Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public

	timent of the T al Revenue Se		st information	on.	Inspection
Α	For the 20	7 calendar year, or tax year beginning , and	ending		
В	heck if appli	ble C Name of organization Frankford Community Development Corporation	٥	Employer ide	entification number
	ddress chan				
\Box	lame change	Number and street (or P O box if mail is not delivered to street address) Room/suite	1	3-2738932	
	ianie change	4667 Paul Street Second Floor	E	Telephone nu	ımber
יו []	nitial return	City or town State ZIP code	2.	15-743-6580	
ΠF	ınal retum/term	Philadelphia PA 19124		10 1 10 0000	
=		Foreign country name Foreign province/state/county Foreign pos		_	
	mended retu		IG	Gross receipt	s \$ 653,5
	pplication pe	ding F Name and address of principal officer	H(a) Is this a	group return for s	subordinates? Yes X
		Ms Kimberly Washington Esquire 4600 Griscom Street, Philadelphia, F	A H(b) Are al	li subordinates ir	ncluded? Yes
, т	ax-exempt st		16 "11 -		see instructions)
	<u></u>		<u>'</u>		
7 N	lebsite: ▶		H(c) Group	exemption num	nber ►
K F	orm of organ	ation X Corporation Trust Association Other ► LY	ear of formation	n 1993	M State of legal domicile
P	art I	Summary			
		· 	e Frankford	Community	Development
e.	ı	poration helps small businesses in the Frankford community by providing bu			
Activities & Governance	,	ons (going concerns & startups) with management and economic assistance			
ern				O.C.O.	
8	2 Ch	ck this box I if the organization discontinued its operations or dispose	ed of more to	1	1
ن 100	3 Nu	nber of voting members of the governing body (Part VI, line 1a)		├	3
Se	4 Nu	ck this box If the organization discontinued its operations or dispose their of voting members of the governing body (Part VI, line 1a) their of independent voting members of the governing body (Part VI line 1a) in number of individuals employed in calendar year 2017 (Part VIII) and in number of volunteers (estimate if necessary)		 	4
Ę	5 To	il number of individuals employed in calendar year 2017 (Part V) ine (7a));/)	 	5
É	6 To	I number of volunteers (estimate if necessary)	100		6
4	/a 10	il unrelated business revenue from Part VIII, column (C), luie 18	<i>> ></i>		'a
	b Ne	In number of volunteers (estimate if necessary) If unrelated business revenue from Part VIII, column (C), line 18 Interpretated business taxable income from Form 990-T, line 34 Intributions and grants (Part VIII, line 1h) Interpretation of the property o			b
			V P	nor Year	Current Year
e	8 Co	tributions and grants (Part VIII, line 1h) gram service revenue (Part VIII, line 2g) stment income (Part VIII, column (A), lines 3, 4, and 7d) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 9co 1/e) I revenue—add lines 8 through 11 (must equal Part VIII column (A), lines 12) ints and similar amounts paid (Part IX, column (A), lines 1–3) eatis paid to or for members (Part IX, column (A), lines 4)	/	669,2	
enı	9 Pro	gram service revenue (Part VIII, line 2g)	′	185,0	
Revenue	10 Inv	stment income (Part VIII, column (A), lines 3, 4, and do			0
	11 Otl	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 200 (2)		4,8	00 53,0
	12 To	revenue—add lines 8 through 11 (must equal Part VIII column (A), line (12)		859,0	02 653,59
	13 Gr	nts and similar amounts paid (Part IX, column (A), lines 1–3)			0
	17 00	ents paid to of for members (Fartix, column (A), line 4)	<u> </u>		0
es		ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		276,1	05 287 70
Sus		essional fundraising fees (Part IX column (A), line 11e)			0
Expenses		(-/,	0		
w		er expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		77,50	
		l expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		353,6	
	19 Re	enue less expenses Subtract line 18 from line 12 .		505,3	29 270,3
Assets or Bafances			Beginning	of Current Yea	·
Sset		I assets (Part X, line 16)		2,077 70	
Fund E		I liabilities (Part X, line 26)		1,205,39	
		assets or fund balances Subtract line 21 from line 20	┙	872,3	71 1 152,04
Par		Signature Block			
		enury. I declare that I have examined this return including accompanying schedules and statemen		-	
ana o	ener, it is true	correct and complete Declaration of preparer (other than officer) is based on all information of wh	ich preparer na	is any knowledg	-15-18
Sigi	n	gns Gamoleda_			-13-18
Her		Yusef A. Jamaladdin, Treasurer		Date	
	1				
		Type or print name and little	15.4		D.T.IN
		Print/Type preparer's name Preparer's signature	Date	Chec	k 🗙 if PTIN
aic		Leopold Galliera CPA Leopold Galliera CPA	11/13	I	mployed P00018595
	parer	Firm's name Leopold Galliera CPA		rm's EIN ► 61	
Jse	Only				
		Firm's address ► PO Box 29494, Philadelphia, PA 19125		none no 21	5-694-2592
Иау	the IRS d	cuss this return with the preparer shown above? (see instructions)			X Yes N
-or i	aperwork	Reduction Act Notice, see the separate instructions.			Form 990 (201
HTA	~ 	· · · · · · · · · · · · · · · · · · ·			128

Form **990** (201/)

Form s	90 (2017)	<u>Frankford (</u>	<u>Jommunity</u>	/ Developmen	Corpor	ation			23-27	38932	Page Z
Pa	rt III ,	Statement of Check if Sch					ny line in this l	Part III			
1	Enhance Philadel	escribe the organ e quality of life ar phia through prov ation services to	nd busines viding ecoi	s opportunties nomic develop	ment, ho	ousing, public s				• • • • • • • • • • • • • • • • • • • •	
2	the prior	organization under Form 990 or 990 describe these n	D-EZ?	_		ervices during th	ne year which w	vere not listed o	n	Yes	X No
3	services	organization ceas ? describe these o		_	ignificar	nt changes in ho	ow it conducts, a	any program		Yes	X No
4	Describe expense	e the organization s Section 501(c) expenses, and re	n's progran)(3) and 50	m service acco 01(c)(4) organi	zations	are required to	report the amou				
4a	the pron affect the Philadel associat	nity Economic De notion of coopera e quality of life a phia The Frankfo ions and governr	evelopmen tion betwee nd the bus ord CDC a ment agen	t Services The new businesses climate lso works in cocces	e Frankf s, reside in the Fr incert w	ord CDC carrie nts, and govern ankford neignb ith existing com	ment agencies orhood of munity and reta	which included on issues that all business			
4b)									
4c	(Code)	(Expenses	s \$		including grants) (Rev)
4d	Other pro	ogram services (in Schedule O			0) (Reven	ue \$	0)	
4e		gram service exp		>		343,321	, , ,	·		,	

Part IV . Checklist of Required Schedules

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

Checklist of Required Schedules (continued) Part IV .

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
þ	If "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 12 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$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		-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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	256		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	-	<u>X</u>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or		ł	
	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,		$\neg \neg$	
	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		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			4 12
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
D	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)	200		
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	\dashv	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?] ,,]	1	V
33	If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		$\neg \uparrow$	
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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	\dashv	<u> </u>
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		v
20		 	\dashv	X
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	x	
	10 Met. 7 M 1 Offi 300 meta de l'equirea to complete deficulté o	, 55	^_	

Form 9	90 (2017)	Frankford Community Development Corporation		23-2738932	F	age
Par	t V 🖟	Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>			
		Check if Schedule O contains a response or note to any line in this Part V				
					Yes	No
1a	Enter th	ne number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4		\top
b	Enter th	ne number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	3		}
С	Did the	organization comply with backup withholding rules for reportable payments to vendors and	reportable			
		(gambling) winnings to prize winners?	.,	1c	X	
2a		ne number of employees reported on Form W-3, Transmittal of Wage and Tax	1 . 1			T
		ents, filed for the calendar year ending with or within the year covered by this return	2a	6		İ
b		st one is reported on line 2a, did the organization file all required federal employment tax re	eturns?	2b	X	
		the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct				
3a		organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		X
b	If "Yes,	has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedi	ıle O	3b		
4a		time during the calendar year, did the organization have an interest in, or a signature or oth				
	over, a	financial account in a foreign country (such as a bank account, securities account, or other	financial			
	accoun			4a		X
b	If "Yes,	enter the name of the foreign country				
		tructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Accounts			
	(FBAR)]		Ì
5a	Was the	e organization a party to a prohibited tax shelter transaction at any time during the tax year	>	5a		X
b	Did any	taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	saction?	5b		X
С	If "Yes"	to line 5a or 5b, did the organization file Form 8886-T?	•	5c		
6a	Does th	e organization have annual gross receipts that are normally greater than \$100,000, and did	the			
	organiz	ation 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 contribution	utions or			
	gifts we	re not tax deductible?		6b		l
7	Organi	zations that may receive deductible contributions under section 170(c).				
а	Did the	organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods			Í
	and ser	vices provided to the payor?	. 1	7a	!	_X
b	If "Yes,"	did the organization notify the donor of the value of the goods or services provided?	•	7b		
С	Did the	organization sell, exchange, or otherwise dispose of tangible personal property for which it	was			
	required	d to file Form 8282?		_7c		Х
d	If "Yes,	' indicate the number of Forms 8282 filed during the year	7d			
е	Did the	organization receive any funds, directly or indirectly, to pay premiums on a personal benefi	t contract?	7e		X
f	Did the	organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?	7f		X
g	If the org	ganization received a contribution of qualified intellectual property, did the organization file Form 8	399 as required	¹ ? 7g		
h	If the org	ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ile a Form 109	8-C? 7h		
8	Sponso	oring organizations maintaining donor advised funds. Did a donor advised fund maintai	ned by the			
	sponso	ring organization have excess business holdings at any time during the year?		8		<u></u>
9	Sponso	oring organizations maintaining donor advised funds.				
а		sponsoring organization make any taxable distributions under section 4966?		9a		
b		sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10		s 501(c)(7) organizations. Enter		}		
а		n fees and capital contributions included on Part VIII, line 12	10a	i		
b		eceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		501(c)(12) organizations. Enter				
а		ncome from members or shareholders	11a			ĺ
b		ncome from other sources (Do not net amounts due or paid to other sources				
		amounts due or received from them)	[11b]			
12a		4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		12a		
b		enter the amount of tax-exempt interest received or accrued during the year	12b			
13		501(c)(29) qualified nonprofit health insurance issuers.	× (— —
а		rganization licensed to issue qualified health plans in more than one state?	1	13a		-
_		ee the instructions for additional information the organization must report on Schedule O			ļ	ı
b		e amount of reserves the organization is required to maintain by the states in which	1 1			i
	_	anization is licensed to issue qualified health plans	13b			l
С		e amount of reserves on hand	13c			
14a		organization receive any payments for indoor tanning services during the tax year?		14a		Х
<u>_b</u>	If "Yes,"	has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O	14b		

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

	Check if Schedule C contains a response of note to any line in this Part VI								
Sect	ion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7							
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent	1b 7							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with	<u> </u>						
	any other officer, director, trustee, or key employee?		2		Х				
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		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	•	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X				
6	Did the organization have members or stockholders?		6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	annoint	H						
	one or more members of the governing body?								
b									
	, 3 · · · · · · · · · · · · · · · · · ·								
0	stockholders, or persons other than the governing body?								
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.								
_	the year by the following								
	a The governing body?								
	b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be related to the control of the control o	eached	_						
<u> </u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		_X_				
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue C</u>	ode						
40-	Did the accompation have local shouters have been as afficience.		40.	Yes	No				
	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such or	- ·	10b						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	re filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			_	_ ;				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	•	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '	Yes,"							
	describe in Schedule O how this was done		12c		<u> </u>				
13	Did the organization have a written whistleblower policy?		13		<u> </u>				
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 appro-	•			1				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?]				
а	The organization's CEO, Executive Director, or top management official		15a		X				
b	Other officers or key employees of the organization		15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				!				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement							
	with a taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	guard			_ ;				
	the organization's exempt status with respect to such arrangements?		16b						
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► PA								
18									
	available for public inspection. Indicate how you made these available. Check all that apply		•						
	Own website Another's website X Upon request Other (ex	plaın ın Schedule O)							
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and									
	financial statements available to the public during the tax year		-						
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	•						
	The Treasurer	215-743-6580							
	4900 Griscom Street, Philadelphia, PA 19124								

Form 990 (2017)	Frankford Community Developm	ant (
0 000 (2011)	Tranklora Community Developm	

Page 7

(2007)	(Tanklora Commanity Bevelopment Corporation				20
Part VII	Compensation of Officers, Directors, Trustees, Key Employe	ees, Hi	ghest Con	npensa	ated
	Employees, and Independent Contractors				

Check if Schedule O contains a response or note to any line in this Part VII

ornoration

Section A.	Officers, Directors,	Trustees, Key	y Employees	, and Highest Com	pensated Emp	loyees

- **1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	, 	т-		<u> </u>				1	1	<u></u>
(A) Name and Title	(B) Average hours per week (list any	box,	unle: er an	Pos heck ss pe	rson Irect	than on the thick the thic	n an tee)	(D) Reportable compensation _ from	(E) Reportable compensation from related	(F) Estimated amount of other
-	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization, (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Gary McLaughlin	10 00									
President	0 00	Х								
(2) Brett Hart	10 00									
Director	0 00	X					L			
(3) Dr Ayesha Imanı, PhD	10 00	}								· .
Director .	0 00	Х	l							
(4) Belinda Florence Paganafanador	10 00								, <u> </u>	
Director	0 00	Х		L.						
(5) Sandra Barry	10 00									
Director	0 00	X								
(6) Nidia Mezalick	10 00							•		•••
Secretary	0 00	Х			L.,			, .		
(7) Philip Bolderston	10 00									
Vice President/ Treasurer	0 00	Х								
(8)										
(9)										
(10)										
(11)								<i>n</i> .		
(12)										
(13)										
(14)									,	
					_					

more than \$100,000 of compensation from the organization

23-27	38932	Page

	Section A. Officers, Directors, True (A) Name and title	(B) Average	(do r	not cl	Pos neck s pe	C) lition more rson	than	one n an	(D) Reportable	(E) Reportable	(F) Estimated		
		hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	compensation, from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con i or ar	mount of other other of other oth	tion e ion ed
(15)									·				
(16)							- 					<u>.</u>	
(17)													
(18)	, ·			-									
(19)				 , 		 							
(20)									· · · · · ·	 			
(21)						-	\						
(22)													
(23)				-		-							
(24)									,				
(25)									4.	·			
1b	Sub-total	<u></u>					_	•	0	0			
c d	Total from continuation sheets to Part VII, So	ection A						•	0	0			
2	Total (add lines 1b and 1c) Total number of individuals (including but not line)					vho	recei	ved					
	reportable compensation from the organization				0							Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched				oye	e, c	r higl	nest	compensated		3		_
4	For any individual listed on line 1a, is the sum of				n aı	nd c	other	com	pensation from		<u> </u>		X
	the organization and related organizations grea	iter than \$150,00)0? If	"Ye	S, " (com	plete	Sc	hedule J for such	7	4		$\overline{\mathbf{x}}$
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo									idual			
Sec	tion B. Independent Contractors	es, complete so	neuu	ie J	101	Suc	n per	3011				1	<u>X</u>
1	Complete this table for your five highest compe compensation from the organization. Report co year										ax		
	(A) Name and business addi	ress							(B) Description of serv	ices C	(C)		
Non	 												C
									1				0
													0
													<u>0</u>
2	Total number of independent contractors (include	ding but not limit	ed to	tho	se li	ste	d abo	ve)	who received				

	<u>, , , , , , , , , , , , , , , , , , , </u>	Check if Schedule O contain	ns a response or	note to any line 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
ts ts	1a	Federated campaigns	1					
Gifts, Grants llar Amounts	b	Membership dues	1					
is, G Am	C	Fundraising events	1					
ilar Ilar	ď	Related organizations	1			•		
ons,	e	Government grants (contributio	· —	e 496,097				
outic her	T	All other contributions, gifts, gra		101.000				
Contributions, Gifts, Grants and Other Similar Amounts	_ ا	similar amounts not included at Noncash contributions included in	L					
လ ရ	g	Total. Add lines 1a–1f	ı lınes 1a-1f \$	· <u>-</u> 0.	600 403			
	- ''	Total. Add lines 1a-11		Business Code	600,493			<u> </u>
Program Service Revenue	2a				<u>-</u>			·
Zev.	b				0			
le l	С				0			
e Z	d				0			-
Ē	е				0	-		
ogra	f	All other program service reven			0			
٩	g	Total. Add lines 2a-2f		•	0			
	3	Investment income (including d	ıvıdends, ınteres	t, and				
		other similar amounts)		▶	0			
	4	Income from investment of tax-	exempt bond pro	ceeds >	0			
	5	Royalties		<u> </u>	0	. <u>-</u>		
	_	_	(ı) Real	(II) Personal				
	6a	Gross rents	53,09	9				
	b	Less rental expenses				1		
	C	Rental income or (loss)	53,09			 -		
	d Za	Net rental income or (loss)	(i) Securities	(II) Other	53,099			
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis		0	ľ			
	b	and sales expenses		اه اه				•
	С	Gain or (loss)	***	0 0				
	d	Net gain or (loss)		<u> </u>	0			
	_	ret gam er (rees)						
ne	8a	Gross income from fundraising				ļ		
le l		events (not including \$	0					
Se l		of contributions reported on line	: 1c)					
er		See Part IV, line 18	а	0				
Other Revenue	b	Less direct expenses	b	0		_		
	C	Net income or (loss) from fundra		<u> </u>	0		-	
	9a	Gross income from gaming activ	vities					
ļ		See Part IV, line 19	a	——————————————————————————————————————		1		
	þ	Less direct expenses	b					
ĺ	C	Net income or (loss) from gamir	ng activities	•	0			
	10a	Gross sales of inventory, less returns and allowances	_					
ŀ			a	0				
i	b	Less cost of goods sold	of universities.					·
-	С_	Net income or (loss) from sales Miscellaneous Revenue	or inventory	Business Code	0			
}	11a			Dusiness Code			·	
	b			 	0			
	C			 	0			
	ď	All other revenue			- 0			
	e	Total. Add lines 11a–11d		▶	- 0			
	12	Total revenue. See instructions		▶	653,592	0	0	0

Part IX: Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rganizations must c	omplete column (A)	
_	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				-
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	76,000	68,400	7,600	
7	Other salaries and wages	154,479	139,032	15,447	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	35,197	31,678	3,519	
10	Payroll taxes	22,032	19,829	2,203	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			-
C	Accounting	2,494		2,494	
đ	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)			ol	
12	Advertising and promotion	500	500		
13	Office expenses	3,857	3,471	386	
14	Information technology	7,323	6,591	. 732	
15	Royalties	0			
16	Occupancy	20,539	18,485	2,054	
17	Travel	859	859		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	980	980		
20	Interest	1,322	1,322		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	17,298	15,568	1,730	
23	Insurance	5,700	5,130	570	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	}		,	
	(A) amount, list line 24e expenses on Schedule O)				
а	Supplies	31,050	27,945	3,105	
b	Dues \$ 810 & Penalty \$ 350	1,160	1,044	116	
C	Special Events	2,487	2,487		
d	opcode 2 volto				
e	All other expenses			_	
25	Total functional expenses. Add lines 1 through 24e	383,277	343,321	39,956	0
26	Joint costs. Complete this line only if the	550,277			
	organization reported in column (B) joint costs]		ĺ	
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)]		,	

		Check if Schedule O contains a response of	note to any line in this Part X	,		X
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		128,450	1	32,343
	2	Savings and temporary cash investments		0	2	
	3	Pledges and grants receivable, net	105,115	3	187,136	
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and f	ormer officers, directors,			•
		trustees, key employees, and highest compens	ated employees			
		Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified pers				
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	employees' beneficiary		·	
ets		organizations (see instructions) Complete Part II of Sche	edule L	0	6	
Assets	7	Notes and loans receivable, net		0	7	0
⋖	8	Inventories for sale or use		1,301,328	8	1,272,227
	9	Prepaid expenses and deferred charges		158,841	9	134,948
	10a	Land, buildings, and equipment cost or				
	i	other basis Complete Part VI of Schedule D	10a 785,170			
	b	Less accumulated depreciation	10b 127,822	248,451	10c	657,348
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line	11	0	12	0
	13	Investments—program-related See Part IV, line	e 11	135,577	13	135,577
	14	Intangible assets		' O	14	0
	15	Other assets See Part IV, line 11		٠,0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,077,762	16	2,419,579
	17	Accounts payable and accrued expenses	79,343	17	127,902	
	18	Grants payable	0	18		
	19	Deferred revenue		16,747	19	27,958
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability Complete		0	21	
Liabilities	22	Loans and other payables to current and former				
ij		trustees, key employees, highest compensated	. •			
iab		disqualified persons Complete Part II of Sched		0	22	<u>-</u>
_	23	Secured mortgages and notes payable to unrela	·	1,109,301	23	1,111,673
	24	Unsecured notes and loans payable to unrelate		- 0	24	0
	25	Other liabilities (including federal income tax, pa		,		
		parties, and other liabilities not included on lines	s 17-24) Complete			
		Part X of Schedule D	i	0	25	0
	26	Total liabilities. Add lines 17 through 25		1,205,391	26	1,267,533
,,		Organizations that follow SFAS 117 (ASC 958				•
ce		complete lines 27 through 29, and lines 33 ar	nd 34. ˈ			
lan	27	Unrestricted net assets		872,371	27	1,152,046
Ва	28	Temporarily restricted net assets		0	28	
g	29	Permanently restricted net assets		0	29	
E		Organizations that do not follow SFAS 117 (ASC958),	check here ▶ and	:		:
6		complete lines 30 through 34.		``		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		0	30	
SSE	31	Paid-in or capital surplus, or land, building, or ed	nuinment fund	0	31	
ا ۲	32	Retained earnings, endowment, accumulated in	· ·	0	32	
2	33	Total net assets or fund balances		872,371	33	1,152,046
	34	Total liabilities and net assets/fund balances	ļ	2,077,762		2,419,579

-om 9	90 (2017) Frankford Community Development Corporation	_ 2	3-2738932	Pag	<u>e</u> 12
Part	XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI	٠		[Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		653	,592
2	Total expenses (must equal Part IX, column (A), line 25)	2		383	,277
3	Revenue less expenses Subtract line 2 from line 1	3		270	,315
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		872	,371
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	<u> </u>		
8	Prior period adjustments	8		9	,360
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	}			
	column (B))	10		1,152	,046
Part .	· · ·			-	
	Check if Schedule O contains a response or note to any line in this Part XII			L	
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other		_		l l
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1]
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			ļ	- 1
	reviewed on a separate basis, consolidated basis, or both			- 1	
	Separate basis Donsolidated basis Both consolidated and separate basis			Į	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both			- 1	1
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1 1	1	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			أ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		[]		
	the Single Audit Act and OMB Circular A-133?		3a_]	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	- 1	

Form **990** (2017)

SCHEDULE A . (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization Employer identification number Frankford Community Development Corporation 23-2738932 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations ol Provide the following information about the supported organization(s) (i) Name of supported organization (n) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

0

0

Total

che	dule A (Form 990 or 990-EZ) 2017 Frankford	Community Deve	elopment Corpora	tion		23-273893	2 Page 2
Рa	rt II Support Schedule for Org				(A)(iv) and 17		
	(Complete only if you check						der /
	Part III If the organization fa				•		
Sec	tion A. Public Support		-				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016!· ·	(e) 2017	/(f) Total
	Gifts, grants, contributions, and		1	1-7	<u> </u>		<i>, , , , , , , , , ,</i>
•	membership fees received (Do not						
	include any "unusual grants ")						0
^			-		•		
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						_
	its behalf						0
3	The value of services or facilities					[
	furnished by a governmental unit to the	İ					
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by					' '	
	each person (other than a]			1	
	governmental unit or publicly				•		
	supported organization) included on						
	line 1 that exceeds 2% of the amount	İ		· /	•		
	shown on line 11, column (f)	ļ	į l		•	l	
				/	<u> </u>	-	
6	Public support Subtract line 5 from line 4	<u> </u>	<u> </u>		-		
	ction B. Total Support	(2) 2012	(h) 2014 /	(2) 2015	(4) 2046	(a) 2017	/f) Total
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	0	/ 0	0	0	0	0
8	Gross income from interest, dividends,	ŧ	/		- 200		
	payments received on securities loans,		/			1	
	rents, royalties, and income from		/			}	
	sımılar sources						0
9	Net income from unrelated business		/				
	activities, whether or not the business is	/				!	
	regularly carried on						0
0	Other income Do not include gain or						
	loss from the sale of capital assets	/					
	(Explain in Part VI)	/					0
1	Total support. Add lines 7 through 10	/			• •		
		co'unstructions)	ll			12	
	Gross receipts from related activities, etc. (s	/		64h tau			
3	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's first,	secona, tnira, tourtr	i, or ππη tax year a	s a section 501(c)((3)	. ┌
					<u>.</u>		
	tion C. Computation of Public Su			<u>-</u>			
	Public support percentage for 2017 (line 6, o			n))	. 1,		0 00%
5	Public support percentage from 2016 Sched	lule A, Part II, line 1	14		•		0 00%
6a	33 1/3% support test-2017. If the organization	ation did not check	the box on line 13	, and line 14 is 33 1	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as	s a publicly suppor	ted organization				▶ .
b	33 1/3% support test—201,6. If the organiz	ation did not check	a box on line 13 o	r 16a. and line 15 is	s 33 1/3% or more	. check this	_
	box and stop here. The organization qualifi					, 5.1.55.1 1.1.5	▶□
70	. /				as 16h and line 1.	4	
/a	10%-facts-and-circumstances test—2013 is 10% or more, and if the organization mee	•			•		
	Part VI how the organization meets the "fact						
	organization	S and Groundano	ou tout the organ	Eudon qualifies as	a pasifoly support		
L	· /	If the emerication	n did not obact a t	ov on line 12, 10-	16h or 17e and 1	uno.	
Ŋ	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization m					me	
	Explain in Part VI how the organization mee			•	•	:lv	
	supported organization	1000 0110 01		J.ga.madion qi		···	▶ □
0		natabaalia barra	June 12 40- 401	17a ar 47h	thin have and are		
8	Private foundation. If the organization did	not check a box on	nne 13, 16a, 16b, 1	i/a, or i/b, check	this box and see		
	instructions/		·	, ,			<u> </u>
	1					Cabadula A /C /	00 000 EZV 0047

Schedule A (Form 990 or 990-EZ) 2017 Frankford Community Development Corporation

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Seg	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	11,800	33,617	366,997	658,402	600,493	1,671,309
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				. •		
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						Y
_	unrelated trade or business under section 513	182,421	254,154	85,000	185,000		706,575
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on			d.		1	
	its behalf						O
5	The value of services or facilities		· · · · · · · · · · · · · · · · · · ·				
•	furnished by a governmental unit to the						
	organization without charge				•		n
6	Total. Add lines 1 through 5	194,221	287,771	451,997	843,402	600,493	2,377,884
-	Amounts included on lines 1, 2, and 3	104,221	201,111	701,001	040,402	000,400	2,577,004
1 a	received from disqualified persons						0
h	' ' ' '						
Ь	Amounts included on lines 2 and 3	i		1			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						•
	or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	· ·	т* `			, '	0.077.00
500	ction B. Total Support				, ,	11	2,377,884
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016 ,	(e) 2017	(f) Total
9	Amounts from line 6	194,221	287,771	451,997	843,402	600,493	2,377,884
-	<u>}</u>	194,221	201,111	431,997	043,402	000,493	2,377,004
iva	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	40.500	22 200	i	4 000	50,000	00.077
_	royalties, and income from similar sources	18,568	23,300		4,800	53,009	99,677
b	Unrelated business taxable income (less			J			
	section 511 taxes) from businesses						_
	acquired after June 30, 1975		, , , , , ,				0
С	Add lines 10a and 10b	18,568	23,300	0	4,800	53,009	99,677
11	Net income from unrelated business		,				
	activities not included in line 10b, whether		i				
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,			İ			
	and 12)	212,789	311,071	451,997	848,202	653,502	2,477,561
14	First five years If the Form 990 is for the org	ganization's first, s	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3)	
•	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Sup	port Percenta	ige				
15	Public support percentage for 2017 (line 8, co	olumn (f) divided b	y line 13, column (f))	ļ	15	95 98%
16	Public support percentage from 2016 Schedu					16	97 62%
Sec	tion D. Computation of Investment	t Income Perc	entage				
17	Investment income percentage for 2017 (line	10c, column (f) de	vided by line 13, co	lumn (f))		17	4 02%
18	Investment income percentage from 2016 Sc	hedule A, Part III,	line 17		· [18	2 38%
19a	33 1/3% support tests—2017. If the organiz	ation did not chec	k the box on line 14	i, and line 15 is mo	ore than 33 1/3%, a	and line 17 is	
	not more than 33 1/3%, check this box and st	t op here . The org	anization qualifies a	as a publicly suppo	rted organization		▶ X
b	33 1/3% support tests—2016. If the organiz	ation did not chec	k a box on line 14 o	or line 19a, and line	e 16 is more than 3	3 1/3%, and	p
	line 18 is not more than 33 1/3%, check this b	oox and stop here	. The organization	qualifies as a publi	cly supported orga	inization	▶ <u> </u>
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19t	o, check this box ar	nd see instructions		▶ _

Part IV. 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)

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete	Part V)	
Sect	tion A. All Supporting Organizations			,
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1.	١.	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1	<u> </u>	i
	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		1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			<u> </u>
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		1	
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	100	\vdash	1
·	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
40	Was any supported organization not organized in the United States ("foreign supported organization")? If	30	├	
4a		4-		
	"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	<u></u> -	 	<u>, </u>
	despite being controlled or supervised by or in connection with its supported organizations	1b	<u> </u>	ļ
C	Did the organization support any foreign supported organization that does not have an IRS determination	•	1	1
	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)		<u>'</u>	
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		١. ا	
	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,		4	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	<u>' '</u>		
	was accomplished (such as by amendment to the organizing document)	5a		
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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	•		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			ĺ
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	۲		<u> </u>
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1.		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
0	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	'	-	-
8		8		
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	10	-	-
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		<u>-</u>	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	<u> </u>	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			اـــــا
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	igsqcup	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		<u> </u>	لــــــــــــــــــــــــــــــــــــــ
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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	<u> </u>		
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			14

determine whether the organization had excess business holdings)

10b

Schedul	e A (Form 990 or 990-EZ) 2017	Frankford Community Development Corporation	_23-2738932	, F	age 5
Part	V Supporting Orga	nizations (continued)		, 	
		·	,— <u> </u>	Yes	No
11		oted a gift or contribution from any of the following persons?	,		
а	•	directly controls, either alone or together with persons described in (b) and (c) of a supported organization?		i	
b	A family member of a person	• • • • • • • • • • • • • • • • • • • •	11a 11b		┼──
	•	a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa		\vdash	├─
	on B. Type I Supporting		11.0	ـــــــ	
	<u> </u>			Yes	No
1	Did the directors, trustees,	or membership of one or more supported organizations have the power to			
		least a majority of the organization's directors or trustees at all times during th	e l'],	
	tax year? If "No," describe	in Part VI how the supported organization(s) effectively operated, supervised, or	or ,		'}
	controlled the organization'	s activities. If the organization had more than one supported organization,	, , , ,	1	
	· · · · · · · · · · · · · · · · · · ·	appoint and/or remove directors or trustees were allocated among the suppor	ted ,		
		nditions or restrictions, if any, applied to such powers during the tax year	1_1_	<u> </u>	<u> </u>
2	_	e for the benefit of any supported organization other than the supported	,		
		ed, supervised, or controlled the supporting organization? If "Yes," explain in Pa	art	١ ١	
		efit carried out the purposes of the supported organization(s) that operated,	\ <u></u>	 	#
Sacti	supervised, or controlled the on C. Type II Supportin			i	Ь
Section	on C. Type ii Supportin	y Organizations		Yes	No
1	Were a majority of the orga	nization's directors or trustees during the tax year also a majority of the directo	re T	163	110
•		rganization's supported organization(s)? If "No," describe in Part VI how control		ì	
		porting organization was vested in the same persons that controlled or manage		ļ. ,	
	the supported organization	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1		
Section	on D. All Type III Suppo	orting Organizations			
				Yes	No
1		e to each of its supported organizations, by the last day of the fifth month of the			1 1
	•	a written notice describing the type and amount of support provided during the			
		n 990 that was most recently filed as of the date of notification, and (iii) copies of			اـــا
2		ocuments in effect on the date of notification, to the extent not previously provid		-	
2	•	on's officers, directors, or trustees either (i) appointed or elected by the supporting on the governing body of a supported organization? If "No," explain in Part \			
		d a close and continuous working relationship with the supported organization(s	, 	<u> </u>	
3	=	p described in (2), did the organization's supported organizations have a	" -	·	
		nization's investment policies and in directing the use of the organization's			
		s during the tax year? If "Yes," describe in Part VI the role the organization's	<u>'</u>	ļ'.	
	supported organizations pla				
Section	on E. Type III Functiona	ally Integrated Supporting Organizations			
1 a		nethod that the organization used to satisfy the Integral Part Test during the yeard the Activities Test Complete line 2 below	ar (see instruction	s)	
ь	The organization is the r	parent of each of its supported organizations. Complete line 3 below			
С		ted a governmental entity Describe in Part VI how you supported a governme	nt entity (see instru	ctions)
2	Activities Test Answer (a)	and (b) below.		Yes	No
а		rganization's activities during the tax year directly further the exempt purposes	of '		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organiza	ations and explain how these activities directly furthered their exempt purposi	es, ,	i .	1
	-	esponsive to those supported organizations, and how the organization determit	ncd <u>i </u>		
		ited substantially all of its activities	<u> 2</u> a		<u> </u>
		in (a) constitute activities that, but for the organization's involvement, one or m		.	4
		ted organization(s) would have been engaged in? If "Yes," explain in Part VI the	ie , i		:
	=	n's position that its supported organization(s) would have engaged in these	1 2		
	activities but for the organiz	•	2b	\vdash	
	· · · · · · · · · · · · · · · · · · ·	izations Answer (a) and (b) below. ne power to regularly appoint or elect a majority of the officers, directors, or	-'\		
		ne power to regularly appoint or elect a majority of the officers, directors, or corted organizations? Provide details in Part VI.	- 	 	
		se a substantial degree of direction over the policies, programs, and activities of		\vdash	'1
-		ns? If "Ves" describe in Part VI the role played by the organization in this rega			

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations 🗼 🐪					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See							
instructions. All other Type III non-functionally integrated supporting orga	nizatio	ns must complete Sections	A through E				
Section 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	0	0				
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	1 1						
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	0	0				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
Aggregate fair market value of all non-exempt-use assets (see	T		• • •				
instructions for short tax year or assets held for part of year)			+				
a Average monthly value of securities	1a						
b Average monthly cash balances ,	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d	, 0	0				
e Discount claimed for blockage or other		ť					
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	0	0				
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,							
see instructions)	4	0	0				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0				
6 Multiply line 5 by 035	6	0	0				
7 Recoveries of prior-year distributions	7	0	0				
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0				
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0				
2 Enter 85% of line 1	2		0				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0				
4 Enter greater of line 2 or line 3	4		0				
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions)	6		0				
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting of	organization (see				
instructions)	``		·				

Schedule A (Form 990 or 990-EZ) 2017

Part	Ve Type III Non-Functionally Integrated 509(a)	(3	<u>) Supporting Organi</u>	zations (continued)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exe	m	ot purposes of supported		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	os	es of supported organiza	ations	
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				0
8	Distributions to attentive supported organizations to which	h tl	he organization is respor	nsive	
	(provide details in Part VI) See instructions				
9	Distributable amount for 2017 from Section C, line 6			٠,	0
10	Line 8 amount divided by line 9 amount			Ų.	0 000
s	ection E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6				0
	Underdistributions, if any, for years prior to 2017				
2	(reasonable cause required—explain in Part VI) See				
	instructions				
_3	Excess distributions carryover, if any, to 2017				
a		_			
b	From 2013	0			
<u> </u>	From 2014	0			
d_	From 2015	0			
	From 2016	0			,
	Total of lines 3a through e		0		1
	Applied to underdistributions of prior years			0	<u> </u>
	Applied to 2017 distributable amount				0
- 	Carryover from 2012 not applied (see instructions)				
	Remainder Subtract lines 3g, 3h, and 3i from 3f		0		
4	Distributions for 2017 from				
	Section D, line 7 \$	0			
_ <u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2017 distributable amount				
<u></u>			0		<u> </u>
5	Remaining underdistributions for years prior to 2017, if				`
	any Subtract lines 3g and 4a from line 2. For result				, [
	greater than zero, explain in Part VI See instructions	_		0	
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
	•	1			•
	Part VI See instructions	_			. 0
7	Excess distributions carryover to 2018. Add lines 3j				
	and 4c		0	·	
8	Breakdown of line 7	_			
_ <u>a</u>	Excess from 2013	0			1
_ <u>b</u>	Excess from 2014	0		<u> </u>	<u> </u>
<u></u>		0			
_ <u>d</u>	Excess from 2016 Excess from 2017	쉬			
	LAGGG HUIII AU I /	u			

Schedule A (F	orm 990 or 990-EZ) 2017 Frankford Community Development Corporation	23-2738932 Page 8
Part VIs	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or	
	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,	
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines	
	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,	
	lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	0000011 2,
	ines 2, o, and o 71130 complete this part for any additional information (occ instructions)	
	,	
	τ,	
	· · · · · · · · · · · · · · · · · · ·	
	'	
	•••••••••••••••••••••••••••••••••••••••	
• • • • • • • • • • • • • • • • • • • •	·	
	No.	

SCHEDULE D (Form.990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of the organization		Employer identification number			
Frani	kford Community Development Corporation		23-2738932			
Par		Advised Funds or Other Similar Fu				
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6	<u>; </u>			
		(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	- 1 **				
5	Did the organization inform all donors and don					
_	funds are the organization's property, subject t					
6	Did the organization inform all grantees, donor	•				
	used only for charitable purposes and not for the					
	purpose conferring impermissible private bene	nit /	Yes No			
Par	Conservation Easements.					
	Complete if the organization answere					
1	Purpose(s) of conservation easements held by					
	Preservation of land for public use (e g , re	ecreation or education) Preservation	on of a historically important land area			
	Protection of natural habitat	Preservation	on of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution	on in the form of a conservation			
	easement on the last day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easer		2b			
C	Number of conservation easements on a certification		2c			
d	Number of conservation easements included in					
3	historic structure listed in the National Register					
J	Number of conservation easements modified, the tax year ▶	ransierred, released, extinguished, or terr	filliated by the organization during			
4	Number of states where property subject to co	rearyation easement is located				
5	Does the organization have a written policy reg		handling of			
•	violations, and enforcement of the conservation		Yes No			
6	Staff and volunteer hours devoted to monitoring, ins					
	>	produing, manager violations, and emoreting	concentration describence during the year			
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing cons	servation easements during the year			
	▶ \$					
8	Does each conservation easement reported or	line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization repo					
	balance sheet, and include, if applicable, the te	_	ancial statements that describes			
_	the organization's accounting for conservation					
Part						
4 -	Complete if the organization answere					
та	If the organization elected, as permitted under					
	works of art, historical treasures, or other similar					
h	of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet					
b						
	works of art, historical treasures, or other similar		ion, or research in furtherance			
	of public service, provide the following amounts (i) Revenue included on Form 990, Part VIII, III	-	~ ¢			
	(ii) Assets included in Form 990, Part X	IC I	• • • • • • • • • • • • • • • • • • •			
2	If the organization received or held works of art	historical treasures, or other similar occo	ets for financial gain, provide the			
-	following amounts required to be reported under		• • • • • • • • • • • • • • • • • • • •			
а	Revenue included on Form 990, Part VIII, line		EIII3 ▶ ¢			
	Assets included in Form 990. Part X	•	, ► \$			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Par	III. Organizations Maintaining Colle				asures or	Other	Similar Asso	e (continued)
3	d III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its							
3	collection items (check all that apply)	ion, and other i	ecorus,	CHECK ally	or the lollow	ing mar	are a significant	use or its
а	Public exhibition		4	Loan	or exchange	nrogram	ne	
_			ĭ ⊨	1	-	program	15	
b	Scholarly research		е	Other				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and e	explain h	ow they fu	urther the org	anizatio	n's exempt purp	ose in Part
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes No
Par	IV Escrow and Custodial Arrangem	ents.						_ =
	Complete if the organization answe 990, Part X, line 21		Form	990, Part	IV, line 9, o	or repo	rted an amour	t on Form
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other inte	ermediar	y for conti	ributions or o	ther ass	ets not	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete	the follow	wina tahla				
D	in res, explain the arrangement in rait XIII	and complete	the lollo	wing table			т-	Amount
С	Beginning balance					1c		Amount
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
		000 Dt	V 1 0	4 6			<u> </u>	
2a	Did the organization include an amount on F						•	Yes X No
b	If "Yes," explain the arrangement in Part XIII	Check here if	the expl	anation ha	as been prov	ided on	Part XIII	
Part	V Endowment Funds.							
	Complete if the organization answer	ered "Yes" on	Form 9	990, Part	IV, line 10			
	(a)	Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships						-	
е	Other expenditures for facilities							
	and programs	1						
f	Administrative expenses							
g	End of year balance	0		0		0		0 (
2	Provide the estimated percentage of the curr	rent year end b	alance (line 1g, co	lumn (a)) hel	ld as		
а	Board designated or quasi-endowment	•	% `	.	` ''			
b	Permanent endowment	%						
С	Temporarily restricted endowment	 %						
	The percentages on lines 2a, 2b, and 2c sho		6					
3a	Are there endowment funds not in the posse			n that are	held and add	minister	ed for the	
	organization by		,					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as	required	t on Schei	dule R2			3b
4	Describe in Part XIII the intended uses of the		•					
Part			CHOOWI	ilent lunus				
rait	Complete if the organization answer		Form 9	90, Part	IV, line 11a	See I	orm 990, Par	t X, line 10
	Description of property	(a) Cost or othe			st or other		Accumulated	(d) Book value
		(investme	•	basi	s (other)	de	epreciation	
1a	Land		0		0			
b	Buildings		0		674,646	L	17,298	657,348
С	Leasehold improvements		0		0		0	
d	Equipment		0		110,524		110,524	
е	Other	1	0		0	,	0	C

657,348

Part VII	Investments—Other Securities.			
	Complete if the organization answe	red "Yes" on Form 990		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financial (0		
• •	eld equity interests	0		
				
(C)				
(D)				
(E) (F)				-
(G)			-	
(H)			٠.	-
	(b) must equal Form 990, Part X, col (B) line 12)	0		•
Part VIII	Investments—Program Related.			
	Complete if the organization answe	red "Yes" on Form 990), Part IV, line 11c See Form 9	990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year ma	
(1)		135,577		
(2)				
(3)		· · · · · ·		
_(4)				
(5)				
(6)			.	
<u>(7)</u>				
(8)			· · · · · · · · · · · · · · · · · · ·	
Total (Column	(b) must equal Form 990, Part X, col (B) line 13) ▶	135,577		
Part IX	Other Assets.	100,077		<u> </u>
r die ix	Complete if the organization answe	red "Yes" on Form 990). Part IV. line 11d. See Form 9	990. Part X. line 15
		escription		(b) Book value
(1)				
(2)				
(3)				
_(4)		<u> </u>	•	
(5)				
(6)				
				
				 _
Total (Column	n (b) must equal Form 990, Part X, col (B) line	n 15)		
Part X	Other Liabilities.	- 13)		
raitA	Complete if the organization answe	red "Yes" on Form 990) Part IV line 11e or 11f See	Form 990 Part X
	line 25			
1.	(a) Description of liability	(b) Book value		;
	Income taxes	0		
	yable - M&T Bank yable - Valley Green Bank			
	yable - Valley Green Dank			ı
(4) (5)				,
(6)				4
(7)				
(8)	-			
(9)				74
	(b) must equal Form 990, Part X, col (B) line 25)	0		1
	incertain tax positions. In Part XIII, provide the	text of the footnote to the or	rganization's financial statements that	reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form		Frankford Community Development Corporation	23-2738932	Page 5
Part₅XIII	Supplen	nental Information (continued)		
		•		
			1	
,				
				
			7	
			•	
			•	
		· ·		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2017
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Frankford Community Development Corporation

23-2738932

Form 990, Part VI, Section B, Line 11A IRS Form 990 is reviewed by the organization's board of directors before it is filed with the Internal Revenue Service

Form 990, Part VI, Section C, Line 19 IRS Form 990 and other governing documents are available to the public for review daily, during normal business hours at its offices at 4667

Paul Street, Philadelphia, PA 19124

Form 990, Part X, Line 10A. The organization made building improvement expenditures of \$
254,989 during calendar year 2017 and building improvement expenditures of \$ 419,657 during calendar year 2016. The improvements are being depreciated over 39 years, and an accumulated depreciation charge of \$ 10,760 was made to the organization's IRS Form 990 balance sheet totals for calendar year 2016.

depreciation charge of \$ 10,760 was made to the organization's IRS Form 990 balance sheet			
totals for calendar year 2016			
Form 990, Part XI, Line 8 The prior period adjustment of \$ 9,360 consists of a depreciation			
adjustment of \$10,760 for calendar year 2016 and miscellaneous items amounting to (\$ 1,400)	•		
· · ·	/ . -		
	·.		
	<u>. :</u>		

Schedule O (Form 990 of 990-EZ) (2017)	Page Z
Name of the organization	Employer identification number
Frankford Community Development Corporation	23-2738932 _
·	
	:
·	
	•
	-
	,
•	
	-
·································	