

#### EXTENDED TO NOVEMBER 15, 2022

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** 

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change PCH DEVELOPMENT CORPORATION Name change 22-2876697 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated ONE MONUMENT DRIVE (609) 924-3822 City or town, state or province, country, and ZIP or foreign postal code 916,522. **G** Gross receipts \$ Amended return 08540 PRINCETON, NJ H(a) Is this a group return Applica-tion pending F Name and address of principal officer: EDWARD TRUSCELLI for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.PRINCETONCOMMUNITYHOUSING.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Other > . Year of formation: 1989 **M** State of legal domicile: NJ Association Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO **Activities & Governance** FIND OPPORTUNITIES TO CREATE AND MANAGE AFFORDABLE HOUSING FOR LOW if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 455,049. 368,781. Contributions and grants (Part VIII, line 1h) 8 Revenue 536,692. 547,548. Program service revenue (Part VIII, line 2g) 179. 193. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 11 916,522 991,920. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. 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) 409,726. 525,623. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 140,886. 138,143. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 663,766. 550,612. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 441,308. 252,756. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 868,666. 1,114,949. 20 Total assets (Part X, line 16) 30,519.36,992. 21 Total liabilities (Part X, line 26) 三年 831,674. 084,430 22 Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign EDWARD TRUSCELLI, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 10/18/22 self-employed P01273422 Paid Firm's name COHNREZNICK LLP Firm's EIN  $\ge 22 - 1478099$ Preparer Firm's address 1301 AVENUE OF THE AMERICAS Use Only

NEW YORK, NY 10019

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Phone no. 212-297-0400

# Form 990 (2021) PCH DEVELOPMENT CORPORATION 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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. See instructions	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021) PCH DEVELOPMENT CO
Part IV | Checklist of Required Schedules (continued)

Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27 (# "Yes," complete Schedule () Part I and if I 20 in the organization aware "art to Part IVI, Section A, line 34, or 6, a shout compensation of the organization scurrent and former offices, directions, frustees, key employees, and injented compensation employees?" (# "Yes," complete Schedule F, I" "Yes," complete Schedule F, I was a scalar and scalar processed of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25c Section 501(6)(3), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excesse benefit transaction with a disqualified person during the year? I" "Yes," complete Schedule F, Part I be 18 to organization aware that it magaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900 EZP If "Yes," complete Schedule F, Part I be 18 to organization aware that it magaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900 EZP If "Yes," complete Schedule F, Part II be 18 to organization aware that it magaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year,		Continued)		Yes	No
Part X. column (A), line 2? (if "ves," complete Schedule I, Parts Land III 20 Did the organization sourcers" sets 1 Part IVI, Section A, line 3.4, a.15, about compensation of the organization sourcers and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 28 Did the organization invest as at a exempt bonds see with an auditariding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," arrayer lines 26th through 24th and complete Schedule K, If "No," go to line 25s.  24a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
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, trustess, key employees, and highest compensated employees?   24 Property of the year, that was 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?   24 Property of the year, that was issued after December 31, 2002?   25 Did the organization marks are your proceeds of fize-exempt bonds beyond a temporary period exception?  26 Did the organization marks and proceeds of fize-exempt bonds beyond a temporary period exception?  26 Did the organization marks and an excrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  27 Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  28 Section \$5(16)\$, \$501(16)\$, 403 (16)			22		Х
and former officers, directions, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV  24 Del the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the list day of the year, that was sixued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II, If "No," go to line 25e  25h Del the organization maintain an ecorow account other than a refunding second at any time during the year to defease any tax exempt bonds?  26c Del the organization maintain an ecorow account other than a refunding second at any time during the year?  26d Del the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  26d Del the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  26d Del the organization are with a discussified postion during the year?  27d Del the organization with a discussified postion during the year? If "In-%s, complete Schedule I, Part I  28 Schedule I, Part I  28 In 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 39% controlled entity or family member of any of these persons? If "Yes, complete Schedule I, Part II  28 Was the organization repords a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, complete Schedule I, Part IV  28 Was the organization and part of the assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, complete Schedule I, Part IV  29 In the organization selection of any the interest of the Schedule I, Part IV II In II II	23				
Schedule / I. Wo. "go to line 25a					
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 24th through 24th and complete Schedule K. If "We," go to line 25s  b Did the organization markstan proceeds of tax exempt bonds beyond a temporary period exception?  C Did the organization markstan an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  24d		·	23	Х	
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Schedule K. If "No." yo to fine 25a.  \$24b\$  \$2b\$ Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  25a Section 50 (E/Q3), 501(E/Q4), and 501(E/Q3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person turing the year?  b) Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 900 or 909E27 " If "Yes," complete Schedule L, Part I		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-E27   "Pres," complete Schedule L, Part I   250 bil 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 former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity (including an employee thereof) or farmily member of any of these persons? If "Yes," complete Schedule L, Part III   26	25a				7.7
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I		, , ,	25a		<u> </u>
Schedule L, Part I  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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization periode 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b 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 more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I II  32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013? If "Yes," complete Schedule R, Part I III III III III III III III III III	b				
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, frustee, 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			051		v
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  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.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III.  28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization included, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, Iline 2  34 Was the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2  35 Did the organization have a controlled entity	06	·	250		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  26	20				
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entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV					
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instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? ## "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ##  "Yes," complete Schedule L, Part IV.  28b X  28b X  28b X  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? ## "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? ## "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? ## "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? ## "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization related to any tax-exempt or taxable entity? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b ## "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)? ## "Yes," complete Schedule R, Part V, Iine 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  ## "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  ## "Yes," complete Sch	28				
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If "Yes," complete Schedule R, Part V, line 2  36	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X			36		X
Note: All Form 990 filers are required to complete Schedule O  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the schedule O contains a response or note to any line in this Part V  The image of the sche	37				
Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  38 X  Yes  Yes  No  1a 4  b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1b 0  1c X		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Check if Schedule O contains a response or note to any line in this Part V  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X			38	X	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  Yes No  1a	Par				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     4       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X		Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		1 1		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X					
(gambling) winnings to prize winners?		Enter the number of Fernie W Za moldada of line 14. Enter 6 if not applicable	-		
	С		4.	y	
	13300				(2021)

PCH DEVELOPMENT CORPORATION 22-2876697 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify 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 file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

6 Form **990** (2021) 132005 12-09-21

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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			
	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 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
а	The governing body?	8a	X	
b	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			v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the constitution have been been been been as of the constitution.	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Λ
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21	
C		12c	х	
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10.2		
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be 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	ole
	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	finan	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) 924-38	22		
	ONE MONUMENT DRIVE, PRINCETON, NJ 08540			

## 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related	orga	nizat	tion	com	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(C	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do		Posi		l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	s per	son is	s both	an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional		nploy	st con yee	_	1039-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) EDWARD TRUSCELLI	1.00		_							
EXECUTIVE DIRECTOR	49.00			Х				157,722.	0.	30,064.
(2) JANET MCCLAFFERTY	1.00									
FINANCE DIRECTOR	49.00			Х				129,943.	0.	17,607.
(3) ABREAH SANTIAGO	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(4) ALICE K. SMALL	1.00							_	_	_
PRESIDENT	7.00	Х		Х				0.	0.	0.
(5) C. VANLEER DAVIS	1.00									•
BOARD MEMBER	7.00	Х						0.	0.	0.
(6) CHAD KLAUS	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(7) DANIELA BONAFEDE-CHHABRA	1.00	l								•
BOARD MEMBER	7.00	Х						0.	0.	0.
(8) ELIZABETH HOCK	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(9) JOHN W. GILMORE	1.00	l							•	
BOARD MEMBER	7.00	Х						0.	0.	0.
(10) KATE FAREWELL	1.00								•	•
BOARD MEMBER	7.00	Х						0.	0.	0.
(11) MARGARET GRIFFIN	1.00	,,							0	0
BOARD MEMBER	7.00	Х						0.	0.	0.
(12) NICOLE SHELTON BOARD MEMBER	7.00	х						0.	0.	0.
(13) RICHARD GITTLEMAN	1.00	Λ						0.	0.	<u> </u>
BOARD MEMBER	7.00	Х						0.	0.	0.
(14) ROBERT FERNHOLZ	1.00	-22						0.	0.	<u></u>
SECRETARY	7.00	x		Х				0.	0.	0.
(15) SONIA CHADHA	1.00	25								<u></u>
BOARD MEMBER	7.00	х						0.	0.	0.
(16) TONY CAPOZZOLI	1.00									
TREASURER	7.00	х		Х				0.	0.	0.
(17) VALERIE HAYNES	1.00								-	
VICE PRESIDENT	7.00	Х		Х				0.	0.	0.

22-2876697

Par	Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	<u>l Hi</u>	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(da		Pos		<b>1</b> than c		Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		an	ount	of
		week		cer ar	nd a di	irecto	or/trus	tee)	from	from related			other	
		(list any hours for	Individual trustee or director						the	organizations	,		pensa	
		related	or di	e e			ated		organization	(W-2/1099-MISC	;/		om the	
		organizations	ustee	trust		9	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati d relati	
		below	lual tr	tional		ploye	st con	_	1099-1120)				ınizati	
		line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	ıııızatı	0110
			_	=		~	1 0	_			_			
			-											
	Subtotal							ightharpoons	287,665.		0.	4'	7,6	
С	Total from continuation sheets to Part VII	, Section A						ightharpoons	0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	287,665.		0.	4	7,6	71.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				_
	compensation from the organization												1	2
											Г		Yes	No
3	Did the organization list any former officer,	•	,	,		,	,	_	•	,	- 1			37
_	line 1a? If "Yes," complete Schedule J for se											3		X
4	For any individual listed on line 1a, is the su	•							•	•	- 1		v	
_	and related organizations greater than \$150	),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	. J f	or such individual		⊦	4	Х	
5	Did any person listed on line 1a receive or a										- 1	_		v
Soc	rendered to the organization? If "Yes," com tion B. Independent Contractors	<u>plete Schedul</u>	e J f	or st	ıch r	oers	on					5		X
	Complete this table for your five highest con	manantad ind	lono		ot 0.0		o o t o		act received mare than (	2100 000 of compo	naati	on fro		
1	the organization. Report compensation for t	•	-							•	IISal	ion irc	)	
	(A)	irie caleridar ye	Jai C	iiuii	ig w	itire	JI WI	<u> </u>	(B)	ear.		(C	٠,	
	Name and business	address	NO	ONE	7				Description of s	ervices	Co	omper	<b>יי</b> nsatioı	n
									·			•		
2	Total number of independent contractors (in	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	)							
												_ (	aan "	

Form 990 (2021) PCH DEV
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1:	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c					
Ę,	`	I Related organizations 1d	368,781.				
ig ig			300,7011				
ns,	•	Government grants (contributions)					
utio er (	1	All other contributions, gifts, grants, and					
έŧ		similar amounts not included above 1f					
d dr	9	Noncash contributions included in lines 1a-1f 1g \$		262 524			
<u>8</u> 0		Total. Add lines 1a-1f	<b></b>	368,781.			
			Business Code				
စ္ပ	2 8	MANAGEMENT FEE REVENUE	531310	432,032. 115,516.	432,032. 115,516.		
ه ≧	ı	AFFORDABLE HOUSING CER	531310	115,516.	115,516.		
Program Service Revenue	(	:					
am	(						
ogr B	(						
Pr	1	All other program service revenue					
	9	Total. Add lines 2a-2f		547,548.			
	3	Investment income (including dividends, interes					
		other similar amounts)		193.			193.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
	Ŭ	(i) Real	(ii) Personal				
	6		(1) 1 01001141				
		Rental income or (loss)					
		Net rental income or (loss)	(ii) Oth an				
	7 :	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ı	Less: cost or other basis					
<u>e</u>		and sales expenses					
Ver	•	Gain or (loss) <b>7c</b>					
Be		Net gain or (loss)					
ther Revenue	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	ı	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See	-				
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b></b>				
		Gross sales of inventory, less returns					
	10 (	and allowances 10a					
		J					
$\dashv$		Net income or (loss) from sales of inventory	Business Code				
sn	44		Duamesa Coue				
je ne	11 6						
Miscellaneous Revenue							
Sce	•						<u> </u>
ž	(	All other revenue					
		Total. Add lines 11a-11d		016 522	547,548.	^	193.
	12	Total revenue. See instructions	▶	JIO, J44.	<b>  34/,340•</b>	0.	1 193.

column (A), amount, list line 11g expenses on Sch O.)

Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

SOCIAL SERVICE **MAINTENANCE** 

e All other expenses

Check here

COVID-19 EXPENSES

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 O.)

MISCELLANEOUS - UNIFORM

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 274,622. 462. 335,336. 60,252. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 124,241. 101,931. 22,110. 200. Other salaries and wages 7 Pension plan accruals and contributions (include 1,627. 1,289. 302. 36. section 401(k) and 403(b) employer contributions) 26,796. 21,704. 5,092. Other employee benefits 9 37,623. 31,285. 6,213. 125. 10 Payroll taxes Fees for services (nonemployees): Management Legal 14,924. 14,924. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25,

3,500.

4,000.

29,155.

40,142.

16,800.

894.

4,747.

7,359.

5,201.

663,766.

141.

75.

11,205.

4,000.

23,240.

894.

4,747.

7,359.

5,201.

487,693.

141.

75.

11,205.

Form 990 (2021)

823.

3,500.

29,155.

16,902.

16,800.

175,250.

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Form 990 (2021)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			93,154.	1	122,932.
	2	Savings and temporary cash investments			52,530.	2	52,723
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			28,840.	4	10,598
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu	ualified per				
		under section 4958(f)(1)), and persons descri	tion 4958(c)(3)(B)		6		
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B			5,509.	9	6,092
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	845,057.			
	b	Less: accumulated depreciation	10b	37,978.	432,149.	10c	807,079
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir	ne 11			12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			256,484.	15	115,525
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	868,666.	16	1,114,949
	17	Accounts payable and accrued expenses			36,465.	17	30,519
	18	Grants payable				18	
	19	Deferred revenue	527.	19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple		21			
Se	22	Loans and other payables to any current or for	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
iab		controlled entity or family member of any of t	hese perso	ons		22	
-	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela	ated third p	arties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	Complete Part X			
		of Schedule D		ı	26 222	25	20 540
	26	Total liabilities. Add lines 17 through 25			36,992.	26	30,519
ű		Organizations that follow FASB ASC 958, or	check her	· X			
ce		and complete lines 27, 28, 32, and 33.			021 674		1 004 420
alar	27	Net assets without donor restrictions	831,674.	27	1,084,430.		
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB AS6	C 958, che	ck here ▶ 📖			
Ϋ́		and complete lines 29 through 33.					
ţş (	29	Capital stock or trust principal, or current fun			29		
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			021 (74	31	1 004 420
ž	32	Total net assets or fund balances			831,674.	32	1,084,430
	33	Total liabilities and net assets/fund balances			868,666.	33	1,114,949

Pa	rt XI Reconciliation of Net Assets		<del></del>		,,,
	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	91	6,52	22.
2	Total expenses (must equal Part IX, column (A), line 25)	2	66	3,70	66.
3	Revenue less expenses. Subtract line 2 from line 1	3	25	2,7!	<del>56.</del>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83	1,6	<del>74.</del>
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	1,08	4,43	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		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 on 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	Х	
	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 Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

**2021**Open to Public

Inspection
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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type 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). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 PCH DEVELOPMENT CORPORATION 22-2876697 Page 2

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

I dit ii	Cupport Concadio for C	, gamzadono	Decembed iii			170(2)(1)(71)(1	,
	(Complete only if you checked	the box on line 5	, 7, or 8 of Part I or	r if the organizatior	n failed to qualify u	nder Part III. If the	organization
	fails to qualify under the tests	listed below, pleas	se complete Part I	II.)			
Section A	A. Public Support						
Calandaryas	r (or figgal year beginning in)	(a) 0017	/h\ 0010	(a) 2010	(4) 2020	(a) 2021	(f) Total

Calei	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	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.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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.)						
	<b>Total support.</b> Add lines 7 through 10		`			40	
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	-					▶□
Sec	organization, check this box and stop tion C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o	organization did no				ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		-		• • •		<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	▶∟

Schedule A (Form 990) 2021

#### 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	qualify under the tests listed be ction A. Public Support	elow, please comp	nete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	, ,	• •	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	101,539.	138,404.	124,385.	455,049.	368,781.	1188158.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	548,644.	515,431.	515,587.	536,692.	547,548.	2663902.
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	650,183.	653,835.	639,972.	991,741.	916,329.	3852060.
7a	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.)						3852060.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	650,183.	653,835.	639,972.	991,741.	916,329.	3852060.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	721.	763.	909.	179.	193.	2,765.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	721.	763.	909.	179.	193.	2,765.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	650,904.	654,598.	640,881.	991,920.	916,522.	3854825.
						04()(0)	
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	U1(c)(3) organizatio	лı, <u> </u>
	check this box and stop here			•			<b>&gt;</b>
Sec	check this box and stop herection C. Computation of Publi	c Support Per	centage				<b>&gt;</b>
Sec	check this box and stop here	c Support Per	centage				99.93 %
<b>Se</b> c 15 16	check this box and stop here ction C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020)	c Support Per ine 8, column (f), d Schedule A, Part	centage ivided by line 13, c				<u></u>
<b>Se</b> c 15 16	check this box and stop herection C. Computation of Public Public support percentage for 2021 (l	c Support Per ine 8, column (f), d Schedule A, Part	centage ivided by line 13, c	column (f))		15 16	99.93 % 77.48 %
15 16 Sec 17	check this box and stop here ction C. Computation of Public Public support percentage for 2021 (In Public support percentage from 2020 ction D. Computation of Investment income percentage for 2020 ction D. Computation of Investment income percentag	c Support Per ine 8, column (f), d Schedule A, Part stment Income 21 (line 10c, colum	centage ivided by line 13, c III, line 15 Percentage nn (f), divided by line	column (f))		15 16	99.93 % 77.48 %
15 16 Sec 17 18	check this box and stop here ction C. Computation of Public Public support percentage from 2021 (In Public support percentage from 2020 ction D. Computation of Investment income percentage from 2020 Investment Income percentage Income Income Percentage Income Income Percentage Income In	c Support Per ine 8, column (f), d Schedule A, Part ttment Income 221 (line 10c, colun 2020 Schedule A,	centage ivided by line 13, c III, line 15 Percentage nn (f), divided by line Part III, line 17	ne 13, column (f))		15 16 17 18	99.93 % 77.48 %  .07 % .08 %
15 16 Sec 17 18	check this box and stop here ction C. Computation of Public Public support percentage for 2021 (In Public support percentage from 2020 ction D. Computation of Investment income percentage for 2020 ction D. Computation of Investment income percentag	c Support Per ine 8, column (f), d Schedule A, Part ttment Income 221 (line 10c, colun 2020 Schedule A,	centage ivided by line 13, c III, line 15 Percentage nn (f), divided by line Part III, line 17	ne 13, column (f))		15 16 17 18	99.93 % 77.48 %  .07 % .08 % 7 is not
15 16 Sec 17 18 19a	check this box and stop here ction C. Computation of Public Public support percentage from 2021 (In Public support percentage from 2020 ction D. Computation of Investment income percentage from 2020 Investment Income percentage Income Income Percentage Income Income Percentage Income In	c Support Perine 8, column (f), dischedule A, Part litment Income 221 (line 10c, colum 2020 Schedule A, organization did nind stop here. The	centage ivided by line 13, of the line 15 Percentage In (f), divided by line 17 Ot check the box of the line of the line 17 or check the box of the line of the line 17	ne 13, column (f)) on line 14, and line	15 is more than 3	15 16 17 18 3 1/3%, and line 17	99.93 % 77.48 %  .07 % .08 % 7 is not
15 16 Sec 17 18 19a	check this box and stop here ction C. Computation of Public Public support percentage for 2021 (In Public support percentage from 2020 ction D. Computation of Investment income percentage from 2021 (Investment income percentage from 2021) and 1/3% support tests - 2021. If the more than 33 1/3%, check this box are	c Support Perine 8, column (f), dischedule A, Part interest Income 21 (line 10c, colum 2020 Schedule A, organization did not stop here. The organization did not stop did not	centage ivided by line 13, of the percentage inn (f), divided by line 17 ot check the box of the conganization qualified to the conganization of the check and the check a	ne 13, column (f)) on line 14, and line ies as a publicly si line 14 or line 19a	15 is more than 3 upported organizat , and line 16 is mo	15 16 17 18 3 1/3%, and line 17 tion re than 33 1/3%, a	99.93 % 77.48 %  .07 % .08 % 7 is not

3 01-04-22 Schedule A (Form 990) 2021

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
3с		
- 55		
4a		
40		
4,		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
9с		
_		
10a		
104		
406		
10b	- 000	0001
ile A (Forn	n 990)	2021

2024 01-04-21 Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 PCH DEVELOPMENT CORPORATION 22	2-287669	7 Pa	age <b>5</b>
Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ers, ed		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Seci	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			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.		s)	
2	Activities Test. Answer lines 2a and 2b below.	Jose mondenon	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	2a		
Ja.	that these activities constituted substantially all of its activities.	Za		
D	Did the activities described on line 2a, above, 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	Ols		
	these activities but for the organization's involvement.	2b		i

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.** 

a 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? If "Yes" or "No" provide details in Part VI.

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.

Schedule A (Form 990) 2021

За

Sche	dule A (Form 990) 2021 PCH DEVELOPMENT CORPOR	ATION		22-2876697 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Support		zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	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 0.015 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 0.035.	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 0.85 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		

Schedule A (Form 990) 2021

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

e Excess from 2021

#### **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

Inspection

Name of the organization

PCH DEVELOPMENT CORPORATION

**Employer identification number** 22-2876697

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or	Accounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		d in donor advised for	unds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes N
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes N
Pa	rt II Conservation Easements. Complete if the organic			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati		Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribute	tion in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b				
c	Number of conservation easements on a certified historic structure.			•
	Number of conservation easements included in (c) acquired af			
	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			
•	year ▶	acca, changaichea, ch te		amaanen dannig mo tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		on handling of	
•	violations, and enforcement of the conservation easements it I	• •		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
•	•	iamaming or trolamono, ame	. c.meremig cemeer re	aner, cacernerne aarmig and year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	orcing conservation	easements during the year
-	<b>▶</b> \$	ing or violations, and onic	oromig concorvation	cacomente dannig une year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)	i(B)(i)
	and section 170(h)(4)(B)(ii)?	•	. , , ,	
9	In Part XIII, describe how the organization reports conservation			
_	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization of	manolal olatomorito	that describes the
Pa	rt III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958		nue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for publ	,		
	service, provide in Part XIII the text of the footnote to its finance			
b				nce sheet works of
_	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	on mornion, oddodnon, or		
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
2	If the organization received or held works of art, historical trea			
~	the following amounts required to be reported under FASB AS			n, provide
2	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 20

	t III Organizations Maintaining Coll	ections of Art	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continu	red)
3	Using the organization's acquisition, accession,								(OOTTERITE	
	collection items (check all that apply):	u 0 0 1 0 0 0 . u 0	, oo	u, o	onormig man	· · · · · · · · · · · · · · · · · · ·				
а	Public exhibition	d		l nan or evo	hange progra	am				
b	Scholarly research	e			mange progre					
c	Preservation for future generations	·	Ш,							
4	Provide a description of the organization's collections	ctions and ovalain	how th	ov furthor th	o organizatio	n'e ovomr	ot purpos	o in Dart	VIII	
5	During the year, did the organization solicit or re							emran	AIII.	
3									7 v.s	□ Na
Par	to be sold to raise funds rather than to be maint t IV Escrow and Custodial Arrange								」Yes	No
ı uı	reported an amount on Form 990, Part X		ete ii tile	organizatio	ii alisweleu	Tes OIIF	om 990,	rait iv,	irie 9, or	
12	Is the organization an agent, trustee, custodian		iany for c	ontribution	e or other sec	eets not in	cluded			
Ia									Yes	☐ No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and							∟	_ 1 <del>C</del> S	
b	ii res, explain the analigement in Fait Alli and	complete the lon	iowing to	abie.					Amount	
_	Designing belongs						10		7 tillourit	
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
f	Ending balance						1f		7.,	
	Did the organization include an amount on Form					-	/?		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. Ch									
Par	- Complete ii iii								( ) [	
		a) Current year	( <b>a</b> ) P	rior year	(c) Two year	rs back (c	i) Three yo	ears back	(e) Four y	rears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	year end balance	e (line 1g	, column (a	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
За	Are there endowment funds not in the possession	on of the organizat	tion that	are held ar	nd administer	ed for the	organiza	tion	_	
	by:								`	res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the organization	ganization's endov	vment fu	unds.						
Par	t VI Land, Buildings, and Equipmen	it.								
	Complete if the organization answered "	Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, liı	ne 10.			
	Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) Acc	cumulate	d	(d) Book	value
		basis (investm	nent)	basis	(other)	depr	eciation			
1a	Land									
	Buildings			84	5,057.		37,97	8.	807	,079.
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part)	X colum	n (R) line 1	0c.)			<b>•</b>	807	,079.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 PCH DEVELOP	MENT CORPORAT	ION 22	2-2876697 Page 3
Part VII Investments - Other Securities.			. ugo
Complete if the organization answered "Yes"	_		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
	+		
(H) Total (Col. (h) must equal Form 000 Port V. col. (P) line 12 \			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	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 er	nd-of-vear market value
<del></del>	(b) Book value	(b) Method of Valuation. Cost of or	id of your market value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	.1		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DUE FROM RELATED PARTY			115,525.
(2)			,
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	115,525.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

Schedule D (Form 990) 2021

(7) (8) (9)

Pai	rt XI Reconciliation of Revenue per Audited Financial Stat	ememo win			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,179,267.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	7,262,745.		
е	Add lines 2a through 2d			2e	7,262,745.
3	Subtract line 2e from line 1			3	916,522.
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	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_					
<u>5</u>				5	916,522.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wi			
		tements Wi			1.
	rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements Wit e 12a.			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a.	th Expenses per l	Return	1.
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a.	th Expenses per l	Return	1.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a	th Expenses per l	Return	1.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	2a   2b   2c	th Expenses per I	Return	1.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2c	th Expenses per l	Return	7,609,892.
Pa  1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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   2c   2d	6,946,126.	Return	7,609,892. 6,946,126.
Pa  1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lin  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.)	2a 2b 2c 2d	6,946,126.	Return	7,609,892.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lin  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:	2a 2b 2c 2d	6,946,126.	1 1 2e	7,609,892. 6,946,126.
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lin  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	2a   2b   2c   2d	6,946,126.	1 1 2e	7,609,892. 6,946,126.
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lin  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:	2a   2b   2c   2d	6,946,126.	1 1 2e	6,946,126. 663,766.
1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lin  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	2a 2b 2c 2d 4a 4b	6,946,126.	2e 3	6,946,126. 663,766.
Pa 1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, lin  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  Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	6,946,126.	1 2e 3	6,946,126. 663,766.

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 NONPROFIT 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 YEARS ENDED DECEMBER 31 2021 AND 2020. DUE TO THEIR TAX-EXEMPT STATUS, PCH AND NONPROFIT CORPORATE AFFILIATES ARE NOT SUBJECT TO INCOME TAXES. PCH AND NONPROFIT 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 NONPROFIT CORPORATE AFFILIATES HAVE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. PCH AND NONPROFIT CORPORATE AFFILIATES ARE

Schedule D (Form 990) 2021

#### 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.

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

PCH DEVELOPMENT CORPORATION

Part I Questions Regarding Compensation

Employer identification number 22-2876697

			Yes	No
та	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  Housing allowance or residence for personal use			
	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		X
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		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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		

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

Schedule J (Form 990) 2021

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	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) EDWARD TRUSCELLI	(i)	157,722.	0.	0.	4,888.	25,176.	187,786.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(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 O** (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

**Employer identification number** 

	22-28766	97					
Part I Ide	entification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33.				
Na	(a) ame, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asse		f) ontrolling tity
Part II Ide	entification of Related Tax-Exempt Organizat ganizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990, F	Part IV, line 34, beca	ause it had one or m	ore related tax-exen	npt
		4. 3				4-3	

(a) (b) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or Public charity Primary activity **Exempt Code** Direct controlling controlled of related organization section status (if section entity foreign country) entity? 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 Х ELM COURT INC - 20-8984541 ONE MONUMENT DRIVE PRINCETON PRINCETON, NJ 08540 VERY LOW INCOME HOUSING NEW JERSEY 501(C)(3) 10 COMMUNITY HOUSING Х GRIGGS FARM INC - 20-8198080 ONE MONUMENT DRIVE PRINCETON PRINCETON, NJ 08540 LOW INCOME HOUSING NEW JERSEY 501(C)(3) COMMUNITY HOUSING Х 10 PCH HOME INC - 27-4444170 ONE MONUMENT DRIVE PRINCETON PRINCETON, NJ 08540 NEW JERSEY 501(C)(3) 10 COMMUNITY HOUSING Х LOW INCOME HOUSING

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	512(b)(13) rolled zation?
PCH VILLAGE INC - 22-2085939				(-)(-)/		Yes	No
ONE MONUMENT DRIVE	LOW AND MODERATE INCOME				PRINCETON		
PRINCETON, NJ 08540	HOUSING	NEW JERSEY	501(C)(3)	10	COMMUNITY HOUSING		Х
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		Х
PRINCETON COMMUNITY HOUSING INC - 13-3026182	RAISE FUNDS & PROVIDE		, . , , . ,				
ONE MONUMENT DRIVE	ASSISTANCE TO LOW AND						
PRINCETON, NJ 08540	=	NEW JERSEY	501(C)(3)	7	N/A		Х

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.

(-)	(-1)	(-)	(£)	(4)		L-1	(:)	/:\	(1-)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI	General c	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule	partner?	ownersnip
		country)		sections 512-514)		233013	Yes	No	K-1 (Form 1065)	Yes No	,
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		X	N/A	X	N/A
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	l	l	l.			<u> </u>			<u> </u>		

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
								<u> </u>	<u> </u>
								<u> </u>	<u> </u>
								<u> </u>	

Page 3

X

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
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
d					1d		Х
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization				11	Х	77
	n Performance of services or membership or fundraising solicitations by related organization				1m 1n		X
<ul> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>o Sharing of paid employees with related organization(s)</li> </ul>							
0	Sharing of paid employees with related organization(s)				10	X	
							v
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		
_					4		Х
	Other transfer of cash or property to related organization(s)  Other transfer of cash or property from related organization(s)				1r 1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who mu				15		
				•			
	(a)  Name of related organization  T	(b) Transaction	(c) Amount involved	(d) Method of determining amount invo	olved		
	· · · · · · · · · · · · · · · · · · ·	type (a-s)	7 1111041111 111101104	g ag a			
1)	PRINCETON COMMUNITY VILLAGE ASSOCIATES LP	L	224,500.	MANAGEMENT AGREEMENT			
2)							
3)							
4)							
5)							
6)							
0016	20 44 47 04			Schodula I	2 (Ears	n aan	1 2024

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) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership

#### Form **8868**

(Rev. January 2022)

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.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print PCH DEVELOPMENT CORPORATION 22-2876697 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your ONE MONUMENT DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PRINCETON, NJ 08540 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 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 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 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 If this application is for Forms 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 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

LHA