_			EXT	TENDED TO M	ΊΑΥ	15, 2	020	•				
→ Forπ	990-T	E	Exempt Organ					「ax Retur	ינ,	омв и	lo 1545-0687	
			•	d proxy tax und)Q	2	010	
_		For cal	endar year 2018 or other tax yea				· · —		<u>.9</u>		018	
	tment of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3).										
	Charle bay if		Name of organization (Check how if name changed and see instructions) DEmployer identification number									
A L	Check box if address changed		Name of organization (Check box if hame c	mange	J and see ms	structions.)		(Em	ployees' tru: ructions)		
RF	xempt under section	Print	Print DELAWARE RIVER WATERFRONT CORPORATION 23-1734559									
] 501(c)(3_)	or	Number, street, and room						E Unre		ess activity code	
	408(e) 220(e)	Туре	121 N COLUME						(288	instructions	, ,	
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code									
	529(a)	PHILADELPHIA, PA 19106 900099										
C Bo	ok value of all assets end of year		F Group exemption number	er (See instructions.)	<u> </u>	1 1						
	24,901,3	63.	G Check organization type	► X 501(c) cor	poratio	n:	501(c) trust	401(a			_ Other trust	
H E	iter the number of the	organiza	tion's unrelated trades or bu	usinesses.			_	the only (or first) ur			_	
	-		ce at the end of the previous					complete Parts I-V.			<i>}</i> ,	
	siness, then complete	•	•	s sentence, complete r	اه ا دیاله	iu ii, compie	ile a Scileudio	S IVI TOT CACTI AUGILIOT	iai ii au	16 UI		
			oration a subsidiary in an at	ffiliated group or a pare	nt-subs	idiary contro	olled group?	▶ [Т	es X	No	
			tifying number of the parent			;	3 - 1					
			RINKU MODI, V		ICE	& HR	Teleph	one number 🕨 2	15-			
Pa	rt I Unrelate	d Trac	de or Business Inc	ome		(A) I	ncome	(B) Expense	S		(C) Net	
	Gross receipts or sale											
_	Less returns and allow			c Balance	1c						!	
2	Cost of goods sold (S		•		3					-		
3 4 o	Gross profit. Subtract Capital gain net incon				4a					+		
	. •	•	art II, line 17) (attach Form	4797)	4b	ļ	<u> </u>			 		
c	Capital loss deduction			,(4c							
5	•		ship or an S corporation (att	ach statement)	5			PECE	IV	b.		
6	Rent income (Schedu			;	6					75	3	
7	Unrelated debt-finance	ed incor	ne (Schedule E)		7		,	S MAY 0	1 2	ממח כ	71	
8			ind rents from a controlled o	=	_			26	1 21	20 0	3	
9			on 501(c)(7), (9), or (17) or	ganization (Schedule G)	_		<u> </u>	OGDE	N.	₩ Ŧ¯		
€ 710	Exploited exempt acti	-	,		10		1			 	-	
∑11 ∑12	Advertising income (See in:			•	12		' ,			 		
Z 13	Total. Combine lines			•	13		: 0.			 		
	rt II Deductio	ns No	ot Taken Elsewhere	e (See instructions fo		ations on d	eductions.)					
<u>~</u> ;	(Except for	contribi	utions, deductions must	be directly connecte	d with	the unrelat	ed business	s income.)				
14	Compensation of off	icers, di	rectors, and trustees (Sched	iule K)					14			
S[15	Salaries and wages								15	ļ		
⁻ C16	Repairs and mainten	ance		1					16	<u> </u>		
₩17 ₩18	Bad debts Interest (attach sche	dulo) (o	oo inetriietiens)	,					17	ļ		
	Taxes and licenses	iuuie) (S	se instructions)	_					19	-		
2020 2020		ons (Se	e instructions for limitation r	ules)					20	1		
21	Depreciation (attach	•		,			21					
22	Less depreciation cl	aimed oi	n Schedule A and elsewhere	on return			22a		22b			
23	Depletion								23			
24	Contributions to defe		mpensation plans						24			
25	Employee benefit pro	-	ah adula IX						25			
26	Excess exempt expe		· · · · · · · · · · · · · · · · · · ·						26			
27 28	Excess readership of Other deductions (at	•	•						27			
26 29	Total deductions (a)		•						28 29	 	0.	
30			ncome before net operating	loss deduction. Subtrac	t line 2	9 from line 1	3		30		0.	
31			loss arising in tax years begi						31			
32			ncome. Subtract line 31 from		, ,,	- (32	<u> </u>	0.	
			work Reduction Act Notice						_		200_T (2018)	

Form 990-T		1734559	Page 2
Part II	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		··
	lines 33 and 34	36	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Part I		1 40 1	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	_ - -	
	Tax rate schedule or Schedule D (Form 1041)	40	
	Proxy tax. See instructions	► 41	
	Alternative minimum tax (trusts only)	42	
	Tax on Noncompliant Facility Income. See instructions	43	
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part V			
- 45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
	Other credits (see instructions) 45b		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	₿5e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	dule) 47	
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018 50a 50a 2, 4	13.	
		07.	
	Tax deposited with Form 8868 5 C 50c 5,00	00.	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941)	\neg	
	Other credits, adjustments, and payments: Form 2439	 	
y	Form 4136 Other Total 50g		
			7,520.
	Total payments. Add lines 50a through 50g	52	7,320.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54	7,520.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	-	7,520.
	Enter the amount of line 54 you want; Credited to 2019 estimated tax	55	7,320.
Part V			1,4 1 ii
	At any time during the 2018 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		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		_ X
57	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.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$		
•	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of n correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ny knowledge and beli	er, it is true,
Sign	ex made what	May the IRS disci	uss this return with
Here	4 23 220 VP OF FINANCE & HR	the preparer show	
	Signature of officer Date / Title	instructions)?	【 Yes 🔃 No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	4/23/20 self- empl		
Prepa	TENNITEED COLOT State of the st	P007	749373
Use 0	Furnic name	N ► 23-2	2896692
USE U	1835 MARKET STREET, 3RD FLOOR		
	Firm's address ▶ PHILADELPHIA, PA 19103 Phone no	0 215-567	7-7770
922711 01		For	m QQN-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	valuation N/A			<u> </u>		
1 Inventory at beginning of year	1		_	Inventory at end of yea	г		6		
2 Purchases				7 Cost of goods sold. Subtract line 6					
3 Cost of labor	f labor 3				and in l	Part I,			
4a Additional section 263A costs				line 2	, , , , , , , , , , , , , , , , , , ,	7			
(attach schedule)	4a		8	Do the rules of section	with respect to	Yes No			
b Other costs (attach schedule)	4b			property produced or a	for resale) apply to				
5 Total. Add lines 1 through 4b	5		7	the organization?		, , , , , , ,			
Schedule C - Rent Income	(From Real	Property an	d Pe		Leas	ed With Real Prop	perty)		
(see instructions)									
1. Description of property									
(1)									
(2)		***							
(3)			,						
(4)						-			
		ed or accrued				3(a) Deductions directly	connected with the income in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for					ns 2(a) and 2(b) (attach schedule)		
(1)				-					
(2)									
(3)									
(4)									
Total	0.	Total			0.]			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	., .,	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.		
Schedule E - Unrelated Det	ot-Financed	l Income (see	instru	ictions)					
] 2	2. Gross income from		 Deductions directly conn to debt-finance 	nected with or allocable and property		
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
			1						
(1)			1						
(2)			1		-				
(3)	••••		†						
(4)			1			<u>-</u> , , , , ,			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	adjusted basis illocable to nced property n 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)			1	%					
(2)			1	%					
(3)			1	%					
(4)				%					
			•			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				•		0.	0.		
Total dividends-received deductions in	cluded in column	ı 8				•	0.		
							Form 990-T (2018)		

				Exempt	Controlled O	rganızatı	ons				
Name of controlled organization		ation	2. Employ dentification number	rer 3. Net ur (loss) (se			al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		g connected with income	
(1)										*	
(2)											
(3)											
(4)											
	mpt Controlled Organ	nizations								_	
7	Taxable Income		ated income (l nstructions)	oss) 9. Tota	I of specified pay made	ments	in the controlli	nn 9 that is include ng organization's income	d 11. De	eductions directly connected h income in column 10	
(1)		T									
(2)											
(3)											
(4)											
	gan dagger from U		-				Enter here and	ns 5 and 10 on page 1, Part I, olumn (A)	1	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals								0	•	0.	
Sched	ule G - Investme	ent Income	of a Se	ection 501(c)	(7), (9), or	(17) Or	ganization	1			
	,	cription of income			2. Amount of	income	3. Deduction directly connectatach schedu	cted 4. S	et-asides h schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)									·		
(3)										1	
(4)							······				
•	•				Enter here and		-	•		Enter here and on page 1 Part I, line 9, column (B)	
Tatala					Part I, line 9, co	0.				0	
Totals Sched	lule I - Exploited	I Exempt A	ctivity li	ncome, Othe	er Than Ac		ng Income	•			
	1. Description of exploited activity	2. Gross unrelated bus income fro trade or busi	iness im	3. Expenses directly connected with production of unrelated business income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity the is not unrelate business inco	nat attrib	expenses outable to slumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		1	-		+	+					
111		+									
(2)											
(2)											
(2) (3) (4)		Enter here ar page 1, Pa line 10, col	ntl,	Enter here and on page 1, Part I, line 10, col (B)						Enter here and on page 1, Part II, line 26	
(2) (3) (4)	bule J - Advertis	page 1, Pa line 10, col	(A) 0 •	page 1, Part I, line 10, col (B)						on page 1,	
(2) (3) (4)	bule J - Advertis ∐Income From	page 1, Pa line 10, col ing income	0 .	page 1, Part I, line 10, col (B) 0 a		Basis				on page 1, Part II, line 26	
(2) (3) (4) Totals Sched		ing Income Periodical	0 .	page 1, Part I, line 10, col (B) 0 a	4. Advert	ising gain of 2 minus ain, comput	5. Circulati		adership	on page 1, Part II, line 26	
(2) (3) (4) Totals Sched	Income From	ing Income Periodical	0 . (see inst	page 1, Part I, line 10, col (B) 0 , ructions) ted on a Col 3. Direct	4. Advertor (loss) (cost of 3) If a gi	ising gain of 2 minus ain, comput				on page 1, Part II, line 26 0 7. Excess readership costs (column 6 minus column 5, but not more	
(2) (3) (4) Totals Sched	Income From	ing Income Periodical	0 . (see inst	page 1, Part I, line 10, col (B) 0 , ructions) ted on a Col 3. Direct	4. Advertor (loss) (cost of 3) If a gi	ising gain of 2 minus ain, comput				on page 1, Part II, line 26 0 7. Excess readership costs (column 6 minus column 5, but not more	
(2) (3) (4) Totals Sched Part I	Income From	ing Income Periodical	0 . (see inst	page 1, Part I, line 10, col (B) 0 , ructions) ted on a Col 3. Direct	4. Advertor (loss) (cost of 3) If a gi	ising gain of 2 minus ain, comput				on page 1, Part II, line 26 0 7. Excess readership costs (column 6 minus column 5, but not more	
(2) (3) (4) Totals Sched Part I	Income From	ing Income Periodical	0 . (see inst	page 1, Part I, line 10, col (B) 0 , ructions) ted on a Col 3. Direct	4. Advertor (loss) (cost of 3) If a gi	ising gain of 2 minus ain, comput				on page 1, Part II, line 26 0 7. Excess readership costs (column 6 minus column 5, but not more	
(2) (3) (4) Totals Sched Part I	Income From	ing Income Periodical	0 . (see inst	page 1, Part I, line 10, col (B) 0 , ructions) ted on a Col 3. Direct	4. Advertor (loss) (cost of 3) If a gi	ising gain of 2 minus ain, comput				on page 1, Part II, line 26 0 7. Excess readership costs (column 6 minus column 5, but not more	

Form 990-T (2018) DELAWARE RIVER WATERFRONT CORPORATION 23-17345 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)							
(4)							
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.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instru	ictions)
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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.		

Form 990-T (2018)