: Form	990	Return of Organization Exempt From Incor	<del></del>	493	319100921 OMB No 1545-0047 2019
(Rev J	January 20		private four	dations	) 2019
	۴	▶ Do not enter social security numbers on this form as it may be ma		X1 (	Open to Public
	nent of the T Revenue Se	easily	11	11×	Inspection
A F	or the 20	19 calendar year, or tax year beginning , 2019, and er	iding		, 20
B Cr	neck if applit	able C Name of organizationFRANKFORD COMMUNITY DEVELOPMENT CORP.		D Empl	oyer identification number
Ad	ddress chang	Doing business as			23-2738932
Ħ.	ame change	Number and street (or PO box if mail is not delivered to street address) Room/	suite	E Telepi	none number
_	itial return	1667 PAUL STREET, 2nd Floor		ĺ	(215) 743-6580
=	nal return/te			<b>G</b> Gross	
=	nended retu			s	713,264
₹ .	oplication pe		H(a) is this a	omun retum i	for subordinates? Yes X No
_ ~	ophication pe	Same as C above	1 ' '	• .	es included? Yes No
	x-exempt sta		=1 ``		st (see instructions)
	ebsite		~		number •
		frankfordcdc.org	<del>- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '</del>		
Parl	orm of organ		993   101	State of leg	ai domicie PA
rai	<del></del>	ummary		<u>-</u>	
	1	efly describe the organization's mission or most significant activities The Organization			
<u>ရ</u>		sed development of Lower NE Philadelphia by focusing efforts			
Activities & Governance	wo	rkforce housing development, improving awareness and outcomes	around	health	and wellness,
Ę	an	d the sustainable improvement of public space.			
ĕ	2 Ch	eck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	ts net asset	s .	
Ö	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		. 3	7_
ν V	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		. 4	7
Ē	1	al number of individuals employed in calendar year 2019 (Part V, line 2a)		. 5	15
<u> </u>		al number of volunteers (estimate if necessary)	<u> </u>	. 6	57
ĕ	1	al unrelated business revenue from Part VIII, column (C), line 12	<u> </u>	. 7a	0
		t unrelated business taxable income from Form 990-T, line 39		. 7b	0
	ם ועפ		acl v	- , , ,	
		RECEIVE	Prior Year		Current Year
Ф	1	milibutions and grants (Fart VIII, line III)		7,184	598,845
Revenue	1	estment income (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·			0
Š	1	/m			
œ	1	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		771	95,454
		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) OGDEN U	617	7,955	713,264
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14 Be	nefits paid to or for members (Part IX, column (A), line 4)	_		0
w	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	294	1,992	328,348
Se	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)			0
en O	<b>b</b> To	al fundraising expenses (Part IX, column (D), line 25)	, * . r	3	, ) )
Expenses	1	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	302	2,059	305,507
	1	al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,051	633,855
	1	venue less expenses Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·		,904	79,409
	13 110		ginning of Curr		End of Year
Sor	00 -			1	
Sate	1	al assets (Part X, line 16)	1,436		1,918,930
Net Assets or Fund Balances	1	al liabilities (Part X, line 26)	1,022		1,100,674
		t assets or fund balances Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · ·	414	,312	818,256
Pari		Signature Block		4	<del></del>
		penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kni omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	owledge and beli	ef, it is	
	oned, and C	omplied 555 states of property frame, driver of the passes of the information of which property rise diff. information			1
					11/13/202
Sign		Signature of officer		Dat	te .
lere		Kimberly Washington, Executive Director			
		Type or print name and title			
	1 F	Innt/Type preparer's name Prepayer's signature / Date	Check	X f	PTIN
aid	ı .	Welst & Burak			P00177123
uiu aas		CODETO I DESCON	self-em	pioyeu	FUULIITED
		mm's name Robert F Burock RPC LLC	Firm's EIN		
726	Only	m's address ► P. O. Box 2042	Phone no		
		Bala Cynwyd PA 19004	L	610-	660-7743
lay th	ne IRS dis	cuss this return with the preparer shown above? (see instructions)	· · · · ·	• • • •	· · · · X Yes ∐ No
or Pa	aperwork	Reduction Act Notice, see the separate instructions.			Form 990 (2019

Part IV

FRANKFORD COMMUNITY DEVELOPMENT CORP.

**Checklist of Required Schedules** 

23-2738932 Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I X 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 . . . . . . . . . . . . . . . . X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III x 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 or in 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. 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a x b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b 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 11c 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 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e х 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 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a x 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 • • • • • • • • • • 12b X Х 13 14a X 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 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 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 

- 41	try one chief of reduined contended (continued)			
'			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ŀ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		
	employees? If "Yes," complete Schedule J	23		X
24a	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	24a		
	through 24d and complete Schedule K If "No," go to line 25a	24a 24b		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
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?	256		
	if "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	20		
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			l
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X ·
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	۱		
	or IV, and Part V, line 1			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	0-1		ļ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del> </del>
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		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	L
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• • •		لل
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			ı

If "Yes," complete Form 4720, Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return · x **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . . . . . . . . . . . . 3a 3a Х 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, **4**a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . . . . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . . х b 5c C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as chantable contributions? x h If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 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? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? h 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e е х 7f f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . 7g · х g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? · · · · · · X h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Ω Sponsoring organizations maintaining donor advised funds. Х Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b X h 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12. . . . . . . . . . . . . Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . 11 Section 501(c)(12) organizations. Enter а b Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b ·C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . b is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 excess parachute payment(s) dunng the year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? • • 16

The state of the s

Pai	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		· · ·	. X
Sec	tion 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	N. C.Y		
	if the governing body delegated broad authority to an executive committee or similar		. 25	
	committee, explain on Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7	7.3		r e
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	70-	<b>3</b>	
	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		x
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		x
6	Did the organization have members or stockholders?	6		х
7a	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?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		_x_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	300 B		
	the year by the following			
а	The governing body?	8a	х_	
b	Each committee with authority to act on behalf of the governing body?	8b	_x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	٠,		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	$\longrightarrow$	_X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	$\longrightarrow$	•
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	÷ ·
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			2 4
12a		-		
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
_	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? • • •	1 1	x x	
C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12a 12b		<u> </u>
С	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? • • •	12a 12b 12c		 
С	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12a 12b 12c 13		х х
c 13	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was dons	12a 12b 12c 13 14		
c 13 14	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	12a 12b 12c 13 14		х
c 13 14	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	12a 12b 12c 13 14		х
c 13 14	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	12a 12b 12c 13 14		X X X
c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	12a 12b 12c 13 14 15a 15b		X X
13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	12a 12b 12c 13 14 15a 15b		X X X
13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	12a 12b 12c 13 14 15a 15b		x x x x
13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was dons	12a 12b 12c 13 14 15a 15b		X X X
13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was dons	12a 12b 12c 13 14 15a 15b		x x x x
13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	12a 12b 12c 13 14 15a 15b		x x x x
c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization-follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	12a 12b 12c 13 14 15a 15b		x x x x
c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	12a 12b 12c 13 14 15a 15b		x x x x

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)
  - (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19
- and financial statements available to the public during the tax year

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Form	aan	(2019)	ı

EPANKEORD COMMINITY DEVELOPMENT CORP

-omi 990 (2013		23-2738932	raye
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employees	, an
,	Independent Contractors		

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

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

- **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

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (A) (B) (D) (E) (F) (do not check more than one Reportable Estimated amount Average Reportable Name and title box, unless person is both an hours compensation compensation of other officer and a director/trustee) compensation from the from related per week organizations omanization from the (W-2/1099-MISC) (W-2/1099-MISC) organization and Individual trustee Key employee Highest compensated nstitutional trustee hours for related organizations related organizations below dotted line) (1) Rev. Colleen Butler 0 0 0 Board member (2) Peter Bloomfield 1.00 0 Board member \_ \_ 1 .00 (3) Karen Sobczak 0 Board member 0 0 (4) Roger Tenant 3.00 0 0 X 0 President (5) Philip Balderston 0 0 X 0 Vice-President (6) Yusef Jamaladdın X 0 0 0 Treasurer (7) Sandra Barry 1.00 0 0 0 Secretary X (9) (10) (11) (12)

23-2738932

Part VII	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hest	Com	oens	sated Employees	continued)			
						(C)							
•	/A)	(B)			Po	sition			(D)	(E)		(F)	
	(A)	(B)					nan one		(D)				
	Name and title	Average hours	1				s both ar		Reportable compensation	Reportable compensation	Estir	mated ar of othe	
		per week	Onto	er and	u a ui	rector	/trustee)	'	from the	from related	co	ompensa	
		(list any			_	T _		_	organization	organizations	1	from the	
		hours for	학	nstii	Officer	е́у	ang da	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	_	anızatıor ed organ	
		related	recto recto	盲	<u>e</u>	emp	est o	er			10.5.	o o ga .	120110110
		organizations	Ĭ	nal tr		Key employee	e panj				ļ		
		dotted line)	Individual trustee or director	nstitutional trustee		•	bens						
		dolled line)		ro.			Highest compensated employee				ŀ		
		,	ļ								<u> </u>		
(15)											ŀ		
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(24)													
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(25)		L		1 1									
1b Subtota	1							٠ ,					
c Total fro	om continuation sheets to Part VII, Sect	ion A .						. \blacktriangleright					
d Total (ad	dd lines 1b and 1c)							. •	0	0			0
2 Total nur	mber of individuals (including but not limite	ed to those lis	sted ab	ove)	) wh	o rec	eived	mor	e than \$100,000 of	<u> </u>			
reportab	le compensation from the organization	•											0
				_								Yes	No
3 Did the d	organization list any former officer, director	r. trustee, ke	v empl	ovee	. or	hiah	est co	mpe	ensated		-		
	e on line 1a? If "Yes," complete Schedule										3		X
	individual listed on line 1a, is the sum of re												T
•	ition and related organizations greater than	•										, .	
	al · · · · · · · · · · · · · · · · · · ·										4		×
											+	+	┼
•	person listed on line 1a receive or accrue	•		-			-				- <u>-</u> -		\ <del></del>
	ces rendered to the organization? If "Yes,"	complete Sc	cneaule	y J TC	or su	icn p	erson				5	<u> </u>	Х
	ndependent Contractors	<del> </del>								20 - 6		_	
	e this table for your five highest compensa												
compen	sation from the organization. Report comp	ensation for	the cal	lenda	ar ye	ear e	nding	with	or within the organ	ization's tax year			
	(A)								(B)		(C)	)	
<del></del>	Name and business addres	s							Description of service	es	Compen	sation	
											_		
			•				<del></del>			T			

Form 990 (2019) 23-2738932 Page 9 FRANKFORD COMMUNITY DEVELOPMENT CORP Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Unrelated Revenue excluded Related or exempt business revenue from tax under function revenue sections 512-514 1a 1b Membership dues · · · · · · · Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1c 1d Related organizations . . 1e Government grants (contributions) · · 593,887 All other contributions, gifts, grants, and similar amounts not included above 1f 4,958 g Noncash contributions included in 1g Total. Add lines 1a-1f **Business Code** 2a Program Service Revenue All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 18,965 18,965 other similar amounts) . . . . . . . . . . . . . Income from investment of tax-exempt bond proceeds 5 (ii) Personal (i) Real 6a Gross rents . . . . . . 6a 55,988 b Less rental expenses · · c Rental income or (loss) 6c 55,988 **d** Net rental income or (loss) . . . . . / . . . . . . . . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a b Less cost or other basis Other Revenue and sales expenses c Gain or (loss) d Net gain or (loss) . . . . . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8Ь **b** Less direct expenses · · · · · · · c Net income or (loss) from fundraising events . . . . . . . 9a Gross income from gaming activities, See Part IV, line 19 . . . . . . 9a 9b **b** Less direct expenses · · · · · · · c Net income or (loss) from gaming activities . . . . . . . . 10a Gross sales of inventory less returns and allowances . . . 10a 10b **b** Less cost of goods sold · · · · · · c Net income or (loss) from sales of inventory **Business Code** 5,525 11a Miscellaneous 900099 5,525 b FIRE SETTLEMENT 811000 33,941 33,941

d All other revenue · · ·

1 22

23-2738932

FRANKFORD COMMUNITY DEVELOPMENT CORP

Part IX	Statement of	f 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 (B) Do not include amounts reported on lines 6b, 7b, Total expenses Fundraising Management and Program service 8b, 9b, and 10b of Part VIII. general expenses expenses 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 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . Compensation of current officers, directors, trustees, and key employees . . . . . . . . . . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... 40,771 Other salaries and wages . . . . . . . . . . . . . . 271,809 231,038 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 27,515 23,388 4,127 10 29,024 24,670 4,354 Fees for services (nonemployees) 11 Legal b C d Lobbying e Professional fundraising services See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 4,559 1,520 12 6,079 Office expenses ...... 5,552 13 22,208 16,656 14 Information technology . . . . . . . . . . . 15 16 Occupancy 63,862 21,287 85,149 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 6,978 20 6,978 21 22 Depreciation, depletion, and amortization 23,690 23,690 23 7,136 4,282 2,854 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 145,323 102,312 43,011 Professional 1,541 4,623 b 6,164 Program C 2,780 2,780 Other d All other expenses 0 25 Total functional expenses. Add lines 1 through 24e- · · 633,855 475,390 158,465 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

23-2738932

(F.C.)	, Ne	Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		<u></u>
•			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	40,004	_1	57,253
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	80,644	4	94,138
	5	Loans and other receivables from any current or former officer, director,		12.5	
		trustee, key employee, creator or founder, substantial contributor, or 35%			Transport of the second
		controlled entity or family member of any of these persons $\cdots \cdots \cdots \cdots$		5	
	6	Loans and other receivables from other disqualified persons (as defined			BIGIT TO THE RESERVE
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\cdots \cdots$	`	6	
S	7	Notes and loans receivable, net		7	_
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	4,806
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D · · · · · · · 10a 650,966			
	b	Less accumulated depreciation · · · · · · · · · 10b 62,422	485,003	10c	588,544
	11	Investments - publicly traded secunties		11	343,500
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	830,689	15	830,689
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,436,340	16	1,918,930
	17	Accounts payable and accrued expenses	10,501	17	56,797
	18	Grants payable		18	
	19	Deferred revenue	5,000	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	MARKET PARAMETER SERVICE ALTERNATION	21	SANTE PART MARKET NEW STORY
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ξ		trustee, key employee, creator or founder, substantial contributor, or 35%		200	
<u>E</u>		controlled entity or family member of any of these persons		22	1 222 226
_	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·	1,006,527	23	1,033,886
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	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		25	0.001
,		of Schedule D	1 000 000	26	9,991
	26	Total liabilities. Add lines 17 through 25	1,022,028	20 39 GAT	1,100,674
ý		· · · · · · · · · · · · · · · · · · ·			line and the second
nce.	^=	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	(416 277)	27	(355,933)
<u>a</u>	27	THE BESCH WILLIAM TO THE HEAD	(416,377) 830,689	28	1,174,189
8	28	Net assets with donor restrictions	830,009	EN 34	1,174,109
Š		,	Acceptable of the second		
Net Assets or Fund Balances	20	and complete lines 29 through 33.		29	7.75
इइ	29	Capital stock or trust principal, or current funds	<del></del>	30	
SSe	30			31	,
ţ	31	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	414,312	32	818,256
온	32	Total liabilities and net assets/fund balances	1,436,340	33	1,918,930
	, 33	Total liabilities and fiet assetsharia palatices	1,430,340		Form <b>990</b> (2019)

	· · · · · · · · · · · · · · · · · · ·	3-273893 <u>2</u>	2 Pa	ge 12
Pai	Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI			. <u>x</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	713,	264
2	Total expenses (must equal Part IX, column (A), line 25)	2	633,	855
3	Revenue less expenses Subtract line 2 from line 1	3	79,	409
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	414,	312
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	324,	<u>535</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	818,	<u> 256</u>
Pai	rtiXIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<del></del>		· [
1	Accounting method used to prepare the Form 990	- [	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		2a	X
b	Separate basis Consolidated basis Both consolidated and separate basis  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 separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on		2c x	MI A
_	Schedule O			
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	<u>x</u> .
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 on Schedule O and describe any steps taken to undergo such audits	· · · · · · ·	3b	

EEA

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

(A)

(B)

(C)

(D)

(E)

## **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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization 23-2738932 FRANKFORD COMMUNITY DEVELOPMENT CORP. 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 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 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) 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) 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 9 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 10 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 ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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. 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. 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (vi) Amount of (iii) Type of organization (IV) Is the organization (v) Amount of monetary support (see other support (see (described on lines 1-10 listed in your governing instructions) instructions) above (see instructions)) document? Yes No

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.) Section A. Public Support (e) 2019 (a) 2015 **(b)** 2016 (c) 2017 · (d) 2018 (f) Total Calendar year (or fiscal year beginning in)> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . . . . . . 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) . . . . . . Public support. Subtract line 5 from line 4' Section B. Total Support (a) 2015 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in)▶ (b) 2016 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 . . .13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public/Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))..... % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and/if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line -.15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Partilli 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)

Se	ction A. Public Support	·					
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		` '			· · · · · ·	
	received (Do not include any "unusual grants ")	366,997	658,402	600,493	537,184	598,845	2,761,921
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			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513 -	85,000	185,000				270,000
4	Tax revenues levied for the	83,000	183,000				270,000
•	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	451,997	843,402	600,493	537,184	598,845	3,031,921
	Amounts included on lines 1, 2, and 3	431,331	043,402	000,495	337,104	330,043	3,031,321
-	received from disqualified persons						
h	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	1		1			
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from	7 6: 43°C		32.39 7.71		74.0	<del></del>
	line 6.)	a ray an actif	e income	100	Line Account from	grading-side sale in 1 mg	.3,031,921
Se	ction B. Total Support	July 1861001 1911 1911 1911 1911 1911 1911 1911			iidesooilmismenmenst emmileestesss	missus-oranins-dursming mideral	1,40/4402/4-1
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	451,997	843,402	<del></del>	537,184	598,845	3,031,921
10a	Gross income from interest, dividends,		, , ,		•	•	
	payments received on securities loans, rents,						
	royalties, and income from similar sources		4,800	53,099	79,613	74,953	212,465
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					İ	
С	Add lines 10a and 10b		4,800	53,099	79,613	74,953	212,465
11	Net income from unrelated business						
	activities not included in line 10b, whether		i				
	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 )				1,158	39,466	40,624
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	451,997	848,202			713,264	3,285,010
14	First five years. If the Form 990 is for the or	-			-		
	organization, check this box and stop here				. <i></i>	· · · · · · · · · · ·	· · · · <b>&gt;</b> []
	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 8, o	• • • •	-			15	92.30 %
	Public support percentage from 2018 Scheo					16	94.38 %
	ction D. Computation of Investment In						
	Investment income percentage for 2019 (line					17	6.00 %
	Investment income percentage from 2018 S					18	6.00 %
19a	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box	and stop here	. The organiza	tion qualifies a	s a publicly su	pported organiz	ation . > 🔀

## SCHEDULE D (Form 990)

Department of the Treasury

## **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.

Internal Revenue Service

Name of the organization

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

Employer identification number

OMB No 1545-0047

2019

Open to Public Inspection

FRA	NKFORD COMMUNITY DEVELOPMENT CORP.	23-2738932
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	ounts.
	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 (dunng 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 advised	-
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	I
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
	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 easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	anization during the
	tax year •	
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	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	tion easements during the year
	<b>•</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	<b>—</b> —
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements to	hat describes the
D-	organization's accounting for conservation easements	Other Similar Accets
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Complete of the company of the complete of the company of the complete of the co	Julier Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and be	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance of public
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items	as also at coordinate
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	ice of public service,
	provide the following amounts relating to these items	<b>~</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items	

	ule D (Form 990) 2019 FRANKFORD COMMU	NITY DEVELOP	MENT COL	RP.		- Othe	23-273			age 2
Pai	rt III Organizations Maintaining							ssets (CC	munu	eu)
3	Using the organization's acquisition, accession	n, and other records	, check any	of the follow	ng that make	signific	ant use of its			
•	collection items (check all that apply)		. 1	<b>-</b> .						
а	Public exhibition		d [	=	exchange pro	ograms				
b	Scholarly research		e (							
C	Preservation for future generations						_			
ļ	Provide a description of the organization's colle XIII	ections and explain	how they fur	rther the orga	inization's ex	empt pu	irpose in Part			
i	During the year, did the organization solicit or i	eceive donations of	fart, historic	al treasures,	or other sim	ılar				
	assets to be sold to raise funds rather than to	be maintained as pa	art of the org	janization's c	ollection? -			🗌 Ye	s 🔲	No
⊃aı	rt IV Escrow and Custodial Arra									
-	Complete if the organization a	answered "Yes"	on Form	990, Part	IV, line 9,	or rep	orted an an	nount on	Form	
la	Is the organization an agent, trustee, custodial	n or other intermedia	ary for contri	butions or ot	her assets n	ot				
	included on Form 990, Part X?							🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII at							_		
	,,, <b>3</b>	•	Ū				А	mount		
С	Beginning balance					1c				
d	• •					1d				
9	<b>,</b>					1e				
f	Dioditionia daming the year					1f	_		-	
2a	Did the organization include an amount on For					· —		Ye	s $\square$	No
b	If "Yes," explain the arrangement in Part XIII								ᆵ	
	rt V Endowment Funds.	THE CK HETE II THE CA	Jianation na	3 DCCII provi	aca on rait ,					
ч	Complete if the organization	answered "Yes"	on Form	990 Part	IV line 10	)				
	Complete if the organization of				(c) Two years be		d) Three years bac	/A) FO	r years b	ack
۱.	Pegapaga of year balance	(a) Current year	(b) Pno	or year	(c) Two years be	ack (	u) Tillee years bac	x (e) 100	y 9 6 1 3 D	-
la L	Beginning of year balance			<del>-   -</del>	<del>.</del>	+	<del></del>	_		
b			-	<del>-</del>						
C	Net investment earnings, gains, and					1				
	losses		+							
đ	Grants or scholarships		<del> </del>	+						
0	Other expenditures for facilities and									
	programs		+							
f	Administrative expenses · · · · · ·		+				<del></del>			
g	End of year balance		<u>.l</u>			<u>i_</u>				
2	Provide the estimated percentage of the curre		(line 1g, col	lumn (a)) hel	d as					
а	Board designated or quasi-endowment	%								
b		6								
C	Term endowment ► %									
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are	held and adr	nınıstered foi	r 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	ons listed as require	ed on Sched	lule R? · ·				· · 3b		
ı	Describe in Part XIII the intended uses of the o	organization's endov	vment funds	i						
Pa	rt VI Land, Buildings, and Equip									
	Complete if the organization	answered "Yes"	on Form	990, Part	IV, line 11	la Se	Form 990,	Part X, I	<u>ne 10</u>	)
	Description of property	(a) Cost or oth		(b) Cost or ot	<b>I</b>		cumulated	(d) Boo	k value	
	Land	, <b>o</b>			· -	9 👸			56	117
la b	Land	•			6,417	a.			56,4	
b	Buildings	• •	_		4,612	_	20,800		123,8	
C	Leasehold improvements	• -		32	9,200	_	41,622		287,5	) / <del>U</del>
d	Equipment	• •		l	1					

120,737

120,737

588,544

e Other · · · · · · · · STMD1E ·

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

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

Part VIII	Investments - Other Securities.  Complete if the organization answered "Yes" on Fo	orm 990 Part IV	line 11b. See For	m 990 Part X line 12
••	(a) Description of security or category	, ,	115 115 000 1 010	(c) Method of valuation
	(including name of security)	(b) Book value	t , Cosi	or end-of-year market value
(1) Financial c	derivatives		-	
• •	eld equity interests	•	-	<del></del> .
(3) Other	duity interests			. h S
(A)				
(B) ·	•		-	•
(C) .	· '	•		
				·
(D)	<u> </u>	<del>-, -, -</del>	<u> </u>	<u> </u>
(E)	1 4	· · · · · · · · · · · · · · · · · · ·	-	
(F) ·				<u></u> -
(G)				
(H)	*	,	20:41:59:41:50:51:44:41:150:44	
	n (b) must equal Form 990, Part X, col (B) line 12 )	•	To the configurations	
Part VIII	Investments - Program Related.  Complete if the organization answered "Yes" on Fo	orm 990. Part IV.	line 11c See Form	n 990. Part X. line 13
		,		
4	(a) Description of investment	(b) Book value	' ∗ Cosi	(c) Method of valuation or end-of-year market value
(1)		<del></del>		
(1)		<del>-</del> .	<del></del>	
(2)	•	·		
(3)	4			
(4)	<del></del> _	<del></del>	<del></del>	
(5)		<u> </u>		· *
(6) -	<u> </u>		· · · · ·	
(7)		•	-	<del></del>
(8)	<u> </u>	•	'	<del>`</del> ·
<u>(9)</u> .	•		a decisión a productionario de esta ora	On the Control of the
	n (b) must equal Form 990, Part X, col (B) line 13) · · · · · · ▶			ACCIDING MEMORINA AND
Part.IX:	Other Assets.	000 5 4 11 4		000 B 4 V 1 = - 45
·	Complete if the organization answered "Yes" on Fo	orm 990, Part IV,	line 11d See Fori	m 990, Part X, line 15
	. (a) Description	-		(b) Book value
(1CAPITAL	L PROJECT IN DEVELOPMENT	•		1 830,689
(2)	· '1		•	· ·
(3)	•			
(4)	<u></u>	<u>-</u>		
(5)	•			
(6)	•		•	•
(7)				
(8)		•		
(9)			. •	
	n (b) must equal Form 990, Part X, col (B) line 15)	·	· · · · · · · · •	830,689
Part X	Other Liabilities.	•		
• •	Complete if the organization answered "Yes" on Fo	orm 990, Part IV,	line 11e or 11f Se	ee Form 990, Part X,
. ,	line 25.		•	•
1.	(a) Description of liability (b) Boo	k value		
(1) Federal II	ncome taxes			
	PAYROLL	7,418		
	COMPENSATED ABSENCES	2,573		
	COMPENSATED ABSENCES ,	2,3/3		
(4)			A CONTRACTOR CONTRACTOR	de faileach a de da
(5)				
(6)				
(7)				
(8)			Control of	What in the last
(9)		130	CHAPLE TO THE TAXABLE PARTY.	

9,991

	Und Profits 50 2019 FRANKFORD COMMONTH DEVELOPMENT CORP.	D-4	<u> </u>
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	er Keturn	•
Ť	Total revenue, gains, and other support per audited financial statements	1	713,264
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		713,204
- a	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·	1 1	
b	Donated services and use of facilities	1	
c	Recovenes of prior year grants	†	
d	Other (Describe in Part XIII )	1	
θ	Add lines 2a through 2d	2ө	
3	Subtract line 2e from line 1	3	713,264
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	, ,	
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	713,264
Pa	rt XII * Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<del>, ,</del>	
1	Total expenses and losses per audited financial statements	1	633,855
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	'	
а	Donated services and use of facilities	1	
b	Pnor year adjustments	<b>*</b> *	
C	Other losses · · · · · · · · · · · · · · · · · ·	, ,	
d	Other (Describe in Part XIII )		
9	Add lines 2a through 2d	2e	
3		3	633,855
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	° 50 °	
a b	Investment expenses not included on Form 990, Part VIII, line 7b	ا تر سوا	
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	633,855
	rt XIII Supplemental Information.	<u> </u>	0307000
	ide 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 XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	art X, line	
	· · · · · · · · · · · · · · · · · · ·		
	•		
			<del></del>
			<del>-</del> ·
			<del></del>

**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.

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

FRANKFORD COMMUNITY DEVELOPMENT CORP.	23-2738932
01. Form 990 governing body review (Part VI, line 11)	<del></del>
The 990 is distributed to board members prior to its filing.	·
02. Governing documents, etc, available to public (Part VI, line	19)
The 990 is made available to the public during normal business how	ors.
110 230 10 made divariable to the parties at the contract of t	
03. Explanation of other changes in net assets or fund balances (	Part XI, line 9)
The Organization is in the process of constructing affordable house	sing for neighborhood
residents. The project, Gillingham Court, was started about 15 year	irs ago and became
<pre>inactive in recent years. A review of its construction costs to da</pre>	ite and its related .
mortgage owed in 2018 disclosed that the historic costs carried on	the books of the
Organization had overstated the costs to-date and the mortgage owe	ed. The net effect was
to reduce the appropriate balances with an offset of \$758,638 agai	nst net assets.
04. Part XI, response or note to any line in Part XI	·
Organization assumed fiduciary responsibility for restricted endow	ment that had previously
been maintained by another nonprofit organization which ceased ope	
been maintained by another nonprofit organization which ceased ope	1401013 111 2020.