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	Form	⁷ 990-T	E	Exempt Organization Bu	sine	ss Incon	ne T	ax Return	%	OMB No 1545-0687
		- م	For co	(and proxy tax unlendar year 2017 or other tax year beginning JUL 1		2017				
	Depart	m of the Treasury		Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it may	_	Open to Public Inspection for 501(c)(3) Organizations Only				
	A	Check box if		Name of organization (Check box if name	DEmpl	oyer Identification number				
	^ _	address changed		EPISCOPAL COMMUNITY S		loyees' trust, see uctions)				
	B Ex	empt under section	Print	THE DIOCESE OF PENNSY	2	3-1352290				
]501(c)(3)	_ or	Number, street, and room or suite no. If a P.O. b		ated business activity codes nstructions)				
]408(e)220(e)	Туре	225 SOUTH THIRD STREE	(000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		408A 530(a)	1	City or town, state or province, country, and ZIP						
		529(a)	<u>L</u>	PHILADELPHIA, PA 191	900	099				
	G Book value of all assets at end of year 75, 715, 047. G Check organization type X 501(c) corporation 501(c) trust 401(a)									1 1 2
		75,715,0	4/.	G Check organization type X 501(c) co	rporation	501(c) trust	401(a)		Other trust
	n De	Scribe the organization	1 S priili	ary unrelated business activity. TRANSP	OKIA	TION FK.		DENET ITS	Ye	es X No
			•	poration a subsidiary in an affiliated group or a par tifying number of the parent corporation.	ent-subs	idiary controlled (group?		16	S LAL NU
				ANGELA VANDEGRIFT, CFO			Teleph	one number > 2	15-	351-1400
				de or Business Income		(A) Incom		(B) Expenses		(C) Net
	1a	Gross receipts or sale	s							, , , , , , , , , , , , , , , , , , , ,
	b	Less returns and allow	wances	c Balance ▶	1c					,
	2	Cost of goods sold (S	Schedule	A, line 7)	2					
		Gross profit. Subtract			3			ECEIVED		
		Capital gain net incon	•		4a 4b			CCIVED		
				Part II, line 17) (attach Form 4797)	9			$\frac{1}{2}$		
		Capital loss deduction		• •	4c	0	$\subset M$	AY 2 6 202 0)	· 0	
i I		Rent income (Schedu		nips and S corporations (attach statement)	5		$\stackrel{\sim}{=}$		18	
 	7	Unrelated debt-finance		me (Schedule F)	7		-00	DEN UT		
	8			and rents from controlled organizations (Sch. F)	8					
;	9			on 501(c)(7), (9), or (17) organization (Schedule G	_			· · · · · · · · ·		
)	10	Exploited exempt acti			10					
	11	Advertising income (S	Schedul	e J) .	11					
		Other income (See in:			12					
	13 Total. Combine lines 3 through 12									
	Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)									
	14					The difference of	usii ies	s income.)	144	
	14 15	Salaries and wages	icers, ui	rectors, and trustees (Schedule K) RECE	V		•		14 15	
	16	Repairs and mainten		77		ျွ			16	
	17	Bad debts		& YAM	6 202	الآا			17	
	18	Interest (attach sche	dule)	1 <u></u>					18	
	19	Taxes and licenses		OGDE	EN, L	Л — [19	
3	20	Charitable contributi	ons (Se	e instructions for limitation rules)					20	
)	21	1 Depreciation (attach Form 4562)								
}	22		aimed o	n Schedule A and elsewhere on return		22	a		22b	
Ī	23	Depletion	_		÷	-			23	
5	24 25	24 Contributions to deferred compensation plans								
	26		nployee benefit programs cess exempt expenses (Schedule I)							
	27	Excess readership of	•	•					26 27	
	28	Other deductions (at			•	•			28	
•	29	Total deductions. A				•			29	0.
-	30			ncome before net operating loss deduction. Subtra	act line 2	9 from line 13	-		30	0.
	31	Net operating loss de	eduction	n (limited to the amount on line 30)					31	
	32			ncome before specific deduction. Subtract line 31		30		2.1	32 33	0.
	33			y \$1,000, but see line 33 instructions for exception	•			34	33	1,000.
	34		taxable	e income. Subtract line 33 from line 32. If line 33 is	greater	than line 32, ente	r the sm	naller of zero or		_
		line 32	e Dono	rwork Reduction Act Notice, see instructions.					34	0 . Form 990-T (2017)
	/2370	1 U1-22-18 LMA F	vi i cha	moin neugotion met mottee, see ilistructioils.						101111 330-1 (2017)

Part I	I Tax Computation			-						
35	Organizations Taxable as Corporations. See instructions for tax computation.	J.								
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:	-3 -								
ř	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	Ž.								
	(1) \$ (2) \$ (3) \$. 4								
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	6								
	(2) Additional 3% tax (not more than \$100,000) \$	15 th								
C	Income tax on the amount on line 34	35c		0.						
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:									
	Tax rate schedule or Schedule D (Form 1041)	36								
37	Proxy tax. See instructions	37								
38	·									
39	Tax on Non-Compliant Facility Income. See instructions	39								
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		0.						
Part I	V Tax and Payments									
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a									
b	Other credits (see instructions) 41b	1								
C	General business credit. Attach Form 3800 41c	1								
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 41d	1								
	Total credits. Add lines 41a through 41d	41e								
42	Subtract line 41e from line 40	42		0.						
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43								
44	Total tax. Add lines 42 and 43	44		0.						
45 a	Payments: A 2016 overpayment credited to 2017 45a	,								
	2017 estimated tax payments	1								
C	Tax deposited with Form 8868 SLC 45c 13,000.	1.								
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d	1 '								
	Backup withholding (see instructions)	1,								
	Credit for small employer health insurance premiums (Attach Form 8941)	13.								
9		H. PAG.								
	☐ Form 4136 ☐ Other Total ► 45g	3 ² 1								
46	Total payments. Add lines 45a through 45g	46	13,0	nn.						
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47								
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48								
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	13,0	nn.						
	Enter the amount of line 49 you want: Credited to 2018 estimated tax	50	6,4							
Part V		1 00 1		<u> </u>						
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes	No						
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		7							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		- A	•						
	here >			X						
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X						
	If YES, see instructions for other forms the organization may have to file.									
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$									
		wledge and be	elief, it is true,							
Sign	Under penalties of perpoy, I declare that I have exemined this return, including accompanying schedules and statements, and to the best of my knownect, and somplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF FINANCIAL									
Here	1 1 1 1 1 1 1 1 1 1	ay ine ing uis	cuss this return v wn below (see	with						
		structions)?		No						
	Print/Type preparer's name Preparer's signature Date Check in									
D-1-4	self- employed	.								
Paid	TENNITEED COLOR	Pnn	749373							
Prepa	First DDD IID		2896692	2						
Use C	1835 MARKET STREET, 3RD FLOOR	ب بد	207007	-						
	Firm's address PHILADELPHIA, PA 19103 Phone no. 2	15-56	7-7770							
	PHONE III. Z	T7-20	- 1 1 1 0							

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Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation N/A						
1 Inventory at beginning of year							6			
2 Purchases	2	7 Cost of goods sold. Subtract line 6				ine 6				
3 Cost of labor	3		from line 5. Enter here and in Part I,							
4a Additional section 263A costs			line 2 8 Do the rules of section 263A (with respect to							
(attach schedule)	48							Yes No		
b Other costs (attach schedule)	4b	_	property produced or a	acquired	for resale) apply to					
5 Total. Add lines 1 through 4b	5	5	1_	the organization?		134711 5 1 5				
Schedule C - Rent Income (see instructions)	(From Real	Property an	a Pe	rsonal Property	Leas	ed with Real Pro	pen	(y)		
Description of property										
(1)					<u> </u>					
(2)										
(3)										
(4)										
		ed or accrued				3(a) Deductions directly	, coppe	ected with the income in		
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	I and personal property (if the percentage r personal property exceeds 50% or if ent is based on profit or income)					irectly connected with the income in 2(a) and 2(b) (attach schedule)		
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.	(h) 7-4-1 d. d1'				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0		
Schedule E - Unrelated De	bt-Financed	Income (see	ınstr	ictions)						
			1 :	2. Gross income from		Deductions directly con to debt-finance				
1. Description of debt-fi	inanced property			or allocable to debt- financed property		Straight line depreciation				
				manoca property	(attach schedule)	(attach schedule)				
(1)			+		<u> </u>	·	+			
(1) (2)	· · · · · · · · · · · · · · · · · · ·		+				+	··-		
(3)			+-		-		╅			
(4)			+-			 	+	• • • • • • • • • • • • • • • • • • • •		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property in schedule)		Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			+	%			+			
(2)			 	%			1			
(3)				%			\top			
(4)				%			\top			
			•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)		
Totals				⊳ i		0		0		
Total dividends-received deductions in	ncluded in column	18				•	+-	0		
					-		_	Form 990-T (201)		

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Schedule F - Interest, A	simultes, F	eyaities,		Controlled O				is (see ins	uction		
1. Name of controlled organizate	on	2. Employer identification number	3. Net unr	elated income instructions)			include	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)						<u> </u>					
(2)							Ì				
(3)				·							
(4)						•					
Nonexempt Controlled Organia	ations										
7. Taxable Income	8. Net unrelate (see inst	d income (loss) ructions)	9. Total	of specified payr made	nents	10. Part of column the controllingross	nn 9 tha ng orgar income	nization's		ductions directly connected in income in column 10	
(1)											
(2)											
(3)											
(4)				,							
						Add colun Enter here and line 8, o		1, Part I, A)	Enter h	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					•			0.		0.	
Schedule G - Investme (see instr		of a Secti	ion 501(c)(7), (9), or	(17) Or	ganizatior)				
·	ption of income			2. Amount of	income	3. Deduction directly connected (attach scheduler)	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)						/a-mail 20100	- ,			(00) 0 pids (0) 4)	
(2)											
(3)											
(4)										 	
				Enter here and o Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
Totals			>		0.	,				0.	
Schedule I - Exploited (see instru	-	tivity Inco	ome, Other	r Than Ad	lvertisi	ng Income)				
Description of exploited activity	2. Gross unrelated busing income from trade or busine	direction direction with the control of the control	Expenses tily connected h production f unrelated iness income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		·									
(2)											
(3)		·		<u> </u>							
(4)										- 	
	Enter here and page 1, Part I line 10, col (A	pa line		5, 172,						Enter here and on page 1, Part II, line 26	
Totals		0.	0.	. 1						0.	
Schedule J - Advertision Part I Income From I		<u></u>		solidated	Basis		<u> </u>			<u> </u>	
1. Name of periodical	adver	iross tising ome	3. Direct advertising costs	4. Advert or (loss) (cc col 3) If a ga cols 5 th	ol 2 minus ain, compute	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)				7							
(4)				_							
Totals (carry to Part II, line (5))	•	0.	0	•						0.	
										Form 990-T (2017	

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)						Ì	
(4)	1						
Totals from Part I	▶	0.	0.			*	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	1. 1			. 0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

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