assets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's c	ollection?				Yes	No
Paı	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	on answered '	'Yes" or	1 Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	tincluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabi	lity?		Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line	10			
		(a) Current year	(b) F	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance					1	_			
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		ation the	at are held a	and administe	red for t	he organiz	zation		
	by								1	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ıi)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?	•				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds					,	
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part I	V, line 11a S	See Form 990	, Part X	, line 10			
	Description of property	(a) Cost or c	ther	(b) Cost	t or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr		basis	(other)	de	preciation			
1a	Land			26	0,439.		·		260	,439.
	Buildings				2,967.	1,	480,0	87.		,880.
	Leasehold improvements				0,850.		26,6			,155.
	Equipment				0,989.		25,4			,503.
	Other									
	i. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c)			<b></b>	2,822	,977.

2,822,977. Schedule D (Form 990) 2017

Part Vil Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	_		
(A)			
(B)			
(C)			
(D)			
(E)	<u> </u>		· · · · · · · · · · · · · · · · · · ·
(F)			
(G)			
(H)		- Carry	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		32.	
Part VIII Investments - Program Related.	Farm 000 Dort IV	has 11a Cas Form 000	Dort V. Inn. 12
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value		valuation Cost or end-of-year market value
	(b) Book value	(6) 11104104	valuation cost of chief or your manner talled
<u>(1)</u>			
(2)			
(3)	-		
(4)			
(5)			
(6)			, ,,,,
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			1 1
Part IX Other Assets.	<u> </u>	·	
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11d See Form 990	), Part X, line 15
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,		rm 990, Part X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			$\perp = \mathcal{K}_{i,\alpha}$
(5)			
(6)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 25 )		* *,

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.

25-6063711 Page 4

### SCHEDULE O (Form 990 or 990-EŽ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

QMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY DEVELOPMENT CORPORATION

Employer identification number 25-6063711

BOARD POLICY ASSIGNS RESPONSIBILITY FOR COMPLETION OF AN ANNUAL PERFORMANCE
REVIEW OF THE EXECUTIVE DIRECTOR WITH THE EXECUTIVE COMMITTEE, LED BY THE
CHAIR OF THE PERSONNEL COMMITTEE. WRITTEN PROCEDURES OUTLINE THE STEPS TO
BE TAKEN TO COLLECT COMMENTS FROM THE BOARD OF DIRECTORS. THE EXECUTIVE
DIRECTOR COMPLETES ANNUAL PERFORMANCE REVIEWS FOR EVERY MEMBER OF THE CDC
STAFF. THE PERSONNEL COMMITTEE RECEIVES THIS INFORMATION BUT IS NOT
INVOLVED IN THE REVIEW PROCESS. ALL REVIEWS MUST BE COMPLETED BEFORE
ANNUAL COMPENSATION REVIEWS.

BOARD POLICY ASSIGNS RESPONSIBILITY FOR SETTING THE ANNUAL COMPENSATION FOR THE EXECUTIVE DIRECTOR WITH THE EXECUTIVE COMMITTEE. ANNUAL COMPENSATION REVIEWS FOR THE REST OF THE STAFF ARE THE RESPONSIBILITY OF THE EXECUTIVE DIRECTOR BUT ARE REVIEWED AND APPROVED BY THE PERSONNEL COMMITTEE. SALARY SCALES FOR EACH POSITION ARE PRESENTED TO AND APPROVED BY THE CDC BOARD OF DIRECTORS. A FULL UPDATE OF THE SALARY SCALES INCLUDING RESEARCH OF COMPARABLE SALARIES IS SCHEDULED TO BE COMPLETED ONCE EVERY THREE YEARS.

INTERIM ADJUSTMENTS WILL BE MADE BASED ON COST OF LIVING INCREASES.

THE CDC DOES NOT MAKE DOCUMENTS THAT ARE NOT OTHERWISE AVAILABLE TO THE

PUBLIC, OPEN TO PUBLIC REVIEW. INDIVIDUAL REQUESTS FOR INFORMATION ARE

REVIEWED ON A CASE-BY-CASE BASIS. THE FORM 990 IS MADE AVAILABLE AS

REQUIRED BY LAW PROVIDED THE REQUESTOR COMES TO THE CDC OFFICE AND PAYS FOR COPIES.

FORM 990, PART XII, LINE 2C:

FORM 990, PART VI, SECTION C, LINE 19:

THE CDC DID NOT CHANGE THEIR OVERSIGHT OR SELECTION PROCESSES DURING

THE YEAR.

Name of th	e organization	990-EZ) (2017)	DEVEL ODMENI	CORDODATION		Employer identificatio	n number
	<del>,</del>	COMMUNITY	DEVELOPMENT.	CORPORATION		1 25-6063/11	<b>t</b>
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SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

Open to Public Inspection 2017

OMB No 1545-0047

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

CORPORATION

COMMUNITY DEVELOPMENT

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

25-6063711

Direct controlling entity End-of-year assets (e Total income ਉ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax-load Part II

	(g) Section 512(bX13) controlled entity?	Yes No		×					
:	(f) Direct controlling entity			N/A					
	(e) Public charity status (if section	501(c)(3))		LINE 7 N					
	(d) Exempt Code section			501(C)(3)					
	(c) Legal domicile (state or foreign country)			PENNSYLVANIA					
	(b) Primary activity		CONSTRUCTING SPECULATIVE BUILDINGS AND LEASING OR	SELLING THEM					
organizations during the tax year	(a) Name, address, and EIN of related organization		BUTLER ECONOMIC DEVELOPMENT CORPORATION - CONSTRUCTING SP 25-1867893, 112 HOLLYWOOD DRIVE, SUITE 102, BUILDINGS AND L	BUTLER, PA 16001					

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

Schedule R (Form 990) 2017

Page 2

25-6063711

COMMUNITY DEVELOPMENT CORPORATION Schedule R (Form 990) 2017

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

(a) (b) Name, address, and EIN Primary a of related organization	(b) (c)  Legal domicile (state or foreign country)	Direct controlling entity		Predominant income S (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing partner?	General or Percentage managing ownership
	<del></del>									
	:				)	000	1	1		To   To   To   To   To   To   To   To
rt l	axable as a Co ust during the ta	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Decause it had one or more related organizations treated as a corporation or trust during the tax year	Complete if th	ne organization	answered "Ye	s" on Form 990	, Part IV, line	34, because it nad	one or mo	re related
	<u>a</u>	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ling Type of entity (C corp. S corp, or trust)		(f) Share of total Income	(g) Share of Peend-of-year or assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
				· · · · · · · · · · · · · · · · · · ·						
										<u>-</u>
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Yes

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

iid the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
ing transactions with one or m	the state of the s
any of the follow	or a married from the con-
zation engage in	the state of the s
ar, did the organi	
uring the tax yea	

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
- - Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)

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- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- q Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s)

18	
s Other transfer of cash or property from related organization(s)	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Z II UTE ATISWELLO ALLY OF UTE ADDIVE IS 155, SEE UTE IIISUTOCIONES OF THE ATISWELLO ALLY	אום ווומפר בכווו סופרב מ	Paragraphic and Control	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) BUTLER ECONOMIC DEVELOPMENT CORPORATION	Ħ	89,835.	89,835.LOANS OUTSTANDING AT 12/31/17
(2) BUTLER ECONOMIC DEVELOPMENT CORPORATION	U	60,165.	60,165. ANNUAL OPERATIONS GRANT EXPENSES
(6)			
(4)			
(9)			
<b>2</b>			

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

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

(b) (c) (d) (e)	(d)	(0)		6	(a)	(a)	3	9	8	. E
Name, address, and EIN of entity	Primary activity	nıcıle oreign y)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs 7	Share of total	of ear s	늘 , 얼 으	Cod imoun of Sch (Forr	General or managing partner?	Percentage ownership
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								Schedule	R (Forn	Schedule R (Form 990) 2017

Schedule F	(Form 990) 2017 COMMUNITY DEVELOPMENT CORPORATION	25-6063/11 Page 5
Part VII	Supplemental Information.	
	Provide additional information for responses to questions on Schedule R. See instructions	
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