

2949316011805 OMB No 1545-0047

2016

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/form 990.

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it Information about Form 990 and its instructions is at ww	ww.irs.gov/form99	io. [LUC	2[홍	Inspection					
A For the 2016 calendar year, or tax year beginning $Jul 1$, 2016, a	and ending Ju	n 30		2017					
B Check if applicable C Name of organization Philadelphia Association of	f CDCs	D Employ		fication number					
Address change Doing business as		23-2	2707:	112					
Name change Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number							
Initial return 1315 Walnut Street	1600	(21	5) 7:	32-5829					
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code	 _		<u>, , , , , , , , , , , , , , , , , , , </u>						
Amended return Philadelphia PA	19107	G Gross re	eceipts :	\$ 657,258.					
Application pending F Name and address of principal officer		is a group return	for subo						
Richard Sauer 1315 Walnut St #1600 Philadelphia PA	19107 H(b) Are	all subordinates	included'	Yes No					
I Tax-exempt status X 501(c)(3) 501(c) ()	1527 Z	o,' attach a list (see instru	uctions)					
J Website: ► WWW.PACDC.ORG	-1 1 /~ 1	up exemption nu	mber 🕨						
	ear of formation 19	92 M s	state of le	gal domicile PA					
Part I Summary									
	CDC is a me	mbershi	p as	sociation of					
organizations committed to equitable neighborhood r	evitalizatio	on. We f	ocus	our efforts in					
two key areas: advocacy for systems reform and increa									
assistance, training, networking and information sharing to				ork_more_(cont'd)					
2 Check this box ► if the organization discontinued its operations or disposed									
two key areas: advocacy for systems reform and increa assistance, training, networking and information sharing to Check this box I if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)			3 4	14					
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	14 10					
6 Total number of volunteers (estimate if necessary)			6	100					
7a Total unrelated business revenue from Part VIII, column (C), line 12 · · · · · ·			7a	0.					
b Net unrelated business taxable income from Form 990-T, line 34 · · · · · · · ·			7b	0.					
		Prior Year		Current Year					
8 Contributions and grants (Part VIII, line 1h)		450,4	88.	363,022.					
9 Program service revenue (Part VIII, line 2g)	[10,3	59.	9,216.					
9 Program service revenue (Part VIII, line 2g)			46.	94.					
The other revenue (Fair vini, Column (77), lines 5, 60, 50, 700, and 770)		184,3		228,340.					
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12		645,2	80.	600,672.					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)									
14 Benefits paid to or for members (Part IX, column (A) line 4)				571 100					
15 Salaries, other compensation, employee benefits (Part Racolumn (A), lines 5-10)	<u>}</u>	519,360.		571,482.					
16a Professional fundraising fees (Part IX, column (A), fine-14e). b Total fundraising expenses (Part IX, column (D) in e 25)	1	, , , ,							
b Total fundraising expenses (Part IX, column (Districte 25)	1,053.	الله الله الله الله الله الله الله الله		A ST THE					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .5 2018 ·		214,7	90.	227,054.					
18 Total expenses Add lines 13-17 (must equal Part IX column (A), line 25) المرتبي المعادية	[734,1	50.	798,536.					
19 Revenue less expenses Subtract line 18 from line QGDFM		-88,8	370.	-197,864.					
5 0	Begin	ning of Curre		End of Year					
20 Total assets (Part X, line 16)		579 , 6		407,439.					
20 Total assets (Part X, line 16)	· · · · · ·	52,6	41.	78,248.					
		527 , 0)55.]	329,191.					
Part II 🖫 Signature Block		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and							
Under penalties of penuty I declare that I have examined this return, including accompanying schedules and statements	, and to the best of my k	nowledge and be	:IICI, IL IS	irao, con coi, ana					
	, and to the best of my k	nowledge and be		<i>a</i>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	, and to the best of my k	5/	11/12	\$					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer		Date 5	11/18	<i>?</i>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Richard Sauer		5/	11/18	<i>?</i>					
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Richard Sauer Type or print name and title	Exe	Date 5	### Dire	ctor					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Richard Sauer Type or print name and title Print/Type preparer's name Preparer's signature	Exe	Date Cutive	### Dired	ctor					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Richard Sauer Type or print name and title Print/Type preparer's name Katherine R Conlon	Exe	Date 5	### Dired	ctor					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Richard Sauer Type or print name and title Print/Type preparer's name Katherine R Conlon Firm's name Katherine R. Conlon, CPA	Exe	Date Cutive Check self-employe	Direct X of Bed	ptin P00236693					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Richard Sauer Type or print name and title Print/Type preparer's name Katherine R Conlon	Exe Date 05/10/18	Date Cutive	Direct X of Bed	PTIN P00236693 -2762368					

BAA For Paperwork Reduction Act Notice, see the separate instructions.

				ation of CDCs			23-2	707112	F	age 2
Pa				Accomplishmen						
				e or note to any line in	this Part	<u> </u>			• • • •	<u>. L</u>
1	•	be the organization's								
				to advocacy, p						
		0, Page 2, Part III, L		elopment_corp	oratio	ns and oth	<u>er_organizati</u>	ons in	- - -	
	266 1 01111 33	o, rage z, rait iii, t	Fille Toolimine	<u></u>						
2	Did the organ	ization undertake ai	ny significant p	rogram services during	the year	which were not I	isted on the prior			
	Form 990 or 9	990-EZ?						Yes	X	No
	If 'Yes,' descr	the these new servi	ces on Schedu	le O				—		
3				significant changes in	how it co	nducts, any prog	ram services?	· · Yes	s X	No
		be these changes of								
4	Section 501(c and revenue,	organization's progr :)(3) and 501(c)(4) o if any, for each prog	am service acc organizations ar gram service re	complishments for each re required to report the eported	of its three amount	ee largest progra of grants and all	im services, as measu ocations to others, the	red by expen total expense	ses es,	
4 8	(Code) (Expenses	\$ 26	0,786. including g	rants of	\$	0,)(Revenue	\$		0.)
	PACDC's	key accompl:		of the fiscal				CACY		
				Fund/Inclusion						
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41	(Code) (Expenses	\$ 34	5,382. including g	rants of	\$	0.)(Revenue	\$	9,31	10.)
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		ic Schools.								- -
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4 ((Code) (Expenses	\$	including g	rants of	\$) (Revenue	\$		}
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4 0	(Expenses	\$ n service expenses	Inclu ▶	ding grants of $\$$ 606, 168.) (r	Revenue \$			
BAA				TEEA0102	11/16/16			For	rm 990 ((2016)

		<u></u>	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	x	
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		X
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	1,,,	*; 	
	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		x
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	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	<u>11 e</u>	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	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	X	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	L	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

Form 990 (2016) Philadelphia Association of CDCs Part IV Checklist of Required Schedules (continued)

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
t	of 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
	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 defease any tax-exempt bonds?	24c		
	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
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	, , , <u>y</u> t		.]
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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 sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33	-	Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 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		X
	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	35b	j 	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	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Х	

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	100	ţ, ,	1. 6
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	COY .	, , , , , , , , , , , , , , , , , , ,] - ;;
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1 340	L
(gambling) winnings to prize winners?	1 c	X	<u> </u>
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	· 第	1	-
ments, filed for the calendar year ending with or within the year covered by this return 2a 10			دست
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	T # 15 1
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		·	X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	-	<u> </u>
	30		
 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	ŧ.,	X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5		. , .
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	<u> </u>	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 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?	6a		X
•			-
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	12.0	4.4	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		-	
services provided to the payor?	7 a	Х	L
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			X
Form 8282?	7 c		^ ·
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 e		- <u>X</u>
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 8899	- ' '		- ``
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	1 25	/-	
organization have excess business holdings at any time during the year?	8_		Х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
0 Section 501(c)(7) organizations. Enter	1		1
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	# 15 jeg	, *,	1
1 Section 501(c)(12) organizations. Enter	1 2	an Seg	
a Gross income from members or shareholders	\ 'y'		,
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	"."	3.7	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		١,	
3 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	ļ	ļ
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		, ,	
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	ļ	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
AA TEEA0105 11/16/16	Form	agn /	201

Par	Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in								
	Schedule O See instructions								
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	. X					
Sec	tion A. Governing Body and Management								
4 -			Yes	No					
1 8	Enter the number of voting members of the governing body at the end of the tax year	1. K		24					
ŧ	Enter the number of voting members included in line 1a, above, who are independent 1b	, t	`t (`.	, ,					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	;							
	officer, director, trustee, or key employee?	2	-	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents								
	since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6	Х						
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_							
	members of the governing body?	7 a	_ X	 					
t	Are any governance decisions of the organization reserved to (or subject to approval by) members,			j					
	stockholders, or persons other than the governing body?	7 b	X	ļ					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
	The governing body?	8 a	_X						
	Each committee with authority to act on behalf of the governing body?	8 b		X					
	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		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C							
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10 a		X					
t	olf '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 b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Χ						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? 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	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	-	- <u>;</u>	, ,					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,					
	The organization's CEO, Executive Director, or top management official	15a	Х						
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)		ξ.	,					
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		X					
t	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its			· ·					
	organization's exempt status with respect to such arrangements?	16 b		<u> </u>					
	List the states with which a copy of this Form 900 is required to be filed by								
	List the states with which a copy of this Form 990 is required to be filed Pennsylvania			- - -					
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) a for public inspection. Indicate how you made these available. Check all that apply Own website	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	e to							
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	Management 1315 Walnut Street #1600 Philadelphia, PA 19107 (23	L5)	732-5	5829					

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			71	

age 7

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
	ł			(C)						•
(A) Name and Title	(B) Average hours per	Pos than	s both	an o ector/	fficer truste	ck mor s perso and a ee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week	Individual trustce 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) Rick Sauer	40.00									
Executive Dir					X	Х		94,550.	0.	0.
(2) Rose Gray					1		}			
President		Х		Χ	<u>L</u>		L	0.	0.	0.
(3) Maria Gonzalez	1.00								-	
Vice president		Х		Х				0.	0.	0.
_(4) Marcus Allen										
Treasurer		Х		Х				0.	0.	0.
(5) Janet Stearns	1.00									
Secretary		Х		Х				0.	0.	0.
_(6)_John_Chin	1.00					!!		1	-	
Member		Х					_	0.	0.	0.
_(7)_Michael_Davidson	1.00	l					Ì			
Member		Х						0.	0.	0.
(8) Bryan Fenstermaker	1.00	1								
Member		X						0.	0.	0.
(9) Nora Lichtash	1.00	1	i			1	!	i		
Member		X						0.	0.	0.
(10) Cicely Peterson-Mangum	1.00					1				
Member		Х						0.	0.	0.
(11) Wanda Mial	1.00		} '							
Member		X			Ĺ			0.	0.	0.
(12) Majeedah Rashid	1.00									
Member		Х						0.	0.	0.
(13) Mark Schwartz	1.00									
Member		Х			L			0.	0.	0.
(14) Michael Thorpe	1.00						[
Member		X				<u> </u>		0.	0.	0.

Fart yill Section A. Officers, Directors, 110		Tey	CHI			5 5, 6	anc	i nigilest con	ibeuzarea Embi	loyees (continuea)
(A) Name and title	Average hours per	box	, unle:	ss pe	ition more rson i: lirecto	than o s both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted	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
	line)	"	8			ated				
(15) James Wright Member	1.00	x						0.	0.	0.
(16)										
(17)							_		<u> </u>	
(18)										:
(19)										
(20)										
(21)										
(22)									 	-
(23)										
(24)										
(25)										
1 b Sub-total			• •	• •		• •	>	94,550.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							≻	04 550		
2 Total number of individuals (including but not limited from the organization							eive	94,550. d more than \$100,0	0. 000 of reportable cor	0. mpensation
							-			Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										3 X
4 For any individual listed on line 1a, is the sum of related organizations greater t such individual	han \$150,	0002	nsat <i>If 'Y</i>	ion i es, '	and o	other plete	Sc	mpensation from 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	ompensati complete S	ion fr	om a	any i	unrel suci	lated h per	org son	janization or individ	lual 	. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensal	ed indepe	nden	t cor	ntrac	tors	that	rec	eived more than \$1	100 000 of	
compensation from the organization Report compe	nsation fo	r the	cale	nda	yea	r end	ding	with or within the (B)	organization's tax ye	(C)
Name and business addre	es's ————							Description o		Compensation
					<u>.</u>		 			
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lim	nited	to th	ose	liste	d ab	ove) who received mo	re than	
BAA		TEFAC	108	11/16	2/16					Form 990 (2016)

		Check if Schedule O contains a response or note to any li	ne in this Part VIII .			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1 a	का र जी हैं है हैं	Control of the second	を確認さずか	"一""原子片"。"这
s, Grants Amounts	b	Membership dues 1 b 40,997.	Frisky States	7 1	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
₹ ي	С	Fundraising events 1 c	[7	\$ - 1	1. 18	
ifts ir A		Related organizations 1 d		原。第一次,在1955 第一次,在1955		
<u>اڇ</u>		Government grants (contributions) 1 e 75,278.		يَّةِ مِنْ الْمِنْ الْ	ta general	`.
Sir		- 1 7 7 2 7 3 7 3		- 23x 2 x	4	4 10 1 4-12
ĘĘ je	f	All other contributions, gifts, grants, and similar amounts not included above 1 f 246.747	蒙 沙海(新洲)		100000000000000000000000000000000000000	0.1
듗돋						
Contributions, Giffl and Other Similar	_	Noncash contributions included in lines 1a-1f \$ 37, 186.	A Section of the sect	31 - 1 - 1 - 1	HART SETTING	
	h	Total. Add lines 1a-1f	363,022.		* A	: "u"-
īe		Business Code		المراجع المراج المراجع المراجع المراج	<u></u>	
₹	2 a	Trainings & other fees 561499	9,216.	9,216.	0.	0.
æ	b					
္ညိ	С			·	•	
Š.	d					
Ë	е		1			
Program Service Revenue	f	All other program service revenue				
ည		Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·	9,216.	唐. · · · · · · · · · · · · · · · · · · ·	gara, regres mare	1, 1955, 1, 1 T.
_	3	Investment income (including dividends, interest and	5,210.	1	* *	
	3	other similar amounts)	94.	0.	0.	94.
	4	Income from investment of tax-exempt bond proceeds		<u> </u>		
	5	Royalties				
		(i) Real (ii) Personal		- 1 (- 1 -	garage to a separate	, 43
	6 a	Gross rents	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		, ,	, ,
		Less rental expenses	-		، هي ،	
		Rental income or (loss)	,		1 m	2 , 3
			and the state of t		to a selection of the second s	
	a	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·			
	7 a	Gross amount from sales of (i) Securities (ii) Other	-	() () () () () () () () () ()	· .	,
		assets other than inventory		, , , , , , , , , , , , , , , , , , , ,	te land back	
	b	Less cost or other basis	The state of the	· 禁"先达这个。"		, , , , , , , , , , , , , , , , , , , ,
		and sales expenses	- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3-		100	r
		Gain or (loss)	حشيست أستكف مين مات	مبلقاسيمي تصويب		أعَلَمُ عَلَيْكُ مِنْ عَلَيْكُ مِنْ مُعَلِّمُ مُنْ الْمُعَلِّمُ مُنْكُلُمُ لَا مُعَلِّمُ مُنْكُلُمُ
	d	Net gain or (loss)				
Ψ	8 a	Gross income from fundraising events		, ,	, , ,	
Other Revenu		(not including. \$	130		State of the	2 3 2 4
ě		of contributions reported on line 1c)	The state of the state of		1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ď		See Part IV, line 18		58.		
je.	b	Less direct expenses b 56,586.				L. The Land
중	c	Net income or (loss) from fundraising events ▶	228,340.	· 建硫酸 新拉克斯	0.	228,340.
-	92	Gross income from gaming activities	[李] 建筑。		The state of the s	1. Jan 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		Gross income from gaming activities See Part IV, line 19 a	教堂 。"我们			
		Less direct expenses b	, , , , , , , , , , , , , , , , , , , ,		أستنست أستان	<u> </u>
	c	Net income or (loss) from gaming activities · · · · · · · ▶				
	ļ	Gross sales of inventory, less returns			1 34 2 4	15 20
	''	and allowances a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	b	Less cost of goods sold b		1 **, *	To the state of	200
		Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code	5",			-
	11 a		<u> </u>			
	F	, 				
	``		†	 	 	-
		All other revenue	 		-	· · · · · · · · · · · · · · · · · · ·
		Total. Add lines 11a-11d				* _
	12	Total revenue. See instructions	600,672.	9,216.	l 0.	228,434.

Part IX. | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX								
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21								
grants and other assistance to domestic individuals. See Part IV, line 22				7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7				
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	94,550.	70,912.	14,183.	9,455.				
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	343,529.	250,156.	40,927.	52,446.				
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,447.	8,390.	1,440.	1,617.				
9 Other employee benefits	90,438.	66,282.	11,377.	12,779.				
10 Payroll taxes	31,518.	23,100.	3,965.	4,453.				
11 Fees for services (non-employees)								
a Management								
b Legal · · · · · · · · · · · · · · · · · · ·								
c Accounting	10,365.	6,607.	2,484.	1,274.				
d Lobbying		10- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
e Professional fundraising services See Part IV, line 17 . f Investment management fees		1 1						
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)								
12 Advertising and promotion		 						
13 Office expenses	4,844.	3,577.	597.	670.				
14 Information technology								
15 Royalties	F7 415	40.070						
16 Occupancy	57,415. 5,610.	42,079.	7,223.	8,113.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	5,610.	5,610.	0.	0.				
19 Conferences, conventions, and meetings	21,510.	18,013.	1,647.	1,850.				
20 Interest	1,250.	916.	157.	177.				
21 Payments to affiliates								
22 Depreciation, depletion, and amortization	5,496.	4,028.	691.	777.				
23 Insurance	3,915.	2,870.	_492.	553.				
covered above (List miscellaneous expenses								
of line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
a Consultants and interns	33,767.	27,189.	3,098.	3,480.				
b Dues & subscriptions	11,818.	11,818.	0.	0.				
c Equipment lease & service	4,113.	3,015.	517.	581.				
d Communications	11,450. 55,501.	8.392.	1,440.	1,618.				
25 Total functional expenses. Add lines 1 through 24e.	798,536.	53,214. 606,168.	1,077. 91,315.	1,210.				
	790,330.	600,100.	91,315.	101,053.				
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)				Form 900 (2016)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		· · ·	<u> </u>
•			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	9,445.	1	165,515.
1	2	Savings and temporary cash investments		2	
Ì	3	Pledges and grants receivable, net		3	93,817.
l	4	Accounts receivable, net	25,973.	4	99,550.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	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	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,788.	9	15,200.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
Ì	b	Less accumulated depreciation 10b 18,217.	7,411.	10 c	25,044.
ĺ	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
l	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	L
-	15	Other assets See Part IV, line 11	7,235.	15	8,313.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	579,696.	16_	407,439.
	17	Accounts payable and accrued expenses		17	59,232.
}	18	Grants payable		18	
1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	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	Secured mortgages and notes payable to unrelated third parties		23	
ļ	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	19,016.
	26	Total liabilities. Add lines 17 through 25	52,641.	26	78,248.
رم ا		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete		* (*)	
8		lines 27 through 29, and lines 33 and 34.	المناسبة الم	المنتقد	
a	27	Unrestricted net assets	91,748.	27	103,135.
Ba	28	Temporarily restricted net assets		28	226,056.
힏	29	Permanently restricted net assets	31 8 3	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	hit is in the little of the li		
\$	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	32,7003.	33	329,191.
	34	Total liabilities and net assets/fund balances	579,696.	34	407,439.
BA	Α				Form 990 (2016)

Form 990 (2016) Philadelphia Association of CDCs	23-2	27071	12 _	Pag	je 12
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>		<u></u>		[]
1 Total revenue (must equal Part VIII, column (A), line 12)		1	6	00,6	72.
2 Total expenses (must equal Part IX, column (A), line 25)	L	2	7	98,5	36.
3 Revenue less expenses Subtract line 2 from line 1	[3	-1	97,8	64.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[4	5	27,0	<u></u> 55.
5 Net unrealized gains (losses) on investments	[5			
6 Donated services and use of facilities		6			
7 Investment expenses	[7			
8 Prior period adjustments	[8			
9 Other changes in net assets or fund balances (explain in Schedule O)		9			
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10	3	29,1	a 1
Part XII Financial Statements and Reporting				<i></i>	<u> </u>
<u> </u>					
Check if Schedule O contains a response or note to any line in this Part XII	· · · · · ·	• • • •	· · · · ·	· · · ·	<u> </u>
1 Accounting method used to prepare the Form 990 Cash X Accrual Other				Yes	No
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?			. 2a		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi	ewed on a		v: .		,
separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant?			2 b	Х	<u>.</u>
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	parate			٠.	
basis, consolidated basis, or both			, , ,		
Separate basis X Consolidated basis Both consolidated and separate basis			<u> ` </u>		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audi	t, ••••	. 2 c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single		3a		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the	required at	ıdıt			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA		.,		990 (2	016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection •

Employer identification number

		phia Association						23-270711	2	
		ason for Public Cha						art.) See instruction	is.	
The org	_	ion is not a private founda	•		•	•			07	
1	A cł	nurch, convention of churc	ches, or association o	f churches d	escribed in se	ection 17	′0(b)(1)(A)(i).	()	
2	=	chool described in section			,					
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's									
-	_ nam	name, city, and state								
5	An o	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)								
6	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
' [2	in s	organization that normally ection 170(b)(1)(A)(vi).	Complete Part II)			a governr	nental u	nit or from the general p	ublic described	
8	=	ommunity trust described i			· · · · · · · · · · · · · · · · · · ·					
9		agricultural research organ								
_		niversity or a non-land-gra	ant college of agricult	ure (see insti	ructions) Ent	er the na	me, city,	and state of the college	or	
۳-	_ univ	rersity								
10 [from	organization that normally n activities related to its ex estment income and unrela e 30, 1975 See section 5	cempt functions—subj ated business taxable	ect to certair income (les	exceptions,	and (2) n	o more t	than 33-1/3% of its supp	ort from gross	
11	An o	organization organized and	d operated exclusivel	ly to test for p	oublic safety	See sec t	tion 50 9	(a)(4).		
12	or m	organization organized and nore publicly supported org s 12a through 12d that des	ganizations described scribes the type of su	d in section : ipporting org	509(a)(1) or s anization and	ection 5 complete	09(a)(2) e lines 1	. See section 509(a)(3) . 2e, 12f, and 12g	Check the box in	
a [orga con	e I. A supporting organiza anization(s) the power to re aplete Part IV, Sections A	egularly appoint or el A and B.	ect a majorit	y of the direct	ors or tru	istees of	the supporting organiza	tion You must	
b [⁻¹ mar	e II. A supporting organiza nagement of the supporting st complete Part IV, Sect	g organization vested	ontrolled in co I in the same	onnection wit persons that	h its supp control o	orted or or manag	ganization(s), by having ge the supported organiz	control or ration(s) You	
c [Typ orga	e III functionally integratanization(s) (see instruction	ted. A supporting org	anization operation	erated in con	nection w	∉th, and E.	functionally integrated w	vith, its supported	
d [T func	e III non-functionally into tionally integrated. The or ructions). You must comp	rganization generally	must satisfy	a distribution	connect requirem	ion with lent and	its supported organization an attentiveness require	on(s) that is not ement (see	
е [Che	ck this box if the organizations	tion received a writte	n determinat	on from the I	RS that i	t is a Ty _l	pe I, Type II, Type III fur	ectionally	
f E		ne number of supported or								
g P	rovide	the following information	about the supported	organization	(s)				<u> </u>	
(1)	Name of	supported organization	(ii) EIN	(described	on lines 1-10 e instructions))	(IV) Is organizati in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
			 			1				
(A)						1	ļ			
<u> </u>										
(B)						1	1			
<u> </u>				<u> </u>	· · · · · · · · · · · · · · · · · · ·	 				
(C)										
(D)						ļ				
(E)										
Total					4	٠, ,	, ,			
rotal			1	1 '	-	1 '		I		

Part II 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	 		<u>`</u>			
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	333,742.	345,712.	407,954.	450,488.	363,022.	1,900,918.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0.10/1.12.	10.,,551.	1307 100.	303,022.	1, 300, 310.
3	The value of services or facilities furnished by a governmental unit to the organization without charge					,	
4	Total. Add lines 1 through 3	333,742.	345,712.	407,954.	450,488.	363,022.	1,900,918.
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		· 100 00 00 00 00 00 00 00 00 00 00 00 00	Carried Carried		-	1,900,918.
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Cale:	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	333,742.	345,712.	407,954.	450,488.	363,022.	1,900,918.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75.	101.	40.			216.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	Control of the second	· · · · · · · · · · · · · · · · · · ·	British Charles Late 1	t far from the first	文·维·安·	1,901,134.
12	Gross receipts from related activiti	es, etc (see instru	ictions)			12	9,310.
13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second, t	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶ 📋
Sec	tion C. Computation of Pu	blic Support P	Percentage				
14	Public support percentage for 201						99.99%
15	Public support percentage from 20)15 Schedule A, Pa	art II, line 14			15	99.98 %
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a public	not check the box cly supported organ	on line 13, and line	e 14 is 33-1/3% or	more, check this b	oox ► X
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a publi	not check a box or cly supported orga	n line 13 or 16a, an nization	d line 15 is 33-1/3	% or more, check t	his box
17a	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a	est—2016. If the or eets the 'facts-and and-circumstances'	ganization did not e -circumstances' tes ' test The organiza	check a box on line st, check this box a ation qualifies as a	e 13, 16a, or 16b, and stop here. Exp publicly supported	and line 14 is 10% Ilain in Part VI how organization	▶ []
	10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and-	eets the 'facts-and circumstances' tes	-circumstances' tes t The organization	st, check this box a i qualifies as a pub	nd stop here. Exp licly supported org	lain in Part VI how anization	the ▶ □
18	Private foundation. If the organiz	ation did not check	k a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruction	ons ▶ 🔲

	(Complete only if you check fails to qualify under the test	ed the box on line			lèd to qualify under	Part II If the organ	ization
Sec	tion A. Public Support						
Calen 1	dar year (or fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Fotal
2	any 'unusual grants')						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5,	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		 	 	 		
8	Public support. (Subtract line 7c from line 6)		1/3	7,700			
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) >	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		1				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
С	Add lines 10a and 10b	Ĺ					
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)						
	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is organization, check this box and s	top here	<u> </u>	third, fourth, or fift	th tax year as a sec	tion 501(c)(3)	▶ [
	tion C. Computation of Pu						
15	Public support percentage for 201						
16	Public support percentage from 20				· · · · · · · · · · · · ·	···· 16	
	tion D. Computation of Inv						
17	Investment income percentage for				• • •	 	-
18	Investment income percentage fro		•			<u> </u>	
19a b	33-1/3% support tests—2016. If t is not more than 33-1/3%, check to 33-1/3% support tests—2015. If t	his box and stop I	nere. The organiza	tion qualifies as a	publicly supported	organization	▶
Ĺ	line 18 is not more than 33-1/3%, Private foundation. If the organiz	check this box and	i stop here . The o	rganızatıon qualıfı	es as a publicly sup	ported organization	۱ ▶ [

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organiz	zations
-----------------------------------	---------

Yes No 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 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 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below 3a ्र 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 3с 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 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 5a 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 5a amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 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 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 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI 9a 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 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 9с 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below 10a

10b

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.)

	edule A (Form 990 or 990-EZ) 2016 Philadelphia Association of CDCs	23-2707112		age 5
Par	rt [V :] Supporting Organizations (continued)		12	T
11	Has the organization accepted a gift or contribution from any of the following persons?	T	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below.			
	governing body of a supported organization?	11a	 	 -
	o 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>	<u> </u>
Sec	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly	appoint (**;**	Tes	No
	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' desc Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activ	cribe in vities	3 7	
	If the organization had more than one supported organization, describe how the powers to appoint and/or remo directors or trustees were allocated among the supported organizations and what conditions or restrictions, if a	ve ' '	7 .,	
	applied to such powers during the tax year	1,7,		
2	Did the organization operate for the benefit of any supported organization other than the supported organization	n(s)		
	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing subenefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
	supporting organization	2	<u> </u>	
Sec	tion C. Type II Supporting Organizations		15-	т.,
		क्रि	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management	rustees f	ــــــــــــــــــــــــــــــــــــــ	انا
	supporting organization was vested in the same persons that controlled or managed the supported organization	n(s) 1	<u> </u>	<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	,	.]`	
•	organization's tax year. (i) a written notice describing the type and amount of support provided during the prior t	ax 🚉	}	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how	e dirameter		-
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	┼	┼
3		7.2	,	1, 1
	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 pla	yed		
	ın this regard	3	┸	<u>↓</u>
Sec	tion 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 (se	e instructions).		
	The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity. Describe in Part VI how you supported a government element of the organization supported a government element of the organization supported and the organization supported supporte	ntity (see instructions)		
		,		
2	Activities Test Answer (a) and (b) below.	[Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		7 : 3	
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those su organizations and explain how these activities directly furthered their exempt purposes, how the organization	was :)	, 'c'
	responsive to those supported organizations, and how the organization determined that these activities constitues substantially all of its activities	ited 2a		
	·	牙 /		+ +
	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 reaso			
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
	organization's involvement		1, 2	- "
3	1,111			1
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees each of the supported organizations? Provide details in Part VI.	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of eac supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	th of its	,	

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations may be a supported by the contract of the contr	Nov 2	0, 1970 (explain in Part V implete Sections A throug) See h E
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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	; <u>}</u>		
a	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
- 0	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
€	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		E CALL THE COLD	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	13 12 1 2 2 2 2 2 2 3 1	
2	Enter 85% of line 1	2	and the state of t	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	The state of the state of the	
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)	ed Typ	e III supporting organizati	on

Schedule A (Form 990 or 990-EZ) 2016

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rai	t v Type in Non-Functionally integrated 509(a)(3) S	upporting Organiza	tions (continuea)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
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	ation is responsive (provide	e details	
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	-1, -1, -1, -1, -1, -1, -1, -1, -1, -1,		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			- #1
3	Excess distributions carryover, if any, to 2016		, to the	7 Fe/
a		1.00	A SAL	******
b		। भिर्मानी	r bargain to the sin	
С	From 2013	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	F 7- 15	and the second
d	From 2014	16 - 04 - 1801		To Hard No.
е	From 2015	<u> </u>		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	7 7 1		
h	Applied to 2016 distributable amount		- 4 = · · · · · · · · · · · · · · · · · ·	
i	Carryover from 2011 not applied (see instructions)	, s , '.		1, 1,
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			2
4	Distributions for 2016 from Section D,		3. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , ,
	line 7 \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tarly 1	in the
	Applied to underdistributions of prior years	* * * * * * * * * * * * * * * * * * *	, , , , , , , , , , , , , , , , , , , ,	
	Applied to 2016 distributable amount Remainder Subtract lines 4a and 4b from 4	Policy Control	A CONTRACTOR OF	3
		485.8 . 4 .5-7		
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			Although the same
8	Breakdown of line 7	17 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
а	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	11 144 2011 1-4		
b	Excess from 2013		· · · · · · · · · · · · · · · · · · ·	
C	Excess from 2014	E A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d	Excess from 2015	4 2 2 2	21	
	Excess from 2016		6.25	

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Schedule A (Form 990 or 990-EZ) 2016

Part VI | 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)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions

is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B

Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

	xy Tax) (see separate instruct Section 501(c)(4), (5), or (6) org			,	•
	of organization	anzations complete rait in.		Employer identific	ation number
Phi	ladelphia Associat	ion of CDCs		23-270711	2
Pai	t I-A Complete if the o	rganization is exempt under section	on 501(c) or is a	section 527 organi	zation.
<u> </u>	Provide a description of the or	ganization's direct and indirect political camp of 'political campaign activities')			
2	Political campaign activity exp	enditures (see instructions)		> \$	
3	Volunteer hours for political ca	impaign activities (see instructions)			
Pai	t I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization under sect	ion 4955		, , , , , , , , , , , , , , , , , , ,
2		e tax incurred by organization managers und			
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		Yes No
4 a					
	If 'Yes,' describe in Part IV				
Pai	t I-C Complete if the or	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3).	
1		ended by the filing organization for section 52			
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	inizations for section 5	27 exempt 	
3	Total exempt function expended in 17b	tures Add lines 1 and 2 Enter here and on F	Form 1120-POL,	> \$	
4	Did the filing organization file i	Form 1120-POL for this year?			· · · Yes No
5	Enter the names, addresses a organization made payments amount of political contribution segregated fund or a political a	nd employer identification number (EIN) of a For each organization listed, enter the amount received that were promptly and directly diaction committee (PAC). If additional space is	Il section 527 political on the filing of th	organizations to which the organization's funds. Also political organization, succession in Part IV	e filing o enter the ch as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if section 501(the organization i	s exempt under se	ction 501(c)(3) and	l filed Form 5768 (e	election under
	· · · · · · · · · · · · · · · · · · ·	to an affiliated group (and	d list in Part IV each affil	ated group member's na	me.
.		are of excess lobbying ex			
B Check ► ☐ if the filin	g organization checked	box A and 'limited contro	i' provisions apply		
(The term	Limits on Lobbying 'expenditures' means	Expenditures amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence public o	pinion (grass roots lobby	ıng)	2,942.	
b Total lobbying expenditure	-		= '-	3,306.	
c Total lobbying expenditu				6,248.	
d Other exempt purpose ex	•			792,288.	
e Total exempt purpose ex				798,536.	
f Lobbying nontaxable am both columns		from the following table in		144,780.	
If the amount on line 1e, col		ne lobbying nontaxable			(mage) 1 1 1 2 2 2 2 2 1 2 1 2 1 2 1 2 1 2
Not over \$500,000	20	% of the amount on line 1e			
Over \$500,000 but not over \$1		00,000 plus 15% of the excess			
Over \$1,000,000 but not over !		75,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		25,000 plus 5% of the excess o	over \$1,500,000		
Over \$17,000,000 g Grassroots nontaxable a				36,195.	
h Subtract line 1g from line				0.	
i Subtract line 1f from line				0.	
section 4911 tax for this	er than zero on either lii year?	ne 1h or line 1i, did the or	ganization file Form 472	20 reporting	· · · Yes X No
section 4911 tax for this	year?		·	o reporting	· · · Yes X No
section 4911 tax for this	year?	ne 1h or line 1i, did the or	Inder section 501(h) ection do not have to	complete all of the five	☐Yes ☒No
section 4911 tax for this	year?	ear Averaging Period Unade a section 501(h) el	Inder section 501(h) ection do not have to c ructions for lines 2a th	complete all of the five	∏Yes ⊠No
section 4911 tax for this	year?	rear Averaging Period Unade a section 501(h) el v. See the separate inst	Inder section 501(h) ection do not have to c ructions for lines 2a th	complete all of the five	Yes X No
section 4911 tax for this (Som	year?	ear Averaging Period Unade a section 501(h) el v. See the separate inst ng Expenditures During	Inder section 501(h) ection do not have to cructions for lines 2a th	complete all of the five irough 2f.)	
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount	year?	fear Averaging Period Unade a section 501(h) elw. See the separate insting Expenditures During (b) 2014	Inder section 501(h) ection do not have to cructions for lines 2a th 4-Year Averaging Per (c) 2015	complete all of the five irough 2f.) iod (d) 2016	(e) Total
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount	year? 4-Y te organizations that n columns below Lobbyin (a) 2013	fear Averaging Period Unade a section 501(h) elw. See the separate insting Expenditures During (b) 2014	Inder section 501(h) ection do not have to cructions for lines 2a th 4-Year Averaging Per (c) 2015	complete all of the five arough 2f.) iod (d) 2016	(e) Total 527,567.
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount	year?	fear Averaging Period Unade a section 501(h) elw. See the separate insting Expenditures During (b) 2014	Inder section 501(h) ection do not have to cructions for lines 2a th 4-Year Averaging Per (c) 2015	complete all of the five irough 2f.) iod (d) 2016	(e) Total 527,567.
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount	year? 4-Y te organizations that n columns below Lobbyin (a) 2013	rear Averaging Period Unade a section 501(h) elw. See the separate instang Expenditures During (b) 2014 113,012.	Inder section 501(h) ection do not have to cructions for lines 2a th 4-Year Averaging Per (c) 2015	complete all of the five arough 2f.) iod (d) 2016	(e) Total 527,567.
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount	year? 4-Y e organizations that n columns belov Lobbyin (a) 2013	rear Averaging Period Unade a section 501(h) el v. See the separate insting Expenditures During (b) 2014 113,012.	Inder section 501(h) ection do not have to cructions for lines 2a th 4-Year Averaging Per (c) 2015 135,123.	complete all of the five grough 2f.) (d) 2016 144,780.	(e) Total 527,567. 791,351.
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount	year? 4-Y e organizations that n columns below Lobbyii (a) 2013 134,652.	rear Averaging Period Unade a section 501(h) el v. See the separate insting Expenditures During (b) 2014 113,012.	Inder section 501(h) ection do not have to cructions for lines 2a th 4-Year Averaging Per (c) 2015 135,123.	(d) 2016	(e) Total 527,567. 791,351.
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount	year? 4-Y e organizations that n columns below Lobbyin (a) 2013 134,652 50,042. 33,663.	rear Averaging Period Unade a section 501(h) el v. See the separate insting Expenditures During (b) 2014 113,012. 13,139.	Inder section 501(h) ection do not have to cructions for lines 2a th 4-Year Averaging Per (c) 2015 135,123. 4,575. 33,781.	(d) 2016 (d) 2016 (e) 2016 (f) 2016 (g) 2016 (g) 2016 (g) 2016 (g) 2016 (g) 2016	(e) Total 527,567. 791,351. 74,004. 131,892.

Schedule C (Form 990 or 990-EZ) 2016 Philadelphia Association of CDCs	23	-270	7112	F	age 3
Part IJ-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	file	d For	m 5768		
	(a)			(b)	
For each 'Yes' response on lines 1a through 1ı below, provide in Part IV a detailed description of the lobbying activity		No	A	mount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		¥.
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			; F 8	7,-	$\frac{1}{2} \left(\frac{\mathcal{F}}{\mathcal{F}} \right)$
c Media advertisements?					, we of more - right o
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i	1, ,	۶ _, ۲			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			:á		
b If 'Yes,' enter the amount of any tax incurred under section 4912	1	71			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			٠,	le ⁵ ,	- (
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ar? .		3		T -
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	. or s	ection	501(c)	·
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b)	Part	ÍΙΙ-Α,	line 3, i	S	

,	Dues, assessments and similar amounts from members	L ' _	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	۔ - ئند	
	a Current year	2 a	
	b Carryover from last year	2 b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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.

OMB No 1545-0047 2016

0 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

	Philadelphia Association of CDCs	23-2707112
Par		
1 41	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor the organization's property, subject to the organization's exclusive legal control?	sed funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	e used only conferring Yes No
Par		
	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)	hardenia alla anno anno anno anno anno a
		historically important land area
		certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year	of a conservation easement on the
	, , ,	Held at the End of the Tax Year
ā	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2 b
	: Number of conservation easements on a certified historic structure included in (a)	2 c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic	
	structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	e 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, inspection, handling of and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations ⇒ \$	ation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17 and section 170(h)(4)(B)(ii)?	0(h)(4)(B)(ı) · · · · · · · · · · · · Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expensinclude, if applicable, the text of the footnote to the organization's financial statements that describes	se statement, and balance sheet, and the organization's accounting for
52	conservation easements t III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets
Par	Complete if the organization answered 'Yes' on Form 990, Part IV, line 8	ther Sillinar Assets.
1 6	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or research in fur in Part XIII, the text of the footnote to its financial statements that describes these items	ement and balance sheet works of therance of public service, provide,
t	o If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items	ance of public service, provide the
	(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 similar assets for financiamounts required to be reported under SFAS 116 (ASC 958) relating to these items	
á	Revenue included on Form 990, Part VIII, line 1	\$
	Assets included in Form 900. Part Y	

Part III (Organizations Waintaining Colle	ections of Ar	t, Historica	ii i reasures, o	r Otner Similar Ass	ets (C	ontinu	<u>ea)</u>
3 Using the organization's acquisition, accession, items (check all that apply)	and other record	s, check any o	of the following that	are a significant use of it	s collect	ion	
a Public exhibition	d [Loan or exc	change programs				
b Scholarly research	e [Other					
c Preservation for future generations							
Provide a description of the organization's collect Part XIII		•	•				
5 During the year, did the organization solicit or re to be sold to raise funds rather than to be maint	ained as part of t	he organizatio	n's collection?		Yes		No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on F	orm 990, Par	t X, line 21	rganization ans	wered Yes on Form	1 990, 1	art IV	′,
1 a Is the organization an agent, trustee, custodian on Form 990, Part X?	or other intermed	liary for contri	outions or other ass	sets not included	Yes	Ε	No
b If 'Yes,' explain the arrangement in Part XIII and	complete the fol	lowing table					
					Amount		
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance							
2 a Did the organization include an amount on Form	•	•		•	Yes	L	_ No
b If 'Yes,' explain the arrangement in Part XIII Ch	eck here if the ex	planation has	been provided on	Part XIII		\cdots L	
<u> </u>							
Part V Endowment Funds. Complete if							
(a) Current	year (b)	Prior year	(c) Two years back	(d) Three years back	(e) F	our years	s back
1 a Beginning of year balance					ļ		
b Contributions			<u> </u>		<u> </u>		
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses					<u> </u>		
g End of year balance							
2 Provide the estimated percentage of the current	year end balanc	e (line 1g, col	ımn (a)) held as		_		
a Board designated or quasi-endowment	ક						
b Permanent endowment ►	5						
c Temporarily restricted endowment ►	용						
The percentages on lines 2a, 2b, and 2c should	equal 100%						
3 a Are there endowment funds not in the possession	on of the organiza	ation that are	neld and administer	red for the	_		
organization by						Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					. 3a(ii)		
b If 'Yes' on line 3a(ii), are the related organization	ns listed as requi	red on Schedu	ıle R?		. 3b		
4 Describe in Part XIII the intended uses of the or	ganization's ende	wment funds					
Part VI Land, Buildings, and Equipmen	t.						
Complete if the organization answ	rered 'Yes' on	Form 990,	Part IV, line 11	a. See Form 990, Pa	art X, li	ne 10	
Description of property	(a) Cost or othe (investmen		o) Cost or other basis (other)	(c) Accumulated depreciation	(d) I	Book va	lue
1 a Land	+			5 77 1 20 000			
b Buildings							
c Leasehold improvements			4,032.	1,259.			,773.
d Equipment			36,240.	13,969.			271.
e Other			2,989.	2,989.			0.
Total. Add lines 1a through 1e (Column (d) must equ		t X. column (F				25	,044.
BAA		,	<u>,,</u>		lule D (F		

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1). Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)	 	
(D)		
(E)		
(F)		
(G)		
(H)		
<u>(I)</u>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) ▶		· · · · · · · · · · · · · · · · · · ·
Part VIII Investments — Program Related. Complete if the organization answered 'Y	es' on Form 990	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(9) (10)		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) >		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets.	os' on Form 000	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets. Complete if the organization answered 'Y		Part IV, line 11d. See Form 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered 'Y (a) Description		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets. Complete if the organization answered 'Y		Part IV, line 11d. See Form 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets. Complete if the organization answered 'Y (a) Desc.		Part IV, line 11d. See Form 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets. Complete if the organization answered 'Y (a) Desc (1) (2) (3) (4)		Part IV, line 11d. See Form 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5)		Part IV, line 11d. See Form 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6)		Part IV, line 11d. See Form 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7)		Part IV, line 11d. See Form 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered 'Y (a) Desc (1) (2) (3) (4) (5) (6) (7) (8)		Part IV, line 11d. See Form 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9)		Part IV, line 11d. See Form 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶ Part IX	cription	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line	cription	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered 'Y (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities.	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Lease payable	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Lease payable (3)	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Lease payable (3) (4)	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X: Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Lease payable (3) (4) (5)	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Lease payable (3) (4) (5) (6)	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Lease payable (3) (4) (5) (6) (7)	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Lease payable (3) (4) (5) (6) (7) (8)	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Lease payable (3) (4) (5) (6) (7)	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Lease payable (3) (4) (5) (6) (7) (8) (9)	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered 'Y (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X: Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Lease payable (3) (4) (5) (6) (7) (8) (9) (10)	e 15)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value

Part XI. Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	600,672.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 -1	
a Net unrealized gains (losses) on investments	,	
b Donated services and use of facilities	1.1	
c Recoveries of prior year grants		
d Other (Describe in Part XIII)	`	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	600,672.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	600,672.
Part XII. Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	<u> </u>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	798,536.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	12.5.3 m	
a Donated services and use of facilities		
a Donated services and use of facilities		
	And the second s	
b Prior year adjustments		
b Prior year adjustments 2 b c Other losses 2 c	2 e	
b Prior year adjustments 2 b c Other losses 2 c d Other (Describe in Part XIII) 2 d	2 e	798,536.
b Prior year adjustments	2 e	798,536.
b Prior year adjustments	2 e	798,536.
b Prior year adjustments	2 e 3	798,536.
b Prior year adjustments	2 e 3	
b Prior year adjustments	2 e 3	798,536. 798,536.

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Phil	adelphia Association					23-270711	.2
Part	Fundraising Activities. Comp Form 990-EZ filers are not req	lete if the organ	nization and te this part	swered 'Ye	s' on Form 990, Part IV,	line 17	
1 1	ndicate whether the organization ra				ng activities Check all th	at apply	···
a l	Mail solicitations			е			
ь	Internet and email solicitations			f	Solicitation of gove	•	
	Phone solicitations			•		-	
C				g	Special fundraising	events	
d	In-person solicitations						
2 a [Did the organization have a written or employees listed in Form 990, Part	or oral agreeme	nt with any	individual	(including officers, direct	tors, trustees, or key	
b II	f Yes,' list the 10 highest paid indivion compensated at least \$5,000 by the	iduals or entitie	s (fundraise	ers) pursua	nt to agreements under	which the fundraiser is t	o be
<u>`</u>	the market at least 40,000 by the	1	<u> </u>			T 7.3.	
(i) N	lame and address of individual	(ii) Activity	(iii) Dıd f	undraiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
• •	or entity (fundraiser)	(II) Activity	have custo of contr	dy or control ibutions?	from activity	fundraiser listed in	(or retained by) organization
		 		т		column (i)	
			Yes	No			
1			į				
							 –
2							
		ļ					
3		į					
				1			
4							
		1					
5							
6							
7							
8]			
						-	
9			1				
		1	1				
10							
		<u> </u>	•	<u></u>	<u> </u>		
Total .				•			
	ist all states in which the organizat				contributions or has bee	n notified it is exempt fro	om registration
- 6	or licensing						
_				. 			
_							
_		_ 					
_				- 			

		G (Form 990 or 990-EZ) 2016 Philade Fundraising Events. Complete if the	ne organization ans	wered 'Yes' on Forr	23-27 n 990, Part IV, line	18, or reported
<u> </u>		more than \$15,000 of fundraising evaluation by List events with gross receipts greaters.	vent contributions a	nd gross income on	Form 990-EZ, lines	s 1 [′] and 6b.
			(a) Event #1 Awards event	(b) Event #2	(c) Other events NONE	(d) Total events (add column (a) through column (c))
R E			(event type)	(event type)	(total number)	
RE>E>U	1	Gross receipts	284,926.			284,926.
E	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	284,926.	 		284,926.
	4	Cash prizes				
ח	5	Noncash prizes			<u> </u>	
D I R E C T	6	Rent/facility costs	600.			600.
	7	Food and beverages	18,760.			18,760.
E X P	8	Entertainment		 	<u> </u>	
EXPENSES	9	Other direct expenses	37,226.		<u></u>	37,226.
S	10	56,586.				
	11					
Par	t III	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes'	on Form 990, Part I\ 	V, line 19, or reporte	ed more than
Ŗ						
F			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE			(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
FYEZUE	1	Gross revenue	(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
	1 2	Gross revenue		`bingo/progressive	(c) Other gaming	(add column (a)
E X P R E	2			`bingo/progressive	(c) Other gaming	(add column (a)
D X	2	Cash prizes		`bingo/progressive	(c) Other gaming	(add column (a)
E X P R E	2	Cash prizes		`bingo/progressive	(c) Other gaming	(add column (a)
E X P R E	3	Cash prizes		`bingo/progressive	(c) Other gaming	(add column (a)
E X P R E	2 3 4 5	Cash prizes	Yes %	Yes %	Yes %	(add column (a)
E X P R E	2 3 4 5	Cash prizes	Yes % No gh 5 in column (d)	Yes %	Yes %	(add column (a)
E X P R E	2 3 4 5 6 7 8	Cash prizes	Yes 8 No gh 5 in column (d) 7 from line 1, column (d	Yes %	Yes %	(add column (a)

5	A	_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

00110	2. Additional of the base of t	<u> </u>	1 age 3
11	Does the organization conduct gaming activities with nonmembers?	· · · · Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?) Yes	No
•		1 1	
13	Indicate the percentage of gaming activity conducted in		0
	a The organization's facility		<u>%</u>
	o An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record		
	Address •		
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ves	No
	of Yes,' enter the amount of gaming revenue received by the organization \$ \\$ and the		□.,,
	of gaming revenue retained by the third party		
c	If 'Yes,' enter name and address of the third party		
	Name •		
	Address •		i
16	Gaming manager information		
	Name •		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	als the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the	_
	organization's own exempt activities during the tax year	- , , - , - , - , - , - , - , - , - , -	
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, colun and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addinformation. See instructions	nns (iii) and (v), ditional	
			~
BAA	TEEA3703 09/23/16 Schedule	G (Form 990 or 990)-EZ) 2016

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Philadelphia Association of CDCs

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

OMB No 1545-0047

2016

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Schedule M (Form 990) (2016)

Employer identification number

23-2707112

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash		Íetermin	
1	Art — Works of art							
2	Art — Historical treasures							
3	Art - Fractional interests				1			
4	Books and publications		* * \$ \$1. \$ + 11					
5	Clothing and household goods							
6	Cars and other vehicles				 			
7	Boats and planes				 			
8	Intellectual property				 			
9	Securities - Publicly traded	<u> </u>			 			
10	Securities – Closely held stock · · · · · · · ·				 			
11	Securities - Partnership, LLC, or trust interests.	 		 	 			
12	Securities – Miscellaneous	 		 	 			
		 	 	 	 			
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other				<u> </u>			
15	Real estate - Residential	L			<u>1</u>			
16	Real estate – Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies				<u> </u>			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (meeting space) .		9	10,150.	1			
26	Other (food).	X	. 6	21,987.	 			
27	Other (audio/visual assistance)	X	3	2,650.	 			
28	Other (services))	X			 			
	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A	during the ta	ax year for contributions	for which the	29			
	organization completed form error, i are represented	.ciccage			23		Yes	No
						5 2	3.7	110
30a	During the year, did the organization receive by cont				at	13.		,
	it must hold for at least three years from the date of						<u> </u>	- فــــــــــــــــــــــــــــــــــــ
	for exempt purposes for the entire holding period? . If 'Yes,' describe the arrangement in Part II		• • • • • • • • • • • • • • • • • • • •			30 a	<u>, </u>	X
31	Does the organization have a gift acceptance policy	that requires	the review of any nonsta	andard contributions?		31	X	
	Does the organization hire or use third parties or relationations?					32 a		X
h	If 'Yes,' describe in Part II							
	If the organization didn't report an amount in column describe in Part II	(c) for a type	e of property for which co	olumn (a) is checked,		-		
BAA	For Paperwork Reduction Act Notice, see the Ins	tructions fo	r Form 990.		Schedule	M (Fc	rm 990	(2016)

Page 2

Schedule M (Form 990) (2016) Philadelphia Association of CDCs 23-2707112 F

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE 0 (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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization		Employer identification number
Philadelphia Assoc	ciation of CDCs	23-2707112
	PACDC is a membership organization of community of	levelopment corporations
Pt VI, Line 6	and others working in that area.	
Pt VI, Line 7a	PACDC's board members are elected by the members	hip of the organization.
	Members elect the board and also vote regarding	the policies of the
Pt VI, Line 7b	organization.	
	Minutes are kept of the board and membership mee	tings but not committee
Pt VI, Line 8b	meetings.	
	The senior management and the administration & f	inance committee review
Pt VI, Line 11b	the 990 and make it available to the board for r	eview.
	Board and staff update conflict of interest form	s annually. The
Pt VI, Line 12c	administration and finance committee provide over	ersite to this policy.
Pt VI, Line 15a	Reviews of salary surveys for comparable position	ons.
Pt VI, Line 15b	Reviews of salary surveys for comparable position	ons.