OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

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MV-I	nspect	ionx	
CONTRACTOR OF STREET	AND WEST SEE	****	HIP CHES

Α	For the	2015 calend	dar ye <u>ar,</u>	or tax y	ear begii	nning Ju]	1	, 2015,	and endir	ig Jun	30		, 2016	
В	Check if a	pplicable	C Name	of organiza	stion NOI	RTH CIT	CONGRE	SS			D Employ	er ident	ification number	
	Addr	ress change	Doing	business a	ıs						23-	1636	636	
	Nam	ne change	Numbe	er and stree	et (or P O. bo	x if mail is not d	elivered to street	address)	Room/	'suite	E Teleph	one numb	per	
	H	ıl retum	1438	иовтн	I BROAT	STREET	٦.				(21	51 9	78-1300	
	\mathbf{H}	return/terminated					P or foreign post	al code			121	<u> </u>	70 1300	
	H		PHILA	טם זשח	T 78	•		D.A	10121		6	t-	\$2,262,52	· E
	\vdash				ss of principal	Lofficer		PA	19121	H(a) Is this	a group return			1
	L Appi	lication pending					D DIITT		10101	1			□	
-							D PHILA		19121	If 'No,'	subordinates attach a list. (see instr	uctions)	° []"
<u> </u>		rempt status	X 501(c)	(3)	501(c) ((insert no)	4947(a)(1) or	527	1				
<u>J</u>		site: N/				т					exemption nu			
K		f organization	X Corpor	ation	Trust	Association	Other -	<u> L</u> \	Year of formati	on 196	5 M s	State of le	egal domicile P	<u>A</u>
ŧ₽ã		Summar			 									
	1 B	nefly describ	e the org	anizatio	n's missio	n or most si	gnificant acti	vities: SE	ENIOR C	<u>ITIZEN</u>	S SERV	<u>ICES</u>		
g	_													
Governance	_	-		 -			- <i></i>				- -			
err	_ =		-,	- <u>-</u>					<u>.</u>					
ခွ		Check this box						ions or dispose a)						0
⊗ ⊗								art VI, line 1b)				3		8
es								V, line 2a)				5		<u>8</u> 33
Viti												6		<u> </u>
Activities				-		-		12				7a		0.
												7b		
											Prior Year		Current \	
	8 C	Contributions :	and grant	s (Part \	VIII, line 1	h)					2,264,6	64.		2,273.
Revenue												, , , ,		-7
Vel											36,5	76.		252.
8								11e)						
	12 T	otal revenue	- add lin	es 8 thr	ough 11 (i	must equal l	Part VIII, coli	ımn (A), line 12	2)	. 2	2,301,2	40.	2,262	2,525.
											<u> </u>	$\neg \neg$		
	14 B	enefits paid t	o or for m	nembers	(Part IX,	column (A),	line 4)							
					-	• •		(A), lines 5-10			958,5	61.	851	3,972.
Expenses	16a P	rofessional fu	ındraisind	ı fees (F	Part IX. co.	lumn (A)	e TEIL			. —				273.21
ē		otal fundraisi	na ovnon	ooo /De	+ IV - colu	TO line	CEIVE			**************************************	(A) (A)	97.5.78	STATE OF THE STATE	3 4 5 T
ă								<u> </u>	<u>5,371.</u>		orth State			WATE CHE
		ther expense						0 141			L,373,7			5 <u>,894.</u>
1	18 T	otal expense	s. Add lin	es 13-1	7 (must ed	ual Part IX,	column (A),	line 25)	• • • • •	·	2,332,3			9,866.
	19 R	otal expense Revenue less	expenses	s. Subtra	act line 18	from line 1	NEA:		• • • • •	<u>: </u>	-31 , 1	10.		7,341.
9 0							SCIA' O	1			ng of Curre		End of Y	
t Assets nd Baland		otal assets (F	-	,						·	L,200,2			9,648.
Z A	21 T	otal liabilities	(Part X,	ine 26)	• • • • •				• • • • •	·	566,7	02.	383	3 <u>,464.</u>
Fig		let assets or t			ubtract line	e 21 from lin	e 20	· · · · · · · ·		<u>. </u>	633,5	25.	586	6,184.
Pa	rt II	Signatur	<u>e Block</u>	<u> </u>							·			
Unde	r penalties	s of perjury, I decl	are that I ha	ve examine	ed this return.	, including according	mpanying sched	ules and statements s any knowledge.	, and to the be	st of my know	ledge and be	llef, it is t	rue, correct, and	
		I.										,		
		Signatur	e of officer		Λ-			77			ate 1/1//	1.1		
Sig		- I			1		XIa. 1	1.		.ن	" <i> Y </i>	15	16	
He	re		<u>Hard</u>		M	M	Nars	yay						
			print name a		/	12 / 2		\	T=					
		Print/Type pr	eparer's nan	ne (Preparer 1	geature	J.CP4	Date		Check	X If	PTIN	
Pai	id	Dennis				Dennis		all	11/03/	/16	self-employ	ed	P0012420	9
	parer	Firm's name	► <u>sn</u>	YDER	, DAIT	Z & COM	PANY]			
Us	e Only	Firm's addres	ss 🕨 16	17 J	OHN F.	KENNED	Y BLVD.	SUITE 7	20		Firm's EIN	23	-1436393	
			PH	ILADI	ELPHIA			PA 1910			Phone no	(21		.41
May	the IRS	3 discuss this					? (see instru	ctions)				• • • •	. X Yes	No
-		aperwork R								EA0101 10/1	12/15		Form 99	90 (2015)

Form 990 (2015) NORTH CITY CONGRESS	23-1636636_	Page 2
Partilla Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this Part III		<u></u> ∐
1 Briefly describe the organization's mission:		
SENIOR CITIZENS SERVICES		
2 Did the organization undertake any significant program services during the year which were not listed	on the prior	
Form 990 or 990-EZ?	_	X No
If 'Yes,' describe these new services on Schedule O.	L	EE
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	services? Yes	X No
If 'Yes,' describe these changes on Schedule O.		
4 Describe the organization's program service accomplishments for each of its three largest program service.	ervices, as measured by expense	.s.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocate and revenue, if any, for each program service reported.	ons to others, the total expenses	,
4a (Code:) (Expenses \$ 899,960. including grants of \$	0.)(Revenue \$	0.)
North City Congress provides fiscal oversite for grants fund	ded through	
the City of Philadelphia for cultural, educational, counsel		
recreational services for disadvantaged children and youth.		
4 b (Code:) (Expenses \$1, 278, 543. including grants of \$	0.)(Revenue \$	0.)
North City Congress senior programs include North Broad Str		
Center and In Home Support Program. Senior Center provides		
activities and sevices such as daily lunch, transportation,		
wellness, cultural, educational, and recreational activitie	nearch,	
	s_and	
social service support.		
In-Home Support Program provides case management services f		_
60 years and older who live in North Philadelphia and have		
and/or need assistance leaving their homes.		
	· 	
		
4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	-	
4 d Other program services. (Describe in Schedule O.)		
	enue \$)
4 e Total program service expenses ► 2,178,503.		

1 ₩0	intigration (Color of the date			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, 'complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V'	10	Carron	Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X	11 e	ļ	Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(II)? If Yes, complete Schedule E	13	ļ	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	Х
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

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P a	Checklist of Required Schedules (continued)		7	Yes	Ma
20a	tal Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	[20a	res	No X
t	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		1
	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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Parcolumn (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	t IX,	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	te	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	i	24a		X
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	· · · · · · · · · · · · · · · · · · ·	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to cany tax-exempt bonds?		24c		L
•	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	[_:	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		25a		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes,' con Schedule L, Part I	nplete	25b	}	х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any currer former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes', complete Schedule L, Part II	nt or	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substanticontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family me of any of these persons? If 'Yes,' complete Schedule L, Part III	ember	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part I instructions for applicable filing thresholds, conditions, and exceptions):	y			
	а A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		28a		X
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		28Ь		х
(c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	as an	28c		Х
29		 -	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conser contributions? If 'Yes,' complete Schedule M	vation	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part	t1	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations s 301.7701-2 and 301.7701-3? If Yes,' complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or I and Part V, line 1		34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		Х
1	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	d	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	ı 	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization a treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	nd that is	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 1 Note. All Form 990 filers are required to complete Schedule O	9?	38	х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	25		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	le gamıng	c X	
2 a 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 2 a	33		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		ЬХ	1 122 233 23
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			£743
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	- Contract	a	X
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>		ь	+
	 	-	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account to 15 Novel action pages of the foreign account.	t)? 4	a	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 Accoun			X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	·	a	$+\frac{\wedge}{x}$
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	i —-	b	+^
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		i c	┼—
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Inization 6	a	х
b If Yes,' did the organization include with every solicitation an express statement that such contributions or g not tax deductible?	jifts were · · · · · · · · · · €	5 b	
7 Organizations that may receive deductible contributions under section 170(c).			148
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods services provided to the payor?	and	'a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		' b	1
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	ured to file	, c	х
d If Yes,' indicate the number of Forms 8282 filed during the year	45		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	 -	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?	99	7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fill Form 1098-C?	ie a	_	+-
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t	1	/ h	145.20
organization have excess business holdings at any time during the year?	, ,		X
9 Sponsoring organizations maintaining donor advised funds.			1350
a Did the sponsoring organization make any taxable distributions under section 4966?	Table:) a	X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 b	X
10 Section 501(c)(7) organizations. Enter:		G 72.5	3 1812
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			北美
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	2 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	1:	3 a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
Enter the amount of reserves on hand		214.15	H.

14a Did the organization receive any payments for indoor tanning services during the tax year?

14 a

14 b

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Pär	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	w, an in	d for	
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
	The state of the s		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
h	Enter the number of voting members included in line 1a, above, who are independent 1 b			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		X
4	of officers, directors, or trustees, or key employees to a management company or other person?	3		1-
•	since the pnor Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	X
	Did the organization become aware during the year of a significant diversion of the organization sassets?	6		X
6 7-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			 ^- -
/a	members of the governing body?	7 a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/ a		 ^-
O	stockholders, or persons other than the governing body?	7 Ь		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8 b	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	نستسل	ode.	
-			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a	 -	X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Ь		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		┼
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	j	
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	X	
40	Did the organization have a written whistleblower policy?	13	X	
13		<u> </u>		
14	Did the organization have a written document retention and destruction policy?	14	X	t the second of
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	l
t	Other officers or key employees of the organization	15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			100
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
	•	16 a	Property (X
t	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► Pennsylvania			
			 hl-	· – – -
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	availat	ole	
_				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	ole to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

THE ORGANIZATION

PA

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Form 990 (2015) NORTH CITY CONGRESS					23-16366	36 Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and									
Check if Schedule O contains a response or	Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Ke		<u> </u>							
1 a Complete this table for all persons required to be listed organization's tax year.	l. Report o	compensation	for the cale	endar year ending w	ith or within the				
• List all of the organization's current officers, directo compensation. Enter -0- in columns (D), (E), and (F) if no				organizations), reg	ardless of amount of				
 List all of the organization's current key employees. 									
 List the organization's five current highest compens who received reportable compensation (Box 5 of Form Worganization and any related organizations. 	sated emp -2 and/or E	loyees (other Box 7 of Form	r than an off n 1099-MIS0	icer, director, truster C) of more than \$10	e, or key employee) 0,000 from the				
 List all of the organization's former officers, key em of reportable compensation from the organization and any 				employees who re	ceived more than \$1	00,000			
• List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensat									
List persons in the following order: individual trustees or d employees; and former such persons.	irectors; ir	stitutional tri	ustees; office	ers; key employees;	highest compensate	ed .			
Check this box if neither the organization nor any relation	ted organi	zation compe	ensated any	current officer, dire	ctor, or trustee.				
	Ì	(C)							
(A) Name and Title	tions	Postton (do nr. box, or of nct has so director) Institutional trust or director	unless person fficer and a	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
	related organiza- tions below dotted	dional trusti dual trustes ector	st compens byee mployee						

,	hours	} ``	dir	ector/	truste	e)		compensation from the organization	compensation from related organizations	amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) LESA SULIMAY EXECUTIVE DIRECTOR	40.00			х				54,208.	0.	14,297.
(2) ROSE RICHARDSON EXECUTIVE DIRECTOR	40.00			х				26,404.	0.	١
(3) see list attached board members	2.00	х						0.	0.	0.
_(4)										
(5)										
(6)										
_(7)										
(8)										
(9)									 	
(10)										
(11)										
(12)										
(13)										
(14)	+	┼~	-	 	+-	+-	\dagger	 		

Part VIII Section A. Officers, Directors, Tru	ıstees, l	Key	Em	1ple	oye	es,	and	d Highest Con	pensated Emp	loyees (continued)
•	(B)			(0	•					
(A) Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other				
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)					-	-				
(16)										
<u>(17)</u>					-					
(18)					-					
(19)					-				· · · · · · · · · · · · · · · · · · ·	
(20)									·	
(21)								<u> </u>		
(22)										
(23)						-				
(24)								_		
(25)										
1 b Sub-total							×	80,612.	0.	14,297.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)					• •		eive	80,612. d more than \$100,	0 . 000 of reportable co	14,297. mpensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	, or trustee ndividual	e, key	/ em	ploy	/ee,	or hi	ghes	st compensated en	nployee	. 3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual	han \$150,	000?	If "Y	′es'	com	plete	Scl	hedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensat	ion fr	om a	any	unre	elated	d org	ganization or indivi		5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report compe	ted indepe ensation fo	nden r the	t co cale	ntra enda	ctors r ye	that ar en	rec	with or within the	organization's tax ye	
(A) Name and business addr	ess							Description of) of services	(C) Compensation
					_					
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited	to th	nose	liste	ed at	oove	l) who received mo	ore than	Form 000 (2015)

Form 990 (2015)	NORTH CITY CONGRESS	23-1636636	Page 9
Part VIII Stat	ement of Revenue		
• Check	k if Schedule O contains a response or note to any line in this	Part VIII	[]

						(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
							function revenue	revenue	under sections 512-514
nts rts	1 a	Federated campaigns .		1 a					
g a	b	Membership dues	[1 b					
\$.E	C	Fundraising events		1 c					
声풍		Related organizations .		1 d					
St III	e	Government grants (contribution	ons) · · [1 e	2,237,480.				
흔	f	All other contributions, giffs, gr similar amounts not included a	ants, and						
들힘				1f]	24,793.		12.7		
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash-contributions include: Total. Add lines 1a-1f.		· —					
	<u>n</u>	Total. Add lines 1a-11 .	• • • • • •	· · · · ·	Business Code	2,262,273.			7/20/1/25
Program Service Revenue	2 a			-	Busiliess Code				
E	b			-+			 		
e C	c								
er.	d								
Ē	e								
g	f	All other program service	revenue .		 				
Ŗ.	g	Total. Add lines 2a-2f .	<u>.</u>						
	3	Investment income (inclu	ding divide	nds, in	iterest and				
		other similar amounts).						0.	252.
	4	Income from investment of tax-exempt bond proceedRoyalties			•		 		
[5	Noyaldes	(i) Rea		(II) Personal				
	6 a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (los	s)		.				
	7 a	Gross amount from sales of	(i) Secuni	bes	(II) Other				
		assets other than inventory			<u> </u>	# # # # # # # # # # # # # # # # # # #		22.79	
	b	Less cost or other basis							
	_	and sales expenses Gain or (loss)			 				74.147
		Net gain or (loss)							
					1	1920		1 00 %	
enne	o a	Gross income from fundr (not including\$	alsing ever	าเร	ł				
		of contributions reported	on line 1c)		ł				
Other Rev		See Part IV, line 18							
her		Less: direct expenses .							
ರ	С	Net income or (loss) from	ı fundraısın	ig ever	ts ►	managarah dan		School of Charles of Tolkhool Chir	- Carrier and antenness and antenness and
	9 a	Gross income from gamin See Part IV, line 19	ng activitie:	s.					
	h	Less. direct expenses .							
		Net income or (loss) from			L				
		` '						Land the Control of t	
	iva	Gross sales of inventory, and allowances		າຣ a.	}				
	b	Less. cost of goods sold		b					
	С		m sales of inventory						
		Miscellaneous Revenu	le	$-\bot$	Business Code	150000000000000000000000000000000000000			
	11 a		- -	·		ļ — — — —	ļ — — — — — — — — — — — — — — — — — — —		ļ
	b				 	 	ļ	 	
	بر ی	All other revenue				 	 	ļ	
		Total. Add lines 11a-11d		L		 			10.00
		Total revenue. See instr				2,262,525.	0.	0.	252
						1 4,404,040.		<u> </u>	

Part X Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				A TOTAL SECTION AND A
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, trustees, and key employees	94,909.	56,946.	33,218.	4,745.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	596,995.	580,844.	16,151.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,370.	21,252.	1,118.	0.
9	Other employee benefits	68,572.	65,143.	3,429.	0.
10	Payroll taxes	71,126.	63,423.	7,276.	427.
11	Fees for services (non-employees).	71,120.		,,,2,0.	
а	Management	}			
ь	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	<u> </u>		等的复数 电流流	
-	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	3,019.	3,019.	0.	0.
13	Office expenses	14,849.	14,725.	15.	109.
14	Information technology		<u> </u>		
15	Royalties	 	·		
16	Occupancy	77,049.	77,049.	0.	0.
17	Travel	8,915.	8,915.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	554.	0.	554.	0.
20	Interest	11,874.	11,764.	110.	0.
21	Payments to affiliates	}	ļ		ļ
22	Depreciation, depletion, and amortization	65,138.	65,138.	0.	0.
23 24	Other expenses. Itemize expenses not	18,008.	16,102.	1,906.	0.
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROFESSIONAL FEES & CONTRACT SERVICES	976,367.	929,094.	47,273.	0.
b	PROGRAM RELATED SUPPLIES	15,693.	7,009.	8,684.	0.
C	FOOD_SERVICE	40,898.	40,898.	۵.	0.
	TELEPHONE	15,984.	15,564.	420.	0.
	All other expenses	207,546.	201,618.	5,838.	90.
25	Total functional expenses Add lines 1 through 24e	2,309,866.	2,178,503.	125,992.	5,371.
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)				

BAA

Form 990 (2015)

Part X Balance Sheet (A) Beginning of year End of year 1 5,637. 3,159 2 2 3 Pledges and grants receivable, net 308,553 145,590 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Inventories for sale or use 8 9 10 a Land, buildings, and equipment, cost or other basis. 10 a 10 c 879,008 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 5,307 7,029 16 16 1,200,227 969,648 17 17 351,609 116,196 18 18 19 19 23,062 83,833 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L 22 23 24 192,031 24 183,435. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 26 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Balances lines 27 through 29, and lines 33 and 34. 27 568,364 608,201 Temporarily restricted net assets 28 28 25,324 17,820 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30 Net Assets 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 33 633,525 586,184 200,227 969,648.

Form 990 (2015) NORTH CITY CONGRESS	23-1	636636		Pag	ge 12
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI	· · · · ·			·	. [
1 Total revenue (must equal Part VIII, column (A), line 12)		1	2,2	62,5	25.
2 Total expenses (must equal Part IX, column (A), line 25)	[2	2,3	09,8	66.
3 Revenue less expenses. Subtract line 2 from line 1	[3		47,3	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	· · ·	4		33,5	
5 Net unrealized gains (losses) on investments	[5			
6 Donated services and use of facilities		6			
7 Investment expenses	[7			
8 Pnor period adjustments	[8			
9 Other changes in net assets or fund balances (explain in Schedule O)	[9			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
column (B))	<u>1</u>	10	5	<u>86,1</u>	<u>84.</u>
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					. Г
				Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other					7
If the organization changed its method of accounting from a prior year or checked 'Other,' explain					
in Schedule O.					
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a		F324	1	
separate basis, consolidated basis, or both:				12.75	
Separate basis Consolidated basis Both consolidated and separate basis			1	ĺ	
b Were the organization's financial statements audited by an independent accountant?			2 b	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate				
basis, consolidated basis, or both.					
Separate basis X Consolidated basis Both consolidated and separate basis				22.50	1
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of I review, or compilation of its financial statements and selection of an independent accountant?	the audit,		2 c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				40	
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single		3 a		Х
ь If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the req	uired aud	it			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3 b		
BAA			Form	990 (2	2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Sinspection

Schedule A (Form 990 or 990-EZ) 2015

iaine u	t the organization					Employer identifica	uon number		
NOR:	TH CITY CONGRESS					23-163663	6		
Part	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	IS.		
The o	rganization is not a private foundati	on because it is: (For I	ines 1 through 11, check	only on	e box.)				
1	A church, convention of church	nes, or association of c	hurches described in sec	ction 17	0(b)(1)(A	\)(i).			
2	A school described in section	170(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	or 990-l	EZ))				
3	A hospital or a cooperative hos	spital service organizat	ion described in section	170(b)(1)(A)(iii)	•			
4	A medical research organization	on operated in conjunc	tion with a hospital descr	ibed ın s	ection 1	70(b)(1)(A)(iii). Enter th	ne hospital's		
	name, city, and state:								
5	An organization operated for the 170(b)(1)(A)(iv). (Complete P		or university owned or or	erated b	y a gove	ernmental unit described	in section		
6	A federal, state, or local govern	_		•		•			
7	X An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)	.,	governm	nental un	it or from the general pu	ıblic descnbed		
8	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II.)						
9	from activities related to its exe	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
10	An organization organized and	operated exclusively t	to test for public safety. S	ee sect	ion 509(a)(4).			
11	An organization organized and or more publicly supported org lines 11a through 11d that des	anizations described in	n section 509(a)(1) or se	ection 50)9(a)(2).	See section 509(a)(3).	irposes of one Check the box in		
а	lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B.								
b									
C	Type III functionally integrate organization(s) (see instruction	ed. A supporting orgar is). You must comple	nization operated in conn te Part IV, Sections A, l	ection w D, and E	ith, and i	functionally integrated w	nth, its supported		
ď	Type III non-functionally inte functionally integrated. The organistructions). You must comp	ganization generally mi	ust satisfy a distribution r	connectí equirem	on with i ent and	ts supported organization attentiveness require	n(s) that is not ment (see		
е	Check this box if the organizat integrated, or Type III non-fund	on received a written o ctionally integrated sup	determination from the IF porting organization.	RS that it	is a Typ	e I, Type II, Type III fund	ctionally		
f	f Enter the number of supported organizations								
g	Provide the following information a	about the supported or	ganization(s)						
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizatio in your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No	·			
			· _						
(A)			·						
(B)			 			 			
				{					
(C)									
			•	}					
(D)									
							1		
(E)			Time in the second	10 fts (1 2 2 3 3 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ASSESSED IN THE PARTY OF THE PA				
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

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

Sec	tion A. Public Support								
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants ')	2,213,972.	2,193,481.	2,332,095.	2,264,664.	2,262,273.	11,266,485.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	2,213,972.	2,193,481.	2,332,095.	2,264,664.	2,262,273.	11,266,485.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4						11,266,485.		
Sec	tion B. Total Support			r 	,		r 		
	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4	2,213,972.	2,193,481.	2,332,095.	2,264,664.	2,262,273.	11,266,485.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	277.	447.	93.	576.	252.	1,645.		
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.)		26,396.				26,396.		
11	Total support. Add lines 7 through 10						11,294,526.		
12	Gross receipts from related activiti	es, etc. (see instru	ctions)			12	0.		
13	First five years. If the Form 990 is organization, check this box and s	top here					▶ []		
Sec	tion C. Computation of Pu								
14							99.75%		
15	Public support percentage from 20)14 Schedule A, Pa	art II, line 14	• • • • • • • • • •		15	99.75%		
16 a	16 a 33-1/3% support test ~ 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	33-1/3% support test — 2014. If t and stop here. The organization of	he organization did qualifies as a publi	f not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/	3% or more, check	this box		
17 a	10%-facts-and-circumstances to or more, and if the organization method the organization meets the 'facts-a	eets the 'facts-and	-circumstances' tes	st, check this box a	and stop here. Ext	olaın in Part VI hov	v		
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' te t. The organization	st, check this box a n qualifies as a pub	and stop here. Exp olicly supported org	plain in Part VI hov ganization	v the		
18	Private foundation. If the organiz	ation did not check	c a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instruction	ons ▶ [_]		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
2	any 'unusùal grants.') Gross receipts from admis-			<u> </u>	 		
~	sions, merchandise sold or			}	1		
	services performed, or facilities furnished in any activity that is related to the organization's						
3	Gross receipts from activities				 		
J	that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
_	organization without charge.						
	Total. Add lines 1 through 5						
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			,			
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	· 					
	dar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6				 		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is organization, check this box and st	for the organization for the o	on's first, second,	third, fourth, or fifth	n tax year as a sect	ion 501(c)(3)	▶ □
Sec	tion C. Computation of Pul						
15				3, column (f))		15	9
16	Public support percentage from 20	14 Schedule A, Pa	art III, line 15	<u></u>		16	<u> </u>
Sec	tion D. Computation of Inv						
17					f))	17	용
18	Investment income percentage from						
	33-1/3% support tests — 2015. If is not more than 33-1/3%, check the	the organization d	id not check the bi	ox on line 14, and	line 15 is more that	n 33-1/3%, and line	17
b	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%, or	the organization d	id not check a box	on line 14 or line	19a, and line 16 is	more than 33-1/3%,	and 🗀
20	Private foundation. If the organiza					-	

**Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
			Yes	No
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	1	4.8	
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)	2		
			22A	
3 2	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes, 'answer (b) and (c) below	3a		
ŀ	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	3b		
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			
4 -	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and	3c		
	if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	24.57%	
1	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	4b	2	
	of cape visco by a mile cape and cape and a	- VOID	- 363	XY.
(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	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
1	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?	5b		
•	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ada sara	047.013.50
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 filling organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	* *** 8		
9 :	a 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	9a		
I	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	∕ 9b		
1	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10:	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
1	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)	10b		5680

Sche	addie A (Point and of ano-EZ) 2015 NORTH CITY CONGRESS	30		age 3
Pär	Ttiv Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	77	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or c, provide detail in Part VI	11c	<u> </u>	
Sec	tion B. Type I Supporting Organizations		V 1	N ₂
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		 -	
		-245500	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		
Sec	tion D. All Type III Supporting Organizations			
		ET. EF	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		
		建	12.20	
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	2	
3	By reason of the relationship described in (2), 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		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s):		
-	The organization satisfied the Activities Test. Complete line 2 below	,-		
	b	ctions)		
,	The digalization supported a governmental charty beautiful in a visit of supported a government charty (see made	<i>σα.σ.</i> σ,		
2	Activities Test Answer (a) and (b) below.	NA. 1289.	Yes	No
•	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	2a		
	substantially all of its activities	24	7 74	
1	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the	2.5	- No.	
	organization's involvement	2b		3102
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI	3a		* 2000
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

1	LV: I ype III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Sect	ovem	ber 20, 1970. See instruc	tions. All
Sec	tion 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		
	tion B — Minimum Asset Amount	<u>. </u>	(A) Pnor 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 secunties	1 a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount	,	5-6-3	Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2	2000 PER 18	
_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	10 mg	
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-functionally-integrate (see instructions).	d Typ	e III supporting organizatio	on
BAA			Schedule A (For	m 990 or 990-EZ) 2015

Pai	Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ns,		
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions	tion is responsive (provid	e details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	de reconstante de la		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:	Control of the second		
а				
6		1 1 2 2 2 2 3 2 3 2 4 2 3 3 3		
c	一般。这些一个点的数数的数据,从此还是被使用,或者的特征,如此是一种的数据,如此的数据,这种数据,"这种数据"的数据,数据数据的特别。"这种人的工具,可以不会工具,可以不会工具,这种人的工具,这种人们	4.3		
d	From 2013	CONTRACTOR OF THE STATE OF THE		
е	From 2014			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			Yes the second
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f		arcine and a second	
4	Distributions for 2015 from Section D,			
	line 7: \$	33 3 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3		
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			The same of the sa
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7		7.07	2.00
а	Engle Structure Color Leviete Temperature (Leviete Structure Color		3/18/3/19/2	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Excess from 2013			
	Excess from 2014	THE REPORT OF THE	74 27 PM 3	1.77
	Excess from 2015			

BAA

Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Pt II Ln 10

Other Income Part II, Line 10 Description: INSURANCE RECOVERY

Description: SALE OF ASSET 2012: 26396.

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

OMB No. 1545-0047

	NORTH CITY CONGRESS		23-1636636					
Par	Organizations Maintaining Donor Advised Funds or Ot	her Similar Fu						
125,622	Complete if the organization answered 'Yes' on Form 990,	Part IV, line 6.						
	(a) Donor advised	funds	(b) Funds and other accoun-	ts				
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 writing that the assare the organization's property, subject to the organization's exclusive legal con-	ntrol?	· · · · · · · · · · · · · · · · · · ·	No				
6	Did the organization inform all grantees, donors, and donor advisors in writing to for charitable purposes and not for the benefit of the donor or donor advisor, or impermissible private benefit?	for any other purpo	ose conferring	No				
Pär	Conservation Easements. Complete if the organization answered 'Yes' on Form 990,	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check all that	apply).						
	Preservation of land for public use (e.g., recreation or education)	Preservation of	f a historically important land area					
	Protection of natural habitat	Preservation of	f a certified historic structure					
	Preservation of open space							
2	last day of the tax year.							
			Held at the End of the	Tax Year				
_	Total number of conservation easements							
	Total acreage restricted by conservation easements							
	Number of conservation easements on a certified historic structure included in	` '	. 2c					
Ċ	Number of conservation easements included in (c) acquired after 8/17/06, and structure listed in the National Register		L					
3	Number of conservation easements modified, transferred, released, extinguish tax year ►	ed, or terminated by	y the organization during the					
4	Number of states where property subject to conservation easement is located	·						
5	Does the organization have a written policy regarding the periodic monitoring, and enforcement of the conservation easements it holds?			No				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation	ons, and enforcing o	conservation easements during the ye	ear				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, a \$\Bigsis\$ \$	and enforcing conse	ervation easements during the year					
8	Does each conservation easement reported on line 2(d) above satisfy the requand section $170(h)(4)(B)(iI)^2 \dots \dots \dots \dots \dots \dots$	rements of section	170(h)(4)(B)(ı) Yes	No				
9	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.							
Par	Organizations Maintaining Collections of Art, Historica Complete if the organization answered 'Yes' on Form 990,	I Treasures, o Part IV, line 8.	r Other Similar Assets.					
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to repart, historical treasures, or other similar assets held for public exhibition, educa in Part XIII, the text of the footnote to its financial statements that describes the	tion, or research in	tatement and balance sheet works of furtherance of public service, provide	; ∋,				
ŀ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report historical treasures, or other similar assets held for public exhibition, education following amounts relating to these items	, or research in furt	herance of public service, provide the	<u>,</u>				
	(i) Revenue included on Form 990, Part VIII, line 1							
	(ii) Assets included in Form 990, Part X							
	If the organization received or held works of art, historical treasures, or other si amounts required to be reported under SFAS 116 (ASC 958) relating to these	items:						
	Revenue included on Form 990, Part VIII, line 1							
i	Assets included in Form 990, Part X	<u></u> . <u>.</u>	▶\$					

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		40,000.		40,000.
b Buildings	,	2,388,541.	1,621,863.	766,678.
c Leasehold improvements				
d Equipment		294,138.	285,224.	8,914.
e Other	,	ı		
Total. Add lines 1a through 1e. (Column (d) must equi	al Form 990, Part X, colui	mn (B), line 10c.)		815,592.

BAA

Schedule D (Form 990) 2015

Complete if the organization answered '			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-c	f-year market value
(1) Financial derivatives		<u> </u>	
(2) Closely-held equity interests			
(3) Other	<u> </u>		
(A)			
(B)			
(C)	<u></u>	<u> </u>	
(D)	<u> </u>		
(E)			
(F)	ļ		
(G)	ļ		
<u>(H)</u>	<u> </u>		~
<u>(I)</u>	ļ <u>.</u>	Contraction and Contraction of the State of	er last tares de las estas
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	<u>L</u>	[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	
Part VIII Investments - Program Related. Complete if the organization answered	Vec' on Form 990	Part IV line 11c See Form 990	Part Y line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
 	(B) BOOK VAIDE	(c) Welled of Valuation. Cost of City	or year market value
(1)	 		
(2)	 	- 	
(3)	 	 	
(4)	 		
(5)	 	+	
<u>(6)</u> (7)	 	 	
(8)		 	
(9)	 	 	
(10)	 		
Total (Column (b) must equal Form 990, Part X, column (B) line 13) ▶	 		18. F 37. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
Part IX Other Assets.			
Complete if the organization answered '		Part IV, line 11d. See Form 990,	
, , , , , , , , , , , , , , , , , , , 	escription	 	(b) Book value
(1) MORTGAGE SETTLEMENT COSTS (NET)			5,307.
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			1
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) I	ine 15.)	<i></i>	5,307.
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on F			urrate Ye with a cross of the base street. The refer of a confess of
(a) Description of liability	(b) Book value		erede i sacrati
(1) Federal income taxes (2)	· - - · - · 		
(3)			
(4)			
(5)			
(6)			
(/)			A PROPERTY.
(7) (8)			A STATE OF THE PARTY OF THE PAR
(8)			
(8) (9) (10)			
(8) (9) (10) (11)			
(8) (9) (10)			

Part XIII Supplemental Information.

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2015

2,309,866

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Department of the Treasury

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047 2015

Open to Public Inspection

Illigitial Revenue Service	ſ		at www.iis	.gov/ioriiiaao.		125 25 Car
Name of the organization					Employer Identification number	
NORTH CITY C	ONGRESS				23-1636636	
Pt VI, Line	11b SEE	SCHEDULE	ATTACHED			
Pt VI, Line	12c SEE	SCHEDULE	ATTACHED			
Pt VI, Line	15a SEE	SCHEDULE	ATTACHED			
Pt VI, Line	15b SEE	SCHEDULE	ATTACHED			
Pt VI, Line	19 SEE	SCHEDULE	ATTACHED			