

EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) 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.

Open to Public

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

Inspection

OMB No. 1545-0047

<u>A</u>	For th	e 2019 calendar year, or tax year beginning an	a enaing		
В	Check if applicat	C Name of organization		D Employer identifie	cation number
	Addr				
	Name Chan	ge Doing business as		22-28766	97
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final returi	ONE MONUMENT DRIVE		(609) 92	4-3822
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	640,881.
	Amer returi	PRINCETON, NJ 08540		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: EDWARD IROSCEDED		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
<u>J</u>	Webs	ite: ▶ WWW.PRINCETONCOMMUNITYHOUSING.ORG		H(c) Group exemptio	n number 🕨
<u>K</u>	Form c	f organization: X Corporation Trust Association Other	L Year	of formation: 1989 N	N State of legal domicile: NJ
P	art I	Summary			
4	1	Briefly describe the organization's mission or most significant activities: THE	ORGANI	ZATION'S MIS	SSION IS TO
Activities & Governance		FIND OPPORTUNITIES TO CREATE AND MANAGE	AFFORD?	ABLE HOUSING	FOR LOW
r	2	Check this box if the organization discontinued its operations or disposition	osed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
S	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	7
Vi č i	6	Total number of volunteers (estimate if necessary)			30
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	<u></u> b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		138,404.	124,385.
nue	9	Program service revenue (Part VIII, line 2g)		515,431.	515,587.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		763.	909.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		654,598.	640,881.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		448,801.	417,187.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	b	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		226,087.	180,393.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		674,888.	597,580.
_	19	Revenue less expenses. Subtract line 18 from line 12		-20,290.	43,301.
Net Assets or	9		Ве	ginning of Current Year	End of Year
sset	ਰੂ 20	Total assets (Part X, line 16)		358,597.	414,893.
at Ag	21	Total liabilities (Part X, line 26)		11,532.	24,527.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		347,065.	390,366.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying schedul			knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.	
		Signature of officer		I Date	
Sig		'		Dale	
Hei	re	EDWARD TRUSCELLI, EXECUTIVE DIRECTOR Type or print name and title			
				Date Check C	PTIN
De!		Print/Type preparer's name TORT POTTER VOYOROGEN CRA TORT POTTER VOYOR		l if	
Pai		LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKO	TAGUE		P01273422 22-1478099
	parer	Firm's name COHNREZNICK LLP Firm's address 1301 AVENUE OF THE AMERICAS		Firm's EIN ▶	44-14/0033
use	Only	Firm's address 1301 AVENUE OF THE AMERICAS NEW YORK, NY 10019		Dhana 21	2-297-0400
N4 = 1	+1 1	•		Priorie no. 2 1	
ıvıa	y me l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pal	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	3.TD
	THE ORGANIZATION'S MISSION IS TO FIND OPPORTUNITIES TO CREATE A	
	MANAGE AFFORDABLE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUA	
	ORGANIZATION ALSO PROVIDE MANAGEMENT SERVICES FOR LOW AND MODER	ATE
	INCOME HOUSING PROJECTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 421,054. including grants of \$) (Revenue \$)	515,587. ₎
	THE ORGANIZATION PROVIDES MANAGEMENT SERVICES TO LOW AND MODERA	TE
	INCOME HOUSING PROJECTS AND SEEKS TO CREATE AFFORDABLE HOUSING	IN NEW
	JERSEY.	
41-		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 421,054.	
<u> </u>	Total program solvice expenses	Form 990 (2019)
		, Jiii (2013)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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, 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			
	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			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,		37	
	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			.,
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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		Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Λ	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Porm 990 (2019) PCH DEVELOPMENT CO
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
اء ما	any tax-exempt bonds? Did the exemptation act as an long behalf of lineaux for bonds outstanding at any time during the year?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		_
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ZJa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	,	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
•	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Га				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		NI-
4	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 1a 4 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	
932004	4 01-20-20		990	(2019)

Form 990 (2019) PCH DEVELOPMENT CORPORATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a from the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleel for the calendary pare employ with or within the year covered by this return 2		100000000000000000000000000000000000000			Yes	No
b) If a least one is reported on line 2a, did the organization fiel ail required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to _a-file (See instructions) 3a Did the organization have unrelated business gross income of \$1,000 in more during the yealer? 3b If "Yes," has it filled a Form 990°T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b If "Yes," and it filled a Form 990°T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b If "Yes," and the filling requirements for FinCRN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a If "Yes 1 filling requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization have unrelated business greater than 200, and any time of the second of the organization than 3 the second of the organization for 1 prohibited tax shelter transaction at any time during the tax year? 5a If "Yes 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or 1 prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes 1 to line 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 5b If "Yes," include the organization that were not tax deductible as charitable contributions? 6c If "Yes 1 to line organization receive deductible contributions under section 170(c). a) bit the organization that were not tax deductible and promise organization organization receive a payment in excess of 375 made party as a contribution or and party for goods and services provided to the payor. 6c If "Yes," include the number of Forms 8282 filed during the year 6c If If "Yes," include the norganization in which the compa	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_fig. feee instructions 3a		filed for the calendar year ending with or within the year covered by this return	2a 7			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes, 'has it flied a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)). 5c If "Yes,' to line Sar of Sb, did for foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If "Yes' to line Sar of Sb, did for organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line Sar of Sb, did the organization the organization time to grant the same of the organization and the organization and party to a prohibited tax shelter transaction? 5c If "Yes' to line Sar of Sb, did the organization the organization the organization and party (so a prohibited tax shelter transaction? 5d Do Bos the organization have annual gross receipts that an normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7c Organizations that may receive deductible achieves solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(e). 8 If "Yes," indicate the number of Forms 8822 filed during the year 9 If "Yes," indicate the number of Forms 8822 filed during the year 1d If "Yes," indicate the number of Forms 8822 filed during the year 1d If the organization neceived any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c J Did the organization for a contribution of qualified intellectual property, did the organization file a Form 1098-07 8 Sponsoring organizations and such as a contribution of contracts, both as a property for which it was required? 9 If the organization received a contribu	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
b if Yes, "has it filled a Form 990-T for this year? If YeV to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or asignature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) b if Yes," enter the name of the foreign country See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization file Form 8886*T? 5c Did book 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 Did the organization than any receive deductible contributions under section 170(c). 5b Did any taxable and the section of the value of the goods or services provided to the payor? 7b Did the organization network a premium excess (55 Tandeparty as a contribution of up any to the organization review a payment in excess (55 Tandeparty as a contribution of up any to the organization review a payment in excess (55 Tandeparty as a contribution of up any to the organization review at payment in excess (55 Tandeparty as a contribution of up any to the organization review at payment in excess (55 Tandeparty as a contribution of up any to the organization review at one or the value of the goods or services provided? 7c Did the organization review at one ortherwise dispose of tangible personal property for which it was required to the Form 8282? 7d Did the organization review at one contribution of up any to the contribution of the goods or services provided? 7d Did the organization review at one contribution of up any to		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (PaPA). b if "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a If "Yes" to line Sar of St, did the organization their times or is a party to a prohibited tax shelter transaction? 5b If "Yes," rid in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions? 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). a In the organization state may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 8822 fled during the year organization state organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8822? 7c If Did the organization received a contribution of qualified intellectual property, did the organization that? 7f If If the organization received a contribution of qualified intellectual property, did the organization that? 7g If the organization received a contribution of case, boats, airplanes, or other vehicles, did the organization file Form 1098.C? 8 Sponsoring organizations Enter: a Ross income from thems ourspect of the amount of tax-exempt in development of the serves excess business holding		-		3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country be See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization file form 8886*77 6a Does the organization and pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tween or tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess (57 smade party as a contribution and party for goods and services provided to the payor? 7 Did the organization receive a payment in excess (57 smade party as a contribution of under the payor? 7 Did the organization receive an apment in excess (57 smade party as a contribution of under the payor? 7 Did the organization received an apment in excess (57 smade party as a contribution of under the payor? 7 Did the organization received an apment in excess (57 smade party as a contribution of under the payor? 7 Did the organization received an ornitorius of qualified personal property for which it was required to the Form 8282? 7 Did the organization received an ornitorius of qualified intellectual property, did the organization file a Form 1088-C7 and if the organization received an contribution of underty, to pay premiums on a personal benefit contract? 7 Did the organization received an administration of property, did the organization file a Form 1088-C7 and property file the organization file a Form 1088-	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				15		X
If "Yes," complete Form 4720, Schedule O.						7.5
	16		income?	16		X
		If "Yes," complete Form 4720, Schedule O.		_	000	(00.10)

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 on 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 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b				
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
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? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevertice code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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 filed ►NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	JANET MCCLAFFERTY C/O PCH DEVELOPMENT CORPORATION - (609) 924-383	22		
	ONE MONUMENT DRIVE, PRINCETON, NJ 08540		000	

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)							(D)	(E)	(F)	
Name and title	Average	Position		Reportable	Reportable	Estimated					
	hours per	box	, unles	ss per	son i	than o	an	compensation	compensation	amount of	
	week					r/trust		from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or dire	a)			ted		organization	(W-2/1099-MISC)	from the	
	related	stee	truste		a	pensa		(W-2/1099-MISC)		organization	
	organizations	ıal tru	onal		ploye	com				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) ALEXANDER PENA	1.00	드	드	0	3	Ξē	Ŗ.				
TREASURER	7.00	Х		х				0.	0.	0.	
(2) ALICE K SMALL	1.00										
VICE PRESIDENT	7.00	Х		х				0.	0.	0.	
(3) C VANLEER DAVIS	1.00										
PRESIDENT	7.00	Х		Х				0.	0.	0.	
(4) CHAD KLAUS	1.00										
BOARD MEMBER	7.00	Х						0.	0.	0.	
(5) DANIELA BONAFEDE-CHHABRA	1.00										
BOARD MEMBER	7.00	Х						0.	0.	0.	
(6) ELIZABETH WEST WOLFE	1.00								_	_	
SECRETARY	7.00	Х		Х				0.	0.	0.	
(7) JOHN W. GILMORE	1.00										
BOARD MEMBER	7.00	Х						0.	0.	0.	
(8) MARGARET GRIFFIN	1.00										
BOARD MEMBER	7.00	Х						0.	0.	0.	
(9) RICHARD GITTLEMAN	1.00									_	
BOARD MEMBER	7.00	Х						0.	0.	0.	
(10) ROBERT FERNHOLZ	1.00									_	
BOARD MEMBER	7.00	Х						0.	0.	0.	
(11) SONIA CHADHA	1.00										
BOARD MEMBER	7.00	Х						0.	0.	0.	
(12) THOMAS W. CHARLES	1.00	.,							,	•	
BOARD MEMBER	7.00	Х						0.	0.	0.	
(13) EDWARD TRUSCELLI	1.00	-		,,				154 601		27 472	
EXECUTIVE DIRECTOR	46.00			Х				154,621.	0.	37,473.	
(14) JANET MCCLAFFERTY	1.00			,,				110 171	0	01 071	
FINANCE DIRECTOR	46.00			Х				118,171.	0.	21,371.	
		-									
		1									
		1						L		000	

22-2876697

ı aı	Section A. Officers, Directors, Trus	tees, Key Em _l	oloy	<u>ees,</u>	anc	<u> Hig</u>	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than dis both	one n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISO		an com	(F) timate nount other pensa om the	of tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			an	anizat d relat anizati	ed
			_											
	Subtotal								272,792.		0.	5	8,8	44.
	Subtotal Total from continuation sheets to Part VI	l, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	272,792.	000 ()	0.	5	8,8	44.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable				2
3	Did the organization list any former officer,	director trust	ee k	ev e	empl	ove	e or	hia	thest compensated emp	lovee on			Yes	No
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	•		4	Х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com									dual for services		5		Х
Sec	tion B. Independent Contractors	piete Scriedui	e J 70	or st	JCH Ļ	oers	OH .							
1	Complete this table for your five highest countered the organization. Report compensation for										oensa	tion fro	om	
	(A) Name and business					10.11	<u> </u>		(B) Description of s			(Compe		<u> </u>
	Name and pusiness	address	MC	ONI	<u> </u>			_	Description of s	el vices		ompe	isatio	
								+						
								4						
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)		ot lin	nited	d to	thos (se lis)	ted	above) who received mo	ore than				
	·									-			$\Omega \Omega \Omega$	

Form 990 (2019) PCH DEV
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
ir ou	k	Membership dues 1b					
s, c	C	Fundraising events 1c					
a ii	c	Related organizations 1d	124,385.				
s, C	•	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants, and					
he		similar amounts not included above 1f					
		Noncash contributions included in lines 1a-1f 1g \$					
Son	ŀ	Total. Add lines 1a-1f		124,385.			
<u> </u>		Totali / Idd III Idd Tu Ti	Business Code				
_	٠.	MANAGEMENT FEE REVENUE	531310	412,524.	412,524.		
ice	2 2		531310	103,063.	103,063.		
erv ne	t		331310	103,003.	103,003.		
n S	C						
ran 3ev	C						
Program Service Revenue	6						
₫	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		515,587.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	>	909.			909.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	Gross rents 6a	. ,				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		. ,					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	7 8		(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
e l		and sales expenses					
Ş.	C	Gain or (loss) 7c					
her Revenue	C	Net gain or (loss)					
her	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	k	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 2	Gross sales of inventory, less returns					
	_	and allowances 10a					
		Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
σ			Business Code				
o o	11 a						
ane	k						
Miscellaneous Revenue	c						
isc B	c	All other revenue					
2		Total. Add lines 11a-11d	>				
	12	Total revenue. See instructions		640,881.	515,587.	0.	909.

22-2876697

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	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,				
Ū	trustees, and key employees	331,636.	221,296.	98,552.	11,788
6	Compensation not included above to disqualified	7727		22/2221	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	54,154.	35,849.	15,965.	2,340
8	Pension plan accruals and contributions (include	- ,	,	- ,	,
-	section 401(k) and 403(b) employer contributions)	1,892.	1,309.	583.	
9	Other employee benefits	1,892. 755.	1,309. 522.	233.	
10	Payroll taxes	28,750.	20,040.	7,443.	1,267
11	Fees for services (nonemployees):	·		,	•
а	Management				
b	Legal	1,960.		1,960.	
С	Accounting	9,235.		9,235.	
d					
е					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,494.	3,494.		
13	Office expenses	28,372.	15,662.	12,710.	
14	Information technology	26,415.	17,184.	9,231.	
15	Royalties				
16	Occupancy	16,800.	11,620.	5,180.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,277.	1,277.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,747.	4,747.		
23	Insurance	12,817.	12,778.	39.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DD DD DTITLE ODMENTE DVD DN GEG	67,397.	67,397.		
b	MAINTENANCE EXPENSES	4,192.	4,192.		
С	GRIGGS FARM TEMP HOUSIN	3,687.	3,687.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	597,580.	421,054.	161,131.	15,395
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X | Balance Sheet

	Balance Sheet					
	Check if Schedule O contains a response or r	ote to any lin	in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	129,794.	1	64,244.		
2			181,442.	2	182,351.	
3			3			
4		14,546.	4	21,465		
5						
	trustee, key employee, creator or founder, sub					
	controlled entity or family member of any of the			5		
6	Loans and other receivables from other disqu	alified person	(as defined			
	under section 4958(f)(1)), and persons describ	ed in section	4958(c)(3)(B) L		6	
7	Notes and loans receivable, net			7		
8	Inventories for sale or use				8	
9	B			5,988.	9	4,808
10a	Land, buildings, and equipment: cost or other	.				
			47,474.			
b	Less: accumulated depreciation	10b	28,484.	23,737.	10c	18,990
11	Investments - publicly traded securities		11			
12	Investments - other securities. See Part IV, line		12			
13	Investments - program-related. See Part IV, lin		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11					123,035
16						414,893
17				11,532.	17	24,527
18			18			
19						
20						
					21	
22						
			butor, or 35%			
		-				
	. ,	•				
					24	
25						
		ies 17-24). Co	nplete Part X			
				11 520		24 527
26	Ü			11,534.	26	24,527.
		heck here	· 🔼			
				247 065		390,366.
				347,003.		390,300.
28					28	
		958, cneck i	ere 🕨 🔛			
	Total net assets or fund balances			347,065.		390,366.
32	lotal net assets or fund balances	J#/,UUJ•	32	JJU, JUD.		
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Loans and other receivables from other disquired under section 4958(f)(1)), and persons describ. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must expense) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, subscontrolled entity or family member of any of the trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Inabilities (including federal income tax, parties, and other liabilities not included on ling of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cand complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, cand complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, cand complete lines 29 through 33. 29 Capital stock or trust principal, or current functions Organizations that do not follow FASB ASC 958, cand complete lines 29 through 33.	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former office trustee, key employee, creator or founder, substantial contricontrolled entity or family member of any of these persons under section 4958(f)(1)), and persons described in section 4958(f)(1)), and persons 4958(f)(1)), and persons 4968(f)(1)), and persons 4968(f)(1), and p	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 47,474. b Less: accumulated depreciation 10b 28,484. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 12 Escrow or custodial account liability. Complete Part IV of Schedule D 10a 20 Tax-exempt bond liabilities 15 Escrow or custodial account liability. Complete Part IV of Schedule D 10a Controlled entity or family member of any of these persons 18 Grants payable to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 18 Secured mortgages and notes payable to unrelated third parties 19 Other liabilities (including federal income tax, payables to related third parties 20 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with donor res	1 Cash - non-interest-bearing 129 , 794 . 2 Savings and temporary cash investments 181 , 442 . 3 Pledges and grants receivable, net 181 , 442 . 4 Accounts receivable, net 14 , 546 . 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 5 , 988 . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 47 , 474 . b Less: accumulated depreciation 10b 28 , 484 . 23 , 737 . Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 Investments - publicly traded securities 15 Other assets. See Part IV, line 11 3 , 090 . 16 Total assets. Sed lines 1 through 15 (must equal line 33) 358 , 597 . 17 Accounts payable and accrued expenses 11 , 532 . 18 Grants payable and accrued expenses 11 , 532 . 19 Deferred revenue 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 25 Secured mortgages and notes payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 27 (the liabilities including federal income tax, payables to related third parties 25 Other liabilities including federal income tax, payables to related third parties 27 (the liabilities including federal income tax, payables to related third parties 27 (the liabilities including federal income tax, payables to related third parties 30 other liabilities (not follow FASB ASC 958, check here 12 and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 27 (apid in or capital surplus,	Cash - non-interest-bearing 129,7794. 1

	rt XI Reconciliation of Net Assets				90
	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	64	0,8	81.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59	7,5	80.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	3,3	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34	7,0	65.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	39	0,3	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
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	Ο.			
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 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?		2b	X	$oxed{oxed}$
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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 Sin	gle Audi	t		
	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	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** PCH DEVELOPMENT CORPORATION 22-2876697 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	%
15						15	%
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac		•	•	•	ŭ	. \square
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	ganization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				-		e
	organization meets the "facts-and-circ		•	•	,		▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Scho	edule A (Form 990	or 990-EZ) 2019

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

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

Sec	etion A. Public Support	ciow, picase comp	icic i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	• •					
	include any "unusual grants.")		31,000.	101,539.	138,404.	124,385.	395,328.
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	470,716.	557,670.	548,644.	515,431.	515,587.	2608048.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	470,716.	588,670.	650,183.	653,835.	639,972.	3003376.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						3003376.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	470,716. 260.	588,670. 253.	650,183. 721.	653,835. 763.	639,972. 909.	2,906.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	260.	253.	721.	763.	909.	2,906.
	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.)	494.	500 000	550 004		5.1.0	494.
	Total support. (Add lines 9, 10c, 11, and 12.)	471,470.		650,904.			3006776.
14	First five years. If the Form 990 is for	J	,	,	•	()()	, <u> </u>
800	check this box and stop here ction C. Computation of Publi						P
	•			l (£\)		45	99.89 %
	Public support percentage for 2019 (li		•	.,,		16	0000
	Public support percentage from 2018 ction D. Computation of Inves					10	99.92 %
	Investment income percentage for 20			ne 13 column (f))		17	.10 %
	Investment income percentage from 2			(1)		18	.08 %
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						► \\
k	33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	Private foundation. If the organization		-			-	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01		
9b		
9c		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			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			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	N1 -
			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			
2	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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose			
4		ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2019 from Section C, line 6			
10		B amount divided by line 9 amount			
		arround arrangement of arround	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrik	outions for 2019 from Section D,			
	line 7:	: \$			
а	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3			
	and 4	· · · · · · · · · · · · · · · · · · ·			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
		as from 2019			
_	し入し付き				

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Part IV, S line 1; Pa	Section A, I ort IV, Secti D, lines 5, 6	ines 1, 2, ion D, line	3b, 3c, 4b s 2 and 3;	, 4c, 5a, Part IV,	6, 9a, 9b, 9d Section E, lir	c, 11a, 11b, nes 1c, 2a, :	and 11c 2b, 3a, a	; Part IV, Se nd 3b; Part	rt II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
SCHEDU	LE A,	PART	III,	LINE	12,	EXPLAN	TATION	FOR	OTHER	INCOME:
MISCEL	LANEO	US								
2015 A	MOUNT	: \$	494.							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PCH DEVELOPMENT CORPORATION

Employer identification number 22-2876697

Schedule D (Form 990) 2019

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

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

Sche	dule D (Form 990) 2019 PCH DEV	ELOPMENT C	ORPOI	RATION				22-28	7669	7 р	age 2
	rt III Organizations Maintaining C				asures, o	r Other S					uge
3	Using the organization's acquisition, accessi								(00/////	,,,,,,	
	collection items (check all that apply):			•	-						
а	Public exhibition	(t	Loan or excl	hange progra	am					
b	Scholarly research	•			0 , 0						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	e organizatio	on's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of										
•	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa		010 11 1110	organization		100 01110	,,,,,	,			
1a	Is the organization an agent, trustee, custodi	•	liary for o	contributions	s or other ass	sets not inc	luded				
ıu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 163	L	_ INO
b	ii res, explain the arrangement iiri art xiii	and complete the lo	nowing t	abie.					Amoun	+	
_	Deginning belongs						1c		Amoun	<u>. </u>	
	Beginning balance										
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f		7		7
	Did the organization include an amount on F					•		L	Yes	H	∐ No
	If "Yes," explain the arrangement in Part XIII. To V Endowment Funds. Complete										
ı uı	Endownient Funds. Complete						. Th				la a a la
4.	Parity in a face of the land	(a) Current year	(a) P	rior year	(c) Two yea	rs dack (a) Triree y	ears back	(e) FOU	years	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1ç	j, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	.%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3а	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held an	nd administer	red for the o	organiza	ition	ı		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			- I I- I- DO					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X, lin	e 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulate	ed	(d) Boo	k valu	е
	<u> </u>	basis (investi	ment)	basis	(other)	depre	eciation				
1a	Land										
h	Puildings			1	7 474	2	8 48	R 4	1	8 9	9 0

Schedule D (Form 990) 2019

18,990.

e Other

c Leasehold improvements
d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

ochedule L	7 (FUIIII 990) 2019	I CII DUVUUUITUIT	
Part VII	Investments -	Other Securities.	

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-	of-year market value
1) Financial derivatives	• • • • • •		
2) Closely held equity interests			
B) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
(1)	()		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" c (a) [(1) DUE FROM RELATED PARTY (2) (3)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" or (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9)	Description		123,035
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description 15.)	>	123,035
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Pagaziation of liability.	Description 15.)	>	123,035
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)	>	123,035
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description 15.)	>	123,035
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description 15.)	>	123,035
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.)	>	123,035
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description 15.)	>	123,035
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description 15.)	>	123,035
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	>	123,035
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)	>	123,035
Complete if the organization answered "Yes" of (a) [1] (1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description 15.)	>	123,035
Complete if the organization answered "Yes" of (a) [(1) DUE FROM RELATED PARTY (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.) On Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	123,035

Schedule D (Form 990) 2019

4VI	Decembilistion	of Dovonia	nay Audited Ei	nancial Statement	With Davanua narl
dule D	(FOIII 990) 2019	I CII DII	A DECL MENT	COMICINATION	

. u.	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	7,200,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 6,559,774.		
е	Add lines 2a through 2d	2e	6,559,774.
3	Subtract line 2e from line 1	3	640,881.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	640,881.
Pa	ut VII Decembiliation of Evnember new Audited Einembiel Ctatemente With Evnember new I		
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Returi	
1		teturi	n. 7,260,595.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 2a 2b Other losses	1	
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2a 2b	1	7,260,595.
a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 2a 2b Other losses	1	7,260,595. 6,663,015.
a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1	7,260,595.
a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) 20 21 22 23 24 26 26 27 26 27 26 27 28 29 20 20 20 20 20 20 20 20 20	1 2e	7,260,595. 6,663,015.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1 2e	7,260,595. 6,663,015.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 2e	7,260,595. 6,663,015.
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 2e	7,260,595. 6,663,015.

Part XIII Supplemental Information.

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

PART X, LINE 2:

PCH AND NON-PROFIT CORPORATE AFFILIATES APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS TAX EXEMPT ENTITIES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31 2019. DUE TO THEIR TAX-EXEMPT STATUS, PCH AND NON-PROFIT CORPORATE AFFILIATES ARE NOT SUBJECT TO INCOME TAXES. PCH AND NON-PROFIT CORPORATE AFFILIATES ARE REQUIRED TO FILE AND DO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND PCH AND NON-PROFIT CORPORATE AFFILIATES HAVE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. PCH AND NON-PROFIT CORPORATE AFFILIATES ARE

Schedule D (Form 990) 2019

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

PCH DEVELOPMENT CORPORATION

Employer identification number 22-2876697

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		_ <u>x</u> _
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficilits	(6)(1)-(0)	reported as deferred on prior Form 990
(1) EDWARD TRUSCELLI	(i)	154,621.	0.	0.	4,838.	32,635.	192,094.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No. 1545-0047

Inspection

Name of the organization

PCH DEVELOPMENT CORPORATION

Employer identification number 22-2876697

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND MODERATE INCOME INDIVIDUALS AND TO PROVIDE MANAGEMENT SEVICES FOR
LOW AND MODERATE INCOME HOUSING PROJECTS.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT COPY OF THE 990, WITH THE SCHEDULE B REMOVED DUE TO DONOR REQUESTS
FOR ANONYMITY, IS EMAILED TO BOARD MEMBERS BEFORE THE 990 IS FILED WITH THE
IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
TRUSTEES AND THE KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST
POLICY ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION CONDUCTED A STUDY USING AN INDEPENDENT CONSULTANT TO
DETERMINE COMPENSATION ON FOR MEMBERS OF THE MANAGEMENT TEAM AND ITS
EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS DESCRIBED ARE AVAILABLE UPON REQUEST OF THE ORGANIZATION.
FORM 990 PART XII, LINE 2C:
NO CHANGE FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PCH DEVELOPMEN	Employer identification number 22-2876697				
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incor	(e) ne End-of-year a	(f) assets Direct controlling entity
	-				
Identification of Related Tax-Exempt Organiza	tions. Complete if the organization a	answered "Yes" on Form 990.	Part IV. line 34. b	ecause it had one o	r more related tax-exempt
organizations during the tax year.	The state of the s		,		
(a)	(b)	(c)	(d)	(e)	(f) (g) Section 512(b)(13)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ELM COURT II INC - 56-2477473							
ONE MONUMENT DRIVE					PRINCETON		
PRINCETON, NJ 08540	VERY LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	10	COMMUNITY HOUSING		X
ELM COURT INC - 20-8984541							
ONE MONUMENT DRIVE					PRINCETON		
PRINCETON, NJ 08540	VERY LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	10	COMMUNITY HOUSING		X
GRIGGS FARM INC - 20-8198080							
ONE MONUMENT DRIVE					PRINCETON		
PRINCETON, NJ 08540	LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	10	COMMUNITY HOUSING		X
PCH HOME INC - 27-4444170							
ONE MONUMENT DRIVE	1				PRINCETON		
PRINCETON, NJ 08540	LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	10	COMMUNITY HOUSING		X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

22-2876697

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations (a) (b) (c) (d) (e) (f) **(g)** Section 512(b)(13) Legal domicile (state or Name, address, and EIN Primary activity **Exempt Code** Public charity Direct controlling controlled status (if section of related organization section entity organization? foreign country) 501(c)(3)) Yes No PCH VILLAGE INC - 22-2085939 ONE MONUMENT DRIVE LOW AND MODERATE INCOME PRINCETON X PRINCETON, NJ 08540 HOUSING NEW JERSEY 501(C)(3) 10 COMMUNITY HOUSING PCV GROUP INC - 22-2820022 ONE MONUMENT DRIVE LOW AND MODERATE INCOME PRINCETON PRINCETON, NJ 08540 HOUSING NEW JERSEY 501(C)(3) 10 COMMUNITY HOUSING X PRINCETON COMMUNITY HOUSING INC - 13-3026182 RAISE FUNDS & PROVIDE ONE MONUMENT DRIVE ASSISTANCE TO LOW AND PRINCETON, NJ 08540 MODERATE INCOME HOUSING NEW JERSEY 501(C)(3) N/A X

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

(a)	(a) (b)		(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate itions?	Code V-LIBI	Gener mana partn	Percentage ownership
PRINCETON COMMUNITY VILLAGE											
ASSOCIATES LP - 22-2578601,	LOW AND										
ONE MONUMENT DRIVE,	MODERATE INCOME										
PRINCETON, NJ 08540	HOUSING	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/2	A N/A
]										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Page 3

Yes No

1a

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				1c	X	
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)						Х
j Lease of facilities, equipment, or other assets to related organization(s)						Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related orga					Х	
m Performance of services or membership or fundraising solicitations by related orga	()					Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization						Х
Sharing of paid employees with related organization(s)					Х	
p Reimbursement paid to related organization(s) for expenses				1p		Х
q Reimbursement paid by related organization(s) for expenses				1q		Х
r Other transfer of cash or property to related organization(s)				1r		Х
				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered i	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved		
1) PRINCETON COMMUNITY VILLAGE ASSOCIATES LP	L	217,300.	MANAGEMENT AGREEMENT			
2).						
<u>-</u>						
3)						
-1						
4)						
7						
5)						
,						
6)						
32163 09-10-19			Schedul	e R (Forr	n 990)	2019

Page 4

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 22-2876697 PCH DEVELOPMENT CORPORATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour ONE MONUMENT DRIVE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PRINCETON, NJ 08540 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 JANET MCCLAFFERTY C/O PCH DEVELOPMENT CORPORATION The books are in the care of ► ONE MONUMENT DRIVE - PRINCETON, NJ 08540 Telephone No. ► (609) 924-3822 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment