Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

3 Open to Public Inspection

Depa Interr	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest in			formation.	Inspection			
			ar year, or tax year beginning and	ending				
B c a	heck if pplicat	Die: C Name o	C Name of organization D Employer identificat					
	Addr	ess PART	NER COMMUNITY CAPITAL, INC.					
	Name	e	usiness as		54-205875	4		
	Initia			Room/suite	E Telephone number			
	 Final returr		OX 839		681-252-4	306		
	termi ated	in_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,631,883.		
	Amer returr	nded CUAD	LES TOWN, WV 25414		H(a) Is this a group ret	urn		
	Appli tion	F Name a	nd address of principal officer: MARTEN R. JENKINS,	JR	for subordinates?	Yes X No		
	pend	Ing SAME	AS C ABOVE		H(b) Are all subordinates incl			
<u>I</u> T	ax-e>	kempt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a li	st. See instructions		
	Vebs		PARTNERCAPITAL.ORG		H(c) Group exemption	number		
KF	orm o	-	X Corporation Trust Association Other	L Year	of formation: 2001 M	State of legal domicile: MD		
Pa	art I	Summary						
ø	1	Briefly describ	e the organization's mission or most significant activities: CERT	IFIED	COMMUNITY DE	VELOPMENT		
nc		FINANCI	AL & TECHNICAL ASSISTANCE FOR SMAL	L BUSI	INESSES.			
Governance	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net asse			
Ň	3					10		
	4		ependent voting members of the governing body (Part VI, line 1b)			10		
es	5		of individuals employed in calendar year 2023 (Part V, line 2a)			33		
Activities &	6		of volunteers (estimate if necessary)			16		
Act						0.		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0 . Current Year		
		Osatuikutisas			4,522,585.	12,133,276.		
an	8		and grants (Part VIII, line 1h)		3,983,272.	4,821,816.		
Revenue	9		ce revenue (Part VIII, line 2g)		155,822.	676,791.		
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,661,679.	17,631,883.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14		to or for members (Part IX, column (A), line 4)		0.	0.		
	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		2,088,750.	3,195,445.		
ses			undraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses			ng expenses (Part IX, column (D), line 25)38 , 03	34.	-			
ň			es (Part IX, column (A), lines 11a-11d, 11f-24e)		4,462,327.	3,980,836.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,551,077.	7,176,281.		
	19		expenses. Subtract line 18 from line 12		2,110,602.	10,455,602.		
or				Be	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		78,991,667.	98,103,185.		
Ass	21		(Part X, line 26)		52,875,446.	61,531,362.		
INet	22		fund balances. Subtract line 21 from line 20		26,116,221.	36,571,823.		
	irt II							
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my l	nowledge 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.

Sign	Signature of officer				Date				
-	ROSALIND BLACK, EVP AND C	FO							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check PTIN				
Paid	FRANCES E. LEAHY	FRANCES E.	LEAHY	08/05	/24 self-employed P00713593				
Preparer	Firm's name KRAFTCPAS PLLC				Firm's EIN 62-0713250				
Use Only	Firm's address 555 GREAT CIRCLE	ROAD							
	NASHVILLE, TN 372	28			Phone no.615-242-7351				
May the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No				
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

Check if Schedule O contains a re		
	sponse or note to any line in this Part III	X
1 Briefly describe the organization's missic		
FOCUSING ON ECONOMIC	ALLY DISTRESSED AREAS, PCAP	CATALYZES
ENVIRONMENTALLY SUST	AINABLE DEVELOPMENT BY PROVID	ING AFFORDABLE,
	ADVISORY SERVICES TO SMALL A	•
	TE EMPLOYMENT. THROUGH ITS BU	
	icant program services during the year which were not lis	
		Yes X No
If "Yes," describe these new services on		
	or make significant changes in how it conducts, any progr	ram services?
If "Yes," describe these changes on Sch		
· · · · · ·	vice accomplishments for each of its three largest program	m services, as measured by expenses
	ons are required to report the amount of grants and alloc	
revenue, if any, for each program service		
	626,078 including grants of \$) (Revenue \$ 4,768,605.
	P IS A SPECIALIZED, NICHE LEN	
	SINESSES IN UNDERSERVED MARKE	
	IS TO CREATE OR RETAIN FULL-	
	ICROLOANS IN AMOUNTS FROM \$1	
	FROM \$50,000 TO \$1,500,000.	
	MENT OF AGRICULTURE (USDA) BU	
	, GIVING IT THE ABILITY TO PA	RTICIPATE IN
TRANSACTIONS UP TO \$3		
	NTS ARE PREDMOMINATELY LOCATE	
	MUNITIES AND ARE UNABLE TO AC	
	TARGET SECTORS INCLUDE, BUT	
	ES, LOCAL FOOD SYSTEM INFRAST	F2 011
	124,134. including grants of \$) (Revenue \$ 53,211.
	5 PROGRAM: PCAP'S STRATEGIC I	
	PARTNERSHIPS WITH SMALL BUSI JNITY PARTNERS TO DEVOTE ADDE	
	R CONSTITUENCIES WITHIN PCAP'	
	EQUENTLY COMBINE PCAP'S LOAN	
	RVICES IN ORDER TO ENSURE BOR	
	WICHD IN ORDER TO ENDORE DOR	
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$
-C (Code) (Expenses ©) (nevenue \$
4d Other program services (Describe on Scl		
(Expenses \$ 4e Total program service expenses	including grants of \$) (Revenue \$ 6 , 750 , 212 .	p)
		Form 990 (202
32002 12-21-23	SEE SCHEDULE O FOR CONTINU	JATION(S)
	2	

Form	990	(2023)

Part IV Checklist of Required Schedules

PARTNER COMMUNITY CAPITAL, INC.

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 14a 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X 17 Did the organization report at otal of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from graming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 20a X Zoa X 20a X 21 X Did the organization orport more than \$5,000 of grants or other assistance to any domestic organization or domestic g				Yes	No
2 bit the organization require inter or index objects and page activities on behalf of or in opposition to candidates for public office? <i>It</i> "Yes," complete Schedule <i>C</i> , Part <i>I</i> . 3 X 3 Diff the organization require inter or index objects and page activities on behalf of or in opposition to candidates for public office? <i>It</i> "Yes," complete Schedule <i>C</i> , Part <i>I</i> . 3 X 4 Section SD (Kp)(3) organizations. Do the organization require in lobbing activities, or have a section SD (Kp) election in effect 4 X 5 Is the organization asseement, investments as defined in Rev. Proc. 88-10? If "Yes," complete Schedule <i>C</i> , Part <i>I</i> . 5 X 6 Diff the organization maxima in any doner actived funds or any similar funds or account? If Yes," complete Schedule <i>D</i> , Part <i>I</i> . 7 X 7 Diff the organization receive or hold a conservation assement, including essements to preserve open space. 7 X 8 Diff the organization requires the organization requi	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or publical campaign activities on bakel of or in opposition to candidates for public office? ("'reg." complete Schedule C, Part I 3 X 4 Section 501(b) organizations. Did the organization magage in k0b/ying activities, or have a section 501(b) election in effect dim the section of the organization matter and young office organization that receives membership dues, assessments, or an inflar amounts as defined in Rev. Proc. 8:197 ("Yes," complete Schedule D, Part I 4 X 5 Did the organization matter and young office organization that receives membership dues, assessments, or any office organization matter and and a conservation assement, historia dua cancer value assement, historia dua cancer value assement, historia gescements to preverse open space. 7 X 9 Did the organization matter of lectors of varies office organization, works of art, historiad trassumer, credit repart, or den tregatition services? 7 X 9 Did the organization report an amount for index buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part II 0 X 10 X 10 X 10 X 10 Did the organization report an amount for index buildings, and equipment in Part X, line 12, his to 5% or more of its total asset reported in Part X, line 17, wes," complete Schedule D, Pa		If "Yes," complete Schedule A			
public office? # 'Yes,' complete Schedule Q, Part I 3 X 4 Section 501(6)1 organization. Did the organization engage in lobbying activities, or have a section 501(6)1 election in effect 4 X 5 Is the organization a section 501(6)(4), 501(6)(6) or 501(6)(4), 501(6)(6), or 501(6)(4), 501(6)(6), or 501(6)(4), 501(6)(6), or 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 5	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
 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? <i>If Yes, 'complete Schedule C, Part II</i>. Is the organization a section 501(c)(k), 501(c)(k), or 501(c)(k) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89:197. <i>If Yes, 'complete Schedule C, Part II</i>. Did the organization environ market mentations or any similar funds or accounts? <i>If Yes, 'complete Schedule D, Part II</i>. Did the organization market mentation or investment of amounts in such funds or accounts? <i>If Yes, 'complete Schedule D, Part II</i>. Did the organization market mentation collectors of works of at, historical treasures, or other similar asset? <i>If Yes, 'complete Schedule D, Part II</i>. Did the organization report an amount in Part X, line 21, for ecrow or custodial account fability. Since as a custodian for a similar asset in part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If Yes,' complete Schedule D, Part II</i>. Did the organization amount for Net X, line 21, for ecrow or custodial account fability. Since as a custodian for a similar asset in part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If Yes,' complete Schedule D, Part IV</i>. Did the organization enport an amount for investments - other securities in Part X, line 107. <i>If Yes,' complete Schedule D, Part IV</i>. Did the organization report an amount for investments - other securities in Part X, line 107. <i>If Yes,' complete Schedule D, Part X</i>. Did the organization report an amount for investments - other securities in Part X, line 107. <i>If Yes,' complete Schedule D, Part X</i>. Did the organization report an amount for investments - other securitis in Part X, line 127. <i>If Yes,' complete Schedule D, Part X</i>	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section 50(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 5 X 6 Did the organization martain any domoral visual funds or any similar funds or accounts for which domors have the right to provide advision or investment at amounts in such funds or accounts for which domors have the right to the organization martain any domoral visual funds or accounts for which domors have the right to the organization martain cases, or hotion citoutures? II 'Ves, "complete Schedule D, Part II 6 X 7 X Did the organization martain collectors of works of art, historical treasures, or other similar assets? II 'Yes, "complete Schedule D, Part II 7 X 9 Did the organization is answer to any of the following questions, hold assets in donor-restricted endowments 7 X 10 Did the organization report an amount for lead, partial, work of the schedule D, Part V 9 X 10 Did the organization is answer to any of the following questions is 'Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for lead, buildings, and equipment in Part X, line 10? II 'Yes, "complete Schedule D, Part V 10 X 12 Did the organization report an amount for lead, buildings, and equipment in Part X, line 10? II 'Yes, "complete		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization asciolor 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99197 If "Yes," complete Schedule C, Part II 5 X D Dd the organization markum any doore advised funds or any similar toxids or accounts? If "Yes," complete Schedule D, Part II 6 X D Dd the organization nearement in black funds or accounts? If "Yes," complete Schedule D, Part II 7 X B Dd the organization markum any doore advised in easement, including assembles to preserve open space, the environment, historic through a reliated organization, active thrangement, credit repair, or debt neglitation review? 7 X B Dd the organization report an amount in Part X, line 21, for secrow 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 neglitation services? 9 X D Dd the organization, directly through a reliated organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part VI 10 X D Dd the organization report an amount for lund, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets: reported in Part X, line 14/ "Yes," complete Schedule D, Part VI 11a X D Dd the organization report an amount for investments - offer securities in Part X, line 12, that is 5% or more of its total assets: reportice in Part X, line 11 "Yes," Complete Schedule D, Part VI <td>4</td> <td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect</td> <td></td> <td></td> <td></td>	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Rev. Proc. 98-197. #*es*; complete Schedule Q, Part II 5 X O Did the organization maintain eases, or historic durds or any similar funds or accounts? If *Yes, "complete Schedule D, Part II 6 X 7 Did the organization maintain ease, or historic accounts? If *Yes, "complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes, "complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes, "complete Schedule D, Part II 8 X 9 Did the organization, directly or through a nelated organization, hold assets in donor restricted endowments or in quasiendowmentS' If *Yes, "complete Schedule D, Part IV 9 X 10 Did the organization answer to any of the following questions is *Yes, "then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes, "complete Schedule D, Part V 11a X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes, "complete Schedule D, Part V 11a X 13 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes, "complete Schedule D, Part V 11a X <tr< td=""><td></td><td>during the tax year? If "Yes," complete Schedule C, Part II</td><td>4</td><td></td><td>X</td></tr<>		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 8 X 7 X X 7 X 8 Did the organization maintain any donor advised structures? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, K, or X, as applicable. 9 X 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X 10 X 11 If the organization report an amount for investments - porgram related in Part X, line 10? If "Yes," complete Schedule D, Part X 111 X 11 If the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X 111 X 11 Did the organization report an amo	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic ind areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability: serve as a custodian for amounts not listel in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasie admovement? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, X, or X, as applicable. 10 X 12 Did the organization report an amount for investments - organized 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 11a X 13 Did the organization report an amount for other assets 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 X 11a X 14 Did the organization report an amount for other		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>IF Yes</i> , <i>* complete Schedule D, Part II</i> 8 X 9 Did the organization report an amount in Part X, line 21, for servow 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107. <i>IF Yes</i> , <i>* complete Schedule D</i> , Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 107. <i>IF Yes</i> , <i>* complete Schedule D</i> , Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 107. <i>IF Yes</i> , <i>* complete Schedule D</i> , Part VI 11a X 13 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 167. <i>IF Yes</i> , <i>* complete Schedule D</i> , Part VII 11b X 14 X 10 X 11a X 15 Did the organization report an amount for investments - program related in Part X, line 107. <i>IF Yes</i> , <i>* complete Schedule D</i> , Part XIIII	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for secrew 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? 9 X 10 Did the organization directly or through a related organization, hold assets in donor restricted endowments or in quasifendowments? If "yes," complete Schedule D, Part V 10 X 11 the organization report an amount for indu, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VI 11a X 13 X Did the organization report an amount for three sastes 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 11a X 14 X Did the organization report an amount for inverti sastes 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 X 11a X 15			6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? // 'Yes,' complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 12 Did the organization report an amount for lond, buildings, and equipment in Part X, line 10? // 'Yes,' complete Schedule D, Part VI 11a X 13 Did the organization report an amount for livestments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part VI 11a X 14 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? // 'Yes,' complete Schedule D, Part X 11a X 14 X Did the organization subality in uncertain tax positions under Fill 48 (SC 740?) // Yes,' complete Schedule D, Part X 11d X 14 X </td <td>7</td> <td></td> <td></td> <td></td> <td></td>	7				
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability: serve as a custodial nervice? 8 X 9 Did the organization, directly or through a related organization, hold assets in don-restricted endowments 9 X 10 Did the organization, directly or through a related organization, hold assets in don-restricted endowments 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 111 X 111 X Did the organization report an amount for investments - other securities 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 VI 111 X 112 X Its of the organization report an amount for investments - other securities 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 VI 111 X 113 X Its of ganization secure or insolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 111 X 114 X Its of ganizat			7		<u> </u>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Uid the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>II</i> "res," complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II</i> "res," complete Schedule D, Part V 10 X 13 Did the organization report an amount for investments - other securities in Part X, line 12, II at is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "res," complete Schedule D, Part VI 11a X 14 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? <i>II</i> "res," complete Schedule D, Part X 11a X 14 Did the organization report an amount for other assets in Part X, line 25? <i>II</i> "Yes," complete Schedule D, Part X 11a X 11 X 11d X 11d X 11d X 12 Did the organization isolarid FII Part X. <td>8</td> <td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete</td> <td></td> <td></td> <td></td>	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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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 gargegate grants or other assistance to or for foreign individuals? 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 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 G, Part II and IV 16 X 18 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 15,000 of gross income from gaming activities on Part VIII, lines 18 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9			12b		Х
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 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	15				
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 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 19 Did the organization attach a copy of its audited financial statements to this return? 20a 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? <i>If "Yes," complete Schedule I, Parts I and II</i> 21 X 	16				
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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					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			ZUD		<u> </u>
	21		21		x
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Form	990	(2023)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
-	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	• •		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
~~	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
ь	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV	200		X
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		- 23
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	აა		- 23
34		34		x
25 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		_		
	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 108			
	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	Х	
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4

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Form	990 (2023) PARTNER COMMUNITY CAPITAL, INC.	54-2058	754	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				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	2a 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of	D	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payor?	7a		Х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
9 h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h		
Ũ	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.		8		
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:		30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
11		110			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	<u>11a</u>			
b		116			
10-	amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
Ŀ	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	126			
-	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			x
14a		•	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			0000	
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PARTNER COMMUNITY CAPITAL, INC.

54-2058754 Page 6

X

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 re-	change or note to an	v line in this Part VI	
Check il Schedule O contains a le	sponse or note to an	y iii ie ii i ii ii 5 Fait vi	

Sec	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
-						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi			•		Х
~	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			2		
3	of officers, directors, trustees, or key employees to a management company or other person?	e urec	a supervision	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	200 w/s	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		IS TILED?	5		X
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	at the			
	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 Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters	s, affiliates,			
	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 bod	ly beto	re filing the form?	11a	~	
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "			12.0		
•	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	vith a			77
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			101		
Sec	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed	<u>7</u> Ъ Т	N OH KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a			only)	availał	nle
10	for public inspection. Indicate how you made these available. Check all that apply.			(Oriny)	avanar	510
	X Own website Another's website X Upon request Other (explain	n on Si	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial	
-	statements available to the public during the tax year.		[_ , , .			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records			
	ROSALIND BLACK - 681-252-4306					
	PO BOX 839, CHARLES TOWN, WV 25414					
332006	12-21-23			Form	990	(2023)
	6					

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate
	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, box 6 of 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	laaa	recio	r/trus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations (W-2/1099-MISC/	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	nstitutional trustee		/ee	mpen		1099-NEC)	1099-NEC)	and related
	below	dual t	utiona	_	m ploy	st col	2	1000 1120/		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) MARTEN R. JENKINS, JR.	37.50									
PRESIDENT AND CEO		1		Х				221,990.	Ο.	44,235.
(2) ANNA TEFFT	37.50									
EXECUTIVE VICE PRESIDENT		1			х			165,961.	Ο.	27,562.
(3) ROSALIND BLACK	37.50									
EXECUTIVE VICE PRESIDENT & CFO		1		Х				171,183.	Ο.	16,066.
(4) ERIKA MCGILLEY	37.50									
SENIOR VICE PRESIDENT						Х		144,501.	0.	26,282.
(5) KEVIN O'CONNOR	37.50									
SENIOR VICE PRESIDENT						X		120,784.	0.	21,767.
(6) JESSIE MAXWELL	37.50									
VICE PRESIDENT						X		128,424.	0.	13,946.
(7) NICHOLAS ALLEN	37.50									
CONTROLLER						X		102,053.	0.	9,467.
(8) CAROLYN KOLDOS	37.50									
ASSISTANT SECRETARY, OFFICER				Х				58,254.	0.	6,047.
(9) JEFFREY LUSK	3.00									
CHAIRMAN		Х		Х				0.	0.	0.
(10) KAREN JACOBSON	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) ROBERTA MCCULLOUGH	3.00									
TREASURER		Х		Х				0.	0.	0.
(12) VICKI LEE PARKER-HIGH	1.00									
SECRETARY		Х		Х				0.	0.	0.
(13) JEFFREY A. AUSTIN	1.00									
DIRECTOR, START 7/1/2023		Х						0.	0.	0.
(14) AMY KING CONDARAS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JENNIFER CURTIS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) RAY DAFFNER	2.00									
DIRECTOR		Х						0.	0.	0.
(17) JERRELL (J) DEAVER, JR.	3.00									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

Form 990 (2023)

15070805 781331 22627-22627

	90 (2023) PARTNER (COMMUNIT	Ϋ́	CA	ΡI	TA	L,	I	INC.	54-20) <u>58</u>	754	Pa	age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average			Posi	ition			Reportable	Reportable		Fs	timate	h
		hours per		not ch unles					compensation	compensatio	n		ount	
		week		cer an					from	from related	I		other	01
		(list any	tor						the	organizations			oensa	ition
		hours for	direc				5		organization	(W-2/1099-MIS			om th	
		related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	ruste	al tru:		/ee	mper		1099-NEC)			•	l relat	
		below	dual t	ltion	_	lploy	st co	5					nizati	
		line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
(18)	AINAL PATEL	1.00	-		0	×	Ξæ	ш						
		1.00	х						0					Δ
DIREC.	FOR, START 7/1/2023		~						0.		0.			0.
							<u> </u>				\rightarrow			
			1											
											-+			
1b S	Subtotal								1,113,150.			165	5,3	
	otal from continuation sheets to Part VI								0.		0.			Ο.
	otal (add lines 1b and 1c)								1,113,150.		0.	165	5,3	72.
	otal number of individuals (including but n									000 of reportable				
	compensation from the organization		000				,	0.10						7
	ompensation nom the organization												Yes	No
											ſ		163	NO
	Did the organization list any former officer,	-		•	•	-		Ŭ	• •					
	ne 1a? If "Yes," complete Schedule J for s											3		X
4 F	or any individual listed on line 1a, is the su	um of reportabl	e co	mpe	nsa	tion	and	oth	ner compensation from t	he organization				
a	nd related organizations greater than \$150	0,000? If "Yes.	" со	mple	ete S	Sche	dule	e J f	or such individual		[4	Х	
5 D	Did any person listed on line 1a receive or a	accrue compen	sati	, on fre	om a	anv	unre	elate	ed organization or individ	dual for services				
	endered to the organization? If "Yes," com											5		Х
	on B. Independent Contractors		2070	<u> </u>		5613	011					•		
	•	manageted ind	000	ndon	+	t.r	oto		ant reactived mare then	100 000 of comp		ion fro		
	Complete this table for your five highest co	•	•							•	ensat		(T)	
t	he organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	thin		ear.				
	(A)	a al al una a a							(B)		~	(C		
	Name and business	address	NC	ONE					Description of s	ervices	0	omper	isatio	n
_														
2 T	otal number of independent contractors (i	ncludina but na	ot lin	nited	to t	thos	se lis	ted	above) who received me	ore than				
	100,000 of compensation from the organi	-				()		,					
ų	res, soo or compensation nom the organi	Lation					-							

Form **990** (2023)

332008 12-21-23

			2023) PARTNER COMMU	NITY CAPI	ITAL, INC.		54-2058	754 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(=)	(2)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ល្អ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
۵. ۵			Fundraising events 1c					
ar A			Related organizations 1d					
m Big			Government grants (contributions) 1e	7,531,168.				
, Si Si			All other contributions, gifts, grants, and					
ther			similar amounts not included above 1f	4,602,108.				
ĞĘ		g	Noncash contributions included in lines 1a-1f					
anc		h	Total. Add lines 1a-1f		12,133,276.			
				Business Code				
ė	2	а	INTEREST INCOME FROM N/R	522299	4,465,045.	4,465,045.		
ه r		b	FEE INCOME ON LOANS	541900	303,560.	303,560.		
Sei		с	PROJECT INCOME	541900	53,211.	53,211.		
am		d						
Program Service Revenue		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f		4,821,816.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		676,791.			676,791.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Net rental income or (loss)	(n) a				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
evenue			and sales expenses 7b					
eve			Gain or (loss)					
, r	_		Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		I -	Part IV, line 18 8a					
			Less: direct expenses 8b	1				
			Net income or (loss) from fundraising events					
	Э	d	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		ŭ	and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		-		Business Code				
snc	11	а						
nec		b						
Miscellaneous Revenue		c						
lis B			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		17,631,883.	4,821,816.	0.	676,791.
33200	9 12-	-21-						Form 990 (2023)

332009 12-21-23

 Form 990 (2023)
 PARTNER COMMUNITY CAPITAL, INC.
 54-2058754
 Page 10

 Part IX
 Statement of Functional Expenses
 Page 2000
 Page 2000

	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ľ		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	711,298.	491,702.	192,973.	26,623
6	trustees, and key employees	711,290.	491,702.	192,973.	20,023
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	1000000000000000000000000000000000000				
7	Other salaries and wages	1,858,715.	1,856,153.		2,562.
8	Pension plan accruals and contributions (include	_,,	_,,		
-	section 401(k) and 403(b) employer contributions)	135,352.	135,314.		38.
9	Other employee benefits	271,964.	255,974.	15,440.	38. 550.
10	Payroll taxes	218,116.	200,667.	15,268.	2,181.
11	Fees for services (nonemployees):				-
а	Management				
b	Legal	96,926.	74,980.	21,946.	
с	Accounting	51,589.	1,466.	50,123.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,146.		15,146.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)	868,914.	868,914.		
12	Advertising and promotion	63,834.	58,727.	4,469.	638.
13	Office expenses	100,549.	92,505.	7,039.	1,005.
14	Information technology	173,231.	159,372.	12,127.	1,732.
15	Royalties	125 025	104 000	0.450	1 250
16		135,035. 78,945.	<u>124,233.</u> 72,630.	9,452.	<u>1,350</u> 789.
17		/0,945.	12,030.	5,520.	109.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	19,530.	17,968.	1,367.	195.
19 20	-	1,733,786.	1,733,786.	1,507.	1750
21	Interest Payments to affiliates	2775577600	2773377000		
22	Depreciation, depletion, and amortization				
23	Insurance	34,560.		34,560.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CHANGE IN PROVISION FOR	442,634.	442,634.		
b	LOAN WORKOUT AND OTHER	73,177.	73,177.		
c	LOAN ORIGINATION	40,950.	40,950.		
d	PAYROLL PROCESSING FEES	33,702.	31,006.	2,359.	337.
е	All other expenses	18,328.	18,054.	240.	34.
25	Total functional expenses. Add lines 1 through 24e	7,176,281.	6,750,212.	388,035.	38,034.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

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PARTNER	COMMUNITY	CAPITAL,	INC

54-2058754 Page 11

		Check if Schedule O contains a response or	note to any line in this Part X			
			THOLE LO ANY THE IT LITS FAIL A	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		3,886,051.	1	4,670,471.
	2	Savings and temporary cash investments		13,639,876.	2	22,228,947.
	3	Pledges and grants receivable, net		1,132,790.	3	2,325,462.
	4	Accounts receivable, net	321,350.	4	523,010.	
	5	Loans and other receivables from any currer				
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of		5		
	6	Loans and other receivables from other disq			-	
		under section 4958(f)(1)), and persons descr			6	
6	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As:	9	–		54,355.	9	57,716.
		Land, buildings, and equipment: cost or othe			-	
		basis. Complete Part VI of Schedule D				
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, li			12	
	13	Investments - program-related. See Part IV, I	59,845,290.	13	68,222,154.	
	14				14	27,791.
	15	Other assets. See Part IV, line 11	111,955.	15	47,634.	
	16	Total assets. Add lines 1 through 15 (must		78,991,667.	16	98,103,185.
	17	Accounts payable and accrued expenses		624,282.	17	848,391.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20				20	
	21	Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to any current or				
Liabilities		trustee, key employee, creator or founder, su				
ilidi		controlled entity or family member of any of			22	
Lia	23	Secured mortgages and notes payable to un		3,322,307.	23	3,479,727.
	24	Unsecured notes and loans payable to unrel		47,478,031.	24	55,442,640.
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on I				
		of Schedule D	, ,	1,450,826.	25	1,760,604.
	26	Total liabilities. Add lines 17 through 25		52,875,446.	26	61,531,362.
		Organizations that follow FASB ASC 958,	check here X			
es		and complete lines 27, 28, 32, and 33.				
anc	27			15,636,722.	27	22,027,859.
Bal	28			10,479,499.	28	14,543,964.
lpu		Organizations that do not follow FASB AS				
μ		and complete lines 29 through 33.	·			
۲ ۵	29	Capital stock or trust principal, or current fur	nds		29	
šets	30	Paid-in or capital surplus, or land, building, c			30	
Ass	31	Retained earnings, endowment, accumulate			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		26,116,221.	32	36,571,823.
2	33	Total liabilities and net assets/fund balances		78,991,667.	33	98,103,185.

Form 990 (2023)

Form 990 (2023) PARTNER CC

	1 990 (2023) PARTNER COMMUNITY CAPITAL, INC.	54-2	058754	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,63		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,17	6,2	81.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,11	6,2	21.
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	36,57	1,8	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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				
	consolidated basis, or both:				
	X Separate basis 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	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			_	OOO.	

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

PARTNER COMMUNITY CAPITAL

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.

INC.

OMB No. 1545-0047
2023
Open to Public Inspection

Employer identification number

54 - 2058754

Pa	art I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative)(b)(1)(A)(ii	i).	
4	\square	A medical research organiz						the hospital's name.
		city, and state:	I	,				,
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental unit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (0			or operat	ou oy u go		
6				nantal unit described in	opption 1	70/61/41/41	6.5	
6	\square	A federal, state, or local go	-					aublic described in
7		An organization that norma	•	initial part of its support if	ion a gove	emmentai	unit or from the general p	public described in
~	v	section 170(b)(1)(A)(vi). (C	• •					
8	X	A community trust describe						
9		An agricultural research org	-			-	-	-
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of the college	eor
		university:						
10		An organization that norma						
		activities related to its exen	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	, 🗌	Type II. A supporting org	anization supervised	d or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	;	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organizatio						
c	ı 🗆] Type III non-functionally						zation(s)
		that is not functionally int						
		requirement (see instruct			•		-	
e		Check this box if the orga		-				
-	·	functionally integrated, or					·) po ., ·) po, ·) po	
f	Ente	er the number of supported of		nany integrated capperts	ng organiz			
c		vide the following information		ed organization(s).				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
		organization (described on lines 1-10 in your governing document? support (see instructions) support (see instructions)						support (see instructions)
	above (see instructions)) Yes No support (see instructions) support (see instructions)							

Total

Schedule	A (Form 990) 2023
Part II	Suppo	rt Sc

PARTNER COMMUNITY CAPITAL, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1746207.	4019389.	5275026.	4522585.	<u>12133276.</u>	27696483.			
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	1746207	4010200	E07E006	4500505	1010076	27606492			
	Total. Add lines 1 through 3	1746207.	4019389.	5275026.	4522585.	12133276.	27696483.			
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,									
							1272892.			
6	Column (f) Public support. Subtract line 5 from line 4.						26423591.			
	tion B. Total Support						201233311			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Amounts from line 4	1746207.	4019389.	5275026.		12133276.				
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	185,205.	53,077.	6,329.	155,822.	676,791.	1077224.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						28773707.			
12	,	,	,				,108,664.			
13	First 5 years. If the Form 990 is for the	-								
0.0	organization, check this box and stor									
	tion C. Computation of Publi						01 02			
	Public support percentage for 2023 (I		-			14	91.83 % 86.96 %			
	Public support percentage from 2022 33 1/3% support test - 2023. If the o					15				
108	stop here. The organization qualifies						V			
h	33 1/3% support test - 2022. If the o		-			or more check th				
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
		-								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
~	more, and if the organization meets th	-								
	organization meets the facts-and-circu									
18	Private foundation. If the organization		-							
		Schedule A (Form 990) 2023								

332022 12-21-23

Schedule A	Form	990) 2023

PARTNER COMMUNITY CAPITAL, INC. 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.)

Set	LION A. FUDIC Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
л	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
<u>So(</u>	check this box and stop here						
	•			olume (f)		15	
	Public support percentage for 2023 (.,,		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Invest					16	%
			•	10 1 (1)			
17 18	Investment income percentage for 20 Investment income percentage from					17 18	<u>%</u> %
19a	33 1/3% support tests - 2023. If the					3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the	-	•		•••••		/3%, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			-		-	
	23 12-21-23		,	, , ,			dule A (Form 990) 2023
			15				

PARTNER COMMUNITY CAPITAL, INC.

1

2

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

16

332024 12-21-23

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

sche	aule A	(Form 990) 2023 FARINER COMMONITI CAPITAL, INC.	J4-20J	1012	± Pa	age 5
Pa	rt IV	Supporting Organizations (continued)				
			_		Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?				
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c b	elow, the governing body of a supported organization?		11a		
b	A fam	ily member of a person described on line 11a above?		11b		

TNC

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

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Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>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</i>		Yes N	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All T	ype III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
---	--	---	---	---

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b 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 these activities but for the organization's involvement.
- 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. 332025 12-21-23

2a 2b 3a 3b

Yes No

Schedule A (Form 990) 2023

51 - 2059751

11c

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1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructio
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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
	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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	- inization (see

Schedule A (Form 990) 2023 PARTNER COMMUNITY CAPITAL, INC.
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

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3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
				Sc	hedule A (Form 990) 2023

PARTNER COMMUNITY CAPITAL, INC.

54-2058754 Page 7

1

2

Current Year

Part V	Type II	Non-	Functionally Integr	ated 509(a)(3) S	Supporting Org	ganizations	(continued)
Schedule A	(Form 990) 2023	PARTNER	COMMUNITY	CAPITAL,	INC.	

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

Schedule A	(Form 990) 2023			TY CAPITAI		54-2058754 _{Page}
Part VI	Part IV, Section A, line 1; Part IV, Sec	lines 1, 2, 3b, 3c, 4 tion D, lines 2 and 3	b, 4c, 5a, 6, 9a, 9b 3; Part IV, Section E	, 9c, 11a, 11b, and , lines 1c, 2a, 2b, 3	11c; Part IV, Section a, and 3b; Part V, line	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ny additional information.
						Schodulo A (Form 000) 0
32028 12-21-2	3			20		Schedule A (Form 990) 2

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

PARTNER	COMMUNITY	CAPITAL,	INC.	

54-2058754

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

PARTNER COMMUNITY CAPITAL, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 503,989. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 271,952. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 1,125,460. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 2,797,854. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 5,409,952. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

15070805 781331 22627-22627

Employer identification number

54-2058754

Schedule B (Form 990) (2023)

Name of organization

PARTNER COMMUNITY CAPITAL, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 725,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(d)

(d)

(d)

(d)

Schedule B (Form 990) (2023)

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Page 2

54-2058754

323452 12-26-23

15070805 781331 22627-22627

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323453 12-26-	23		Schedule B (Form 990) (2023)

25

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II

Schedule B (Form 990) (2023)

PARTNER COMMUNITY CAPITAL, INC.

Employer identification number

54-2058754

Schedule B (Form 990) (2023)

15070805 781331 22627-22627

	B (Form 990) (2023)			Page 4			
Name of or	rganization			Employer identification number			
PARTNE	ER COMMUNITY CAPITAL, IN	۹C.		54-2058754			
Part III		ons to organizations described in s through (e) and the following line er tharitable, etc., contributions of \$1,000 or	trv. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
-		(e) Transfer of gi	 ft				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee			
(a) No. from			(4) Do				
Part I	(b) Purpose of gift	(c) Use of gift	f gift (d) Description of how gift				
	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4	er of gift Relationship of transferor to transferee				
	,,,,,,,						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4		ransferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
F	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee			
323454 12-26-	i-23			Schedule B (Form 990) (2023)			

26 2023.04010 PARTNER COMMUNITY CAPITAL 22627-21

SCHEDULE	Đ
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(Form	990)
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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.



Department of the Treasury Internal Revenue Service

GUI	.0	3.909/F011	11990 101	instructions	and the	Ialest I

Nam	e of the organization PARTNER COMMUNITY (APITAL, INC.		Employer identification number $54 - 2058754$
Pa			Funds or Ac	
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	s (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 v	riting that the assets held in do	onor advised func	ls
-	are the organization's property, subject to the organization's e	•		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
			• •	
Pa				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat		ervation of a histo	prically important land area
	Protection of natural habitat	Prese	ervation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in	the form of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not	:	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, ha	ndling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enfo	rcing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing	conservation eas	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of sec	tion 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and	l expense statem	ent and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financi	al statements that	at describes the
Dee	organization's accounting for conservation easements.	Aut Illistania al Tus sauna	Oth O	
Pa	t III Organizations Maintaining Collections of		s, or Other 5	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			ce of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958	· •		
	art, historical treasures, or other similar assets held for public	exhibition, education, or resear	ch in furtherance	of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea		or financial gain, p	provide
	the following amounts required to be reported under FASB AS	-		
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

332051 09-28-23

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

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Schedule D (Form 990) 2023

Sche		COMMUNITY						54-20	58754	4 р	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, or	r Other S	Similaı	⁻ Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following that	: make sigr	nificant u	ise of its		-	
	collection items (check all that apply).										
а	Public exhibition	(a 🗌	Loan or exc	change progra	am					
b	Scholarly research		• 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explai	n how th	hey further t	he organizatio	on's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	istorical trea	sures, or othe	er similar a	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "`	Yes" on Fo	orm 990,	Part IV, li	ne 9, or		
1 a	Is the organization an agent, trustee, custodia								Yes	_	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							∟			
5		and complete the lo	lowing	lable.					Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo						·		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-			_		
Par	t V Endowment Funds Complete if	the organization an	swered	"Yes" on Fo	rm 990, Part I	IV, line 10.					
		(a) Current year	(b) I	Prior year	(c) Two year	rs back 🛛 (c	d) Three y	ears back	(e) Four	' years	back
1a	Beginning of year balance										
	Contributions										
	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 curr	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	nd administer	ed for the			,		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o basis (investi			t or other (other)	• •	cumulate eciation	ed	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must en		X. line 1	10c. column	(B))						0.
	·							Schedule	D (Forn	n 990)) 2023

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 en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) NOTES RECEIVABLE -			
(2) LENDING PROGRAM	68,122,159.	COST	
(3) SC FUEL DEPOT	99,995.	COST	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total . (Col. (b) must equal Form 990, Part X, line 13, col. (B))	68,222,154.		
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col	<u>. (B))</u>		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	Te or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			10 100
(2) FUNDS HELD FOR OTHER			42,139
(3) REFUNDABLE ADVANCE (4) LEASE LIABILITY			1,669,843
			40,022
(5)			
(6)			
(7)			
(8)			
(9)			1,760,604
Total. (Column (b) must equal Form 990, Part X, line 25, col		the organization's financial statements t	

PARTNER COMMUNITY CAPITAL, INC.

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) 2023

54-2058754 Page 3

332053 09-28-23

Schedule D (Form 990) 2023

	edule D (Form 990) 2023 PARTNER COMMUNITY CAPIT			2058754 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	17,631,883.
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		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			17,631,883.
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		
~			4c	0.
U U	Add lines 4a and 4b			
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	.)		17,631,883.
		.)		17,631,883.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) atements With Expen		17,631,883. n
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. rt XII Reconciliation of Expenses per Audited Financial Sta) atements With Expen ne 12a.	5 ses per Retur	17,631,883.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. t XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line) atements With Expen ne 12a.	5 ses per Retur	17,631,883. n
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements) atements With Expen ne 12a.	5 ses per Retur	17,631,883. n
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12. rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:) atements With Expen ne 12a. 	5 ses per Retur	17,631,883. n
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 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) atements With Expen ne 12a. 2a 2b	5 ses per Retur	17,631,883. n
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 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) atements With Expen ne 12a. 2a 2b 2c	5 ses per Retur	17,631,883. n
Pa 1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line 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.)) atements With Expen ne 12a. 2a 2b 2b 2c 2d	5 ses per Retur1	<u>17,631,883.</u> n 7,176,281. 0.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 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) atements With Expen ne 12a. 2a 2b 2b 2c 2d	5 ses per Retur	17,631,883. n 7,176,281.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line 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.)) atements With Expen ne 12a. 2a 2b 2b 2c 2d	5 ses per Retur	<u>17,631,883.</u> n 7,176,281. 0.
Pa 1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12, rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 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) atements With Expen ne 12a. 2a 2b 2c 2d 2d	5 ses per Retur	<u>17,631,883.</u> n 7,176,281. 0.
Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 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:) atements With Expen ne 12a. 2a 2b 2c 2d 4a	5 ses per Retur	<u>17,631,883.</u> n 7,176,281. 0.
Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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) atements With Expen ne 12a. 2a 2b 2c 2d 2d 2d 4a 4b	5 ses per Retur	<u>17,631,883.</u> n 7,176,281. 0. 7,176,281. 0.
Pa 1 2 b c d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line 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.)) atements With Expen ne 12a. 2a 2b 2c 2d 2d 	5 ses per Retur 1 2e 3 2e 3	<u>17,631,883.</u> n 7,176,281. 0. 7,176,281.

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:

PCAP IS ORGANIZED AS A MARYLAND NONSTOCK CORPORATION AND HAS RECEIVED A
DETERMINATION LETTER FROM THE U.S. INTERNAL REVENUE SERVICES (IRS)
GRANTING IT TAX-EXEMPT STATUS AS A CHARITABLE NON-PROFIT ORGANIZATION
UNDER IRC SECTIONS 501(C)(3) AND 170(B)(1)(A)(VI). INCOME WHICH IS NOT
RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO
FEDERAL AND STATE CORPORATE INCOME TAXES. PCAP HAD NO NET UNRELATED
BUSINESS INCOME TAX FOR THE YEAR ENDED DECEMBER 31, 2023.
MANAGEMENT EVALUATED PCAP'S TAX POSITIONS AND CONCLUDED THAT PCAP HAD
TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL

STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. PCAP FILES

332054 09-28-23 Schedule D (Form 990) 2023 30

Schedule D								NITY	CAP	ITAL	, IN	с.			54-	20587	54	Page 5
Part XIII	Supp	lement	al Info	ormat	ion ₍	continue	ed)											
INCOME	E TAX	RETU	JRNS	IN	THE	U.S	. FE	DERAI	JUE	RISDI	CTIC	ON. C	SENEI	RALL	Y,	PCAP	IS	NO
LONGER	R SUB	JECT	TO :	INCC	ME	TAX	EXAM	INATI	ONS	FOR	THE	U.S.	. FEI	DERA	L,	STATE	: OF	<u> </u>
LOCAL	TAX	AUTHO)RIT:	IES	FOR	THE	YEA	RS BE	FORI	E 202	20.							

PART VIII:

PCAP MAKES SMALL BUSINESS LOANS TO CUSTOMERS. THESE LOANS ARE MADE IN WEST VIRGINIA, NORTH CAROLINA AND THE APPALACHIAN AND RURAL AREAS OF MARYLAND, OHIO, KENTUCKY, TENNESSEE, VIRGINIA AND SOUTH CAROLINA. THE TOTAL AMOUNT OF THE NOTES RECEIVABLE, NET OF ALLOWANCE FOR POSSIBLE LOSSES AT DECEMBER 31, 2023 IS \$68,122,159. ALL LOANS REQUIRE BOARD APPROVAL. THE NOTES HAVE VARIOUS INTEREST RATES AND MATURITY DATES, WITH THE LATEST NOTE MATURING

IN 2040.

Schedule D (Form 990) 2023

332055 09-28-23

sc	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	n n)
		Compensated Employees		20	ZJ)
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organizatio			identificatio		mber
		PARTNER COMMUNITY CAPITAL, INC.	54-2	205875	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chet)			
	If you of the st	and the second second second section for the second section for the second section of the second s				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
•				1b		<u> </u>
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2	Х	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		<u>z</u>	л	
3	Indicato which if a	ny, of the following the organization used to establish the compensation of the organization's				
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	Compensation					
	· · · ·	compensation consultant Compensation survey or study				
	<u> </u>	ther organizations I I Approval by the board or compensation of I	ommittee			
			ommittee			
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 re					
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r					
а						X
b		ation?		<u>5b</u>		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r	-				v
a						X
b		ation?		<u>6b</u>		X
-		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
0		nes 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the point described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				x
٥				8		- 11
9		id the organization also follow the rebuttable presumption procedure described in		9		
For	Regulations section	n 53.4958-6(c)? ion Act Notice, see the Instructions for Form 990.		ule J (Forn	000	0000
FOr	r aper work neulici		Sched	une o (rom	1 990	, 2023

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Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARTEN R. JENKINS, JR.	(i)	196,990.	25,000.	0.	18,500.	25,735.	266,225.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNA TEFFT	(i)	155,961.	10,000.	0.	14,940.	12,622.	193,523.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROSALIND BLACK	(i)	156,183.	15,000.	0.	14,500.	1,566.	187,249.	0.
EXECUTIVE VICE PRESIDENT & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIKA MCGILLEY	(i)	129,501.	15,000.	0.	12,540.	13,742.	170,783.	0.
SENIOR VICE PRESIDENT	(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)							
	<u>(ii)</u>							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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.

PART I, LINE 3:

PARTNER COMMUNITY CAPITAL ENGAGED IN AN INDEPENDENT COMPENSATION

CONSULTANT TO ESTABLISH THE CEO/PRESIDENT COMPENSATION. THE PARTNER

COMMUNITY CAPITAL BOARD OF DIRECTORS APPROVES THE COMPENSATION

RECOMMENDATION.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.



PARTNER COMMUNITY CAPITAL, INC.

54–2058754

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUILDING AND POLICY ACTIVITIES, PCAP EMPLOYS A HOLISTIC APPROACH TO

ADDRESS THE COMPLEX, INTERWOVEN ISSUES INHERENT IN POVERTY ALLEVIATION,

RURAL DEVELOPMENT AND ENVIRONMENTAL SUSTAINABILITY. AS A PRACTITIONER

OF SUSTAINABLE DEVELOPMENT, PCAP DEMONSTRATES METHODS THAT HELP

BUSINESSES, INDIVIDUALS AND COMMUNITIES ACHIEVE TANGIBLE CHANGES THAT

RESULT IN ENHANCED PERSONAL OR COMMUNITY ASSETS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RECREATION-BASED TOURISM, VALUE-ADDED AGRICULTURE, RENEWABLE ENERGY,

ENERGY EFFICIENCY, RECYCLING, WATER CONSERVATION AND TREATMENT,

SECONDARY FOREST PRODUCTS, NATURAL MEDICINES, GREEN BUILDING, CRITICAL

COMMUNITY SERVICES, AND TECHNOLOGIES THAT SUPPORT THE SUSTAINABLE USE

OF NATURAL RESOURCES.

PCAP PURSUES TRIPLE BOTTOM LINE (TBL) SMALL BUSINESS DEVELOPMENT AS A

MEANS TO RESPONSIBLY CREATE WEALTH IN DISTRESSED COMMUNITIES. SMALL AND

MID-SIZED BUSINESSES CAN DEMONSTRATE THE VIABILITY OF UTILIZING NATURAL

ASSETS RESPONSIBLY, WHILE OFFERING OPPORTUNITIES IN LOW INCOME

COMMUNITIES TO BUILD WEALTH THROUGH THE CREATION OF LIVING WAGE JOBS

WITH BENEFITS AND SKILL BUILDING OPPORTUNITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE INDEPENDENT AUDITING FIRM ENGAGED TO CONDUCT AN ANNUAL AUDIT OF THE

FINANCIAL STATEMENTS OF PCAP IS ENGAGED TO ASSIST IN THE PREPARATION OF THE

FORM 990. THE PCAP EXECUTIVE VICE PRESIDENT/CFO DIRECTLY PARTICIPATES IN

 THE
 PREPARATION
 OF
 THE
 FORM,
 DRAFTING
 RESPONSES
 TO
 QUESTIONS
 AND
 REVIEWING

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023
 Schedule O (Form 990) 2023

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35

Schedule O (Form 990) 2023	Page 2
Name of the organization PARTNER COMMUNITY CAPITAL, INC.	Employer identification number $54-2058754$
THE FORM 990 IN DRAFT FORM. A DRAFT COPY OF THE FORM 990 I	S SENT TO THE
MEMBERS OF THE PCAP BOARD OF DIRECTORS, REQUESTING COMMENT	S AND QUESTIONS
FROM THEM. SUBSEQUENT TO THE REVIEW AND REVISION PROCESS O	F THE PCAP BOARD
AND MANAGEMENT, THE FORM 990 IS FINALIZED AND FILED WITH T	HE IRS. COPIES OF
THE FORM ARE THEN MADE AVAILABLE FOR PUBLIC INSPECTION.	

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO EACH DIRECTOR, OFFICER, OR MEMBER OF A COMMITTEE AT A REGULAR BOARD MEETING EACH YEAR. EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS THAT SUCH PERSON (A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE POLICY, (C) HAS AGREED TO COMPLY WITH THE POLICY, AND (D) UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. IF THERE IS A DISCLOSURE OF A FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING DIRECTORS OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:

PCAP USES AND OUTSIDE THIRD PARTY COMPENSATION STUDY TO EVALUATE

COMPENSATION LEVELS FOR ITS PRESIDENT AND OFFICERS. THE PCAP BOD APPROVES

COMPENSATION AMOUNTS FOR THE PRESIDENT AND OFFICERS.

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

PCAP MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME 332212 11-14-23
Schedule O (Form 990) 2023
36
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PARTNER COMMUNITY CAPITAL, INC. PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	54-2058754
PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TECHNICAL ASSISTANCE:	
PROGRAM SERVICE EXPENSES	731,973.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	731,973.
CONTRACT EXPENSE:	
PROGRAM SERVICE EXPENSES	136,941.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	136,941.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	868,914.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR	

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