Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

	4 F	or the	e 2010 calendar year, or tax year beginning OCT 1, 2010 and	ending	SEP 30, 2011				
Έ	3 C	heck if	C Name of organization		D Employer identification number				
	Γ-	Addre chang	BHILADELPHIA CHINATOWN DEVELOPMENT CON	RP					
	=	Name chang			23-7439723				
		Initial return	The state of the s	Room/suite	E Telephone number				
		Termii ated			215-922-2156				
	X]Amen	ded		G Gross receipts \$ 868,938.				
		Application	PHILADELPHIA, PA 19107		H(a) Is this a group return				
		pendi	F Name and address of principal officer JUHN CHIN		for affiliates? Yes X No				
_			SAME AS C ABOVE		H(b) Are all affiliates included? Yes No				
<u> </u>			empt status X 501(c)(3)	or 52	If "No," attach a list (see instructions)				
			te: ► WWW.CHINATOWN-PCDC.ORG		H(c) Group exemption number ▶				
_	_	_	forganization X Corporation Trust Association Other	L Yea	r of formation: 1969 M State of legal domicile; PA				
L	Pa	rt l	Summary	<u> </u>	VE DOCUMENT AND				
	8	1	Briefly describe the organization's mission or most significant activities TO PI	RESER	WE, PROTECT, AND				
	ğ		PROMOTE CHINATOWN, PHILADELPHIA AS A VIAI						
	ě		Check this box I if the organization discontinued its operations or dispos	sea ot moi	1 1 44				
	် ဗ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		$\begin{vmatrix} 3 & 14 \\ 4 & 14 \end{vmatrix}$				
	Activities & Governance		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5 11				
	ij		Total number of volunteers (estimate if necessary		6 0				
	흉	7 a	Total unrelated business revenue from Part VIII. course Course 18 / CD		7a 0.				
	۷	b	Total unrelated business revenue from Part VIII, column PECEVED Net unrelated business taxable income from Form 990 T, line 34		7b 0.				
_					Prior Year Current Year				
	٥	8	Contributions and grants (Part VIII, line 1h) MAY 0 7 2018		501,651 722,244				
	림	9	Program service revenue (Part VIII, line 2g) TRR BRANCH		32,728 32,677				
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d OGDEN	<u> </u>	11,457. 8,978.				
	۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	131,653. 89,544.				
_	4		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		677,489. 853,443.				
	l		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0. 0.				
			Benefits paid to or for members (Part IX, column (A), line 4)		302,066. 301,521.				
	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	}	0. 301,321.				
	Š		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	o.					
,	Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		442,101. 494,129.				
			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	744,167. 795,650.				
	ł		Revenue less expenses Subtract line 18 from line 12		66,67857,793.				
, T	8			В	eginning of Chrent Year VELEnd of Year				
to to	Balanc	20	Total assets (Part X, line 16)		2, 717,425. 2,765,152.				
• .	יסו		Total liabilities (Part X, line 26)		N239,644.				
N	등	22	Net assets or fund balances Subtract line 21 from line 20		2047 APV81 6020, 5B5, 574.				
_		rt II	Signature Block		T				
			lities of perjury, I declare that I have exagoned this feturn, including accompanying schedules						
tr	ue,	correc	t, and complete Declaration of propagar (other than officer) is based on all information of wh	nch prepare	er has any knowledge				
			Signature of officer		Date 4/18/18				
	ign		· · · · · · · · · · · · · · · · · · ·		54.0				
	lere	•	JOHN CHIN, EXECUTIVE DIRECTOR Type or print name and title						
-	_			7.0	Date Check PTIN				
Þ	aid		Print/Type preparer's name Kuring Preparer's signature Oule	es PH	04/06/2018 sell employed P00236693				
		arer	Firm's name Katherine R Conlon. CPA		Firm's EIN > 23-2762368				
		Only	Firm's address > 130 Putney Lane, Malvern, PA 19355						
•		•	Too runley Lane, Maivelli, FX 19333		Phone no (610) 695-9030				
Ñ	1ay	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				
_		1 02-2		ons.	Form 990 (2010)				

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)?		х	
9	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	<u> </u>	
Ŭ	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	x	
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 where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	1	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ł
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			٠,-
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			х
11	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, VII, IX, or X	10		<u> </u>
••	as applicable.		-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		. ,,	ļ'
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	المما	,	х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 assistance to individuals	<u></u>		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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,"			4
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	206		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	990 <i>(</i>	2010)

Form **990** (2010)

	990 (2010) PHÍLADELPHIA CHINATOWN DEVELOPMENT CORP 23-7439	723	P	age 4
Pa	rtilV Checklist of Required Schedules (continued)	—-		
		İ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		[3.5
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			7.7
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			v
	Schedule J	23	ļ,	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 through 24d and complete]	х
	Schedule K If "No", go to line 25	24a		^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	ļi	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	
D	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	051		х
•	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		х
^=	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	0.7		х
00	Schedule L, Part III	27		·
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	, -haze-100	'. 	
_	instructions for applicable filing thresholds, conditions, and exceptions)	- 30	254	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions rife res, complete schedule in	29	<u> </u>	
30		30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30	_	
31	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	31		
02	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-02		
55	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?			
5 4	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	'		
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 11 and 19?	<u> </u>		
	The first of the second of the property of the property of the second of	1 '		1

Note. All Form 990 filers are required to complete Schedule O

_	DUTE AND DUTE CUTIVE COUNTY CORNER CORN	772	_	
	990 (2010) PHİLADELPHIA CHINATOWN DEVELOPMENT CORP 23-7439	123	Р	age 5
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check it Schedule O Contains a response to any question in this hart v			
		<u> </u>	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable			
b	Effect the manuscript of this wize included in time to Effect of it not applicable		- 4	, <u></u>
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>	ļ	,- <u>C</u> 7
	(gambling) winnings to prize winners?	1c		N.S. Jaty
2a	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.	_		. "
_	into the data year of the figure of the figu	ļ <u>.</u>	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- <u>* \$46-</u>	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		}
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1	[.,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	1	, * F	75
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	ļ	- ` `	7.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_	<u> </u>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	L	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		Ì	
	any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ĺ	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			-,.
	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	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u></u>	- 1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7е</u>	ļ	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ.—	ļ
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	Ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	<u> </u>	·	Per 1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	W = 2	37
9	Sponsoring organizations maintaining donor advised funds.	<u></u>	<u> </u>	
а	Did the organization make any taxable distributions under section 4966?	9a_		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u></u>	
10	Section 501(c)(7) organizations. Enter	ľ.,	. 5 ²⁵	, , ,
а	Initiation fees and capital contributions included on Part VIII, line 12	ľ	[3]	`
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		ľ
11	Section 501(c)(12) organizations. Enter.	í		1

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?
 Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

le O	14b	
	14a	 X
13c		
13b		 . 5
	13a	
	1 _	

Form **990** (2010)

11a

11b

12b

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 to any question in this Part VI			<u>X</u>							
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	14	17g / 39								
b	Enter the number of voting members included in line 1a, above, who are independent 1b	14		457							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			<u> </u>							
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio	n									
	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	ŀ	X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6											
7a											
	governing body?	7a	<u> </u>	X							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		, ;	1 1							
	by the following										
а		8a	X								
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 in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	No							
10a	Does the organization have local chapters, branches, or affiliates?	10a	ļ <u>.</u>	X							
	and the second s	,									
	and branches to ensure their operations are consistent with those of the organization?	10b									
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b		, %	1 - 4	: vi . 4							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		x								
	to conflicts?										
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l								
	in Schedule O how this is done	12c	X								
13	Does the organization have a written whistleblower policy?	13	X								
14	Does the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent		- **	1. * *							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	· h							
а	The organization's CEO, Executive Director, or top management official	15a		Х							
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 arrangement with a		<u>} `</u>	لنيينا							
	taxable entity during the year?	16a	ļ	X							
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participat	ion									
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b	<u> </u>								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶PA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a	available for									
	public inspection. Indicate how you make these available. Check all that apply										
	Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest particles.	oolicy, and fin	ancıal								
	statements available to the public.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	organization	>								
	JOHN CHIN - (215) 922-2156										
	301-305 N. 9TH STREET, PHILADELPHIA, PA 19107		000	(00.15)							
		Forn	n 990	(2010)							

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

Check if Schedule O contains a response to any question 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

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

	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	Position				1		Reportable	Reportable	Estimated	
	hours per week	_	(check all th			nat apply)		compensation	compensation from related	amount of other	
	(describe hours for related organizations in Schedule O)	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	
THOMAS BETZ			l						_		
CHAIRMAN	1.00	X	<u> </u>	Х		_		0.	0.	0	
CAROL WONG									•		
VICE CHAIRMAN	1.00	X	Ļ _	X		<u> </u>		0.	0.	0	
AILEEN SETIAWAN	1 200									_	
SECRETARY	1.00	X	├	Х	_	<u> </u>		0.	0.	0	
HARRY LEONG	1.00	x		х		1		0.	0.	0	
TREASURER MARGARET CHIN	1.00	<u> </u>	├	^	\vdash	┝			0.		
DIRECTOR	1.00	x						0.	0.	0	
WAI MAN IP	1.00	1	╁╴			 				<u>_</u>	
DIRECTOR	1.00	X	1			İ		0.	0.	0	
GARY NG		 	┢╌		┢┈	一					
DIRECTOR	1.00	X	l					0.	0.	0	
ANDREW TOY			┢								
DIRECTOR	1.00	X	1				Ì	0.	0.	0	
PHILIP A SHEAU											
DIRECTOR	1.00	X						0.	0.	0	
GEORGE MOY									_	_	
DIRECTOR	1.00	X			<u></u>			0.	0.	0	
ANTHONY WONG									_		
DIRECTOR	1.00	X	L_		Щ.			0.	0.	0	
CECILIA MOY YEP	1	l			İ						
DIRECTOR	1.00	X	ļ_				,	0.	0.	0	
THOMAS WONG	1 1 00	٠,							(_	
DIRECTOR	1.00	X	├	\vdash	_			0.	0.	0	
JOE KIM	1.00	x						0.	0.	0	
DIRECTOR	1.00	^	-		_			0.	, 0.		
					_				-		
									,		

032007 12-21-10

rar	VII Section A. Officers, Directors	Trustees Key F	mnl	nvee	S 2	nd i	OE7		Compensated Employ	ees (continued)		23	Page (
	(A)	(B)	p.(oyee.)	ngil	J3((D)	(E)		(F)	
	Name and title	Average			Pos)		Reportable	Reportable		Estima	
	Name and title	hours per	(c	heck				ly)	compensation	compensation		amour	
		week							from	from related		othe	
		(describe	cţa	1 1		}	l		the	organizations		compen	
		hours for	j g				Highest compensated employee		organization	(W-2/1099-MIS		from	
		related	ste o	nste				Former	(W-2/1099-MISC)	(´	organiz	
		organizations	Ĕ	naltr		oyee			,,			and rel	
		ın Schedule	Indiwdual trustee or director	Institutional trustee	Officer	Key employee	hest (organiza	tions
		O)	Ē	hst	€	Key	를	For				-	
	· · · · · · · · · · · · · · · · · · ·												
		- -							<u></u>		_		
		-	_								_		
	·			<u> </u>									
	·												
				П					•		_		
1b	Sub-total			لـــا			▶		0.		0.		0
	Total from continuation sheets to Par	rt VII, Section A							0.		0.		0
	Total (add lines 1b and 1c)						<u> </u>				0.		0
2 	Total number of individuals (including b compensation from the organization		nose	liste	ed ar	oove	e) wr	10 re	eceived more than \$100	,000 in reportable	_		
_											[]	Yes	
3	Did the organization list any former offi line 1a? If "Yes," complete Schedule J I			, key	/ em	ploy	/ee,	or h	ighest compensated en	nployee on		3	X
4	For any individual listed on line 1a, is th			ompe	ensa	ition	anc	oth	er compensation from	the organization		1	
	and related organizations greater than	•								J		4	X
5	Did any person listed on line 1a receive									dual for services	_		
	rendered to the organization? If "Yes,"	•							· G · · · · · · · · · · · · · · · · · ·			5	X
Sect	ion B. Independent Contractors											·	
1	Complete this table for your five highes the organization NONE	t compensated in	depe	ende	nt c	ontr	acto	rs th	nat received more than	\$100,000 of comp	ensati	on from	
	(A) Name and busin	ess address						Ī	(B) Description of s	ervices	Con	(C)	on.
	Traino and passi							\dashv		5.11.050			
		 .	-					+					
					_			+					
								_					
								\downarrow					
	Total number of independent contracto												
2							1	41					

032008 12-21-10

	t VI	(== 10)	ue					
			· · · · · · · · · · · · · · · · · · ·	-	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,
	-=					revenue	Tevenue	513, or 514
<u>ဗ</u>	1 a	a Federated campaigns	1a					, .,
ᆵ		b Membership dues	1b				· ".	34
₽٤		c Fundraising events	1c		`		, 5 A	
E E		d Related organizations	1d				* * * * * * * * * * * * * * * * * * * *	
S,E	_	e Government grants (contribution	ons) 1e	155,258.			٠	
Sign		f All other contributions, gifts, grants	· ——					
돌림	•	similar amounts not included abov		566,986 •				* -
Contributions, gifts, grants and other similar amounts	c	g Noncash contributions included in lines	1a-1f \$					·
용티	_	h Total. Add lines 1a-1f			722,244 .			, , ,
				Business Code				,3 , 2
_ဗ	2 a				•	<u> </u>		
اہ ج	b	b RENTAL INCOME		531110	25,832.	25,832.		
용뢰	c	c ADMIN & CONSULT	ING FEE	812900	6,845.	6,845.		
e a	c	d						
Program Service Revenue	•	e		<u></u>				
<u>~</u>	f	f All other program service revei	nue		00.077			
\perp		g Total. Add lines 2a-2f			32,677 •			
	3	Investment income (including	dıvıdends, ınter	est, and	8,978.	8,978.		
		other similar amounts)			0,370.	0,370.		
	4	Income from investment of tax	exempt bond r	proceeds				
İ	5	Royalties		<u></u>	<u>.</u>			
			(i) Real	(ii) Personal		* -:	* ***y	
	6 8	a Gross Rents		<u> </u>				`
		b Less rental expenses		<u> </u>	-			* *
		c Rental income or (loss)						
		d Net rental income or (loss)		(v) Other		* *.	3° 5 mm 5 At 7	
	7 :	a Gross amount from sales of	(i) Securities	(II) Other	1		1. 18 min	
		assets other than inventory		 	- "			
	'	b Less cost or other basis					* * * * * * * * * * * * * * * * * * * *	i sin i si
	ļ	and sales expenses		 	- 	,		\$ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		c Gain or (loss)						
		d Net gain or (loss)a Gross income from fundraisin	a events (not					**
ЭĔ	8	including \$	of					
Ϋ́		contributions reported on line					•	15%
Other Revenue		Part IV, line 18	10, 000	105,039.	, ,	** ** ** ** **		
Ę	ì	b Less direct expenses	t	15,495.	·		San Francisco Co.	
δ		c Net income or (loss) from fund	draising events	•	89,544.	, ,		89,544
		a Gross income from gaming ac					1	1000
		Part IV, line 19		a			,	
]	b Less direct expenses	t	o				
		c Net income or (loss) from gan	ning activities				<u> </u>	
		a Gross sales of inventory, less						,-
	ļ	and allowances		a	1			* * * * * * * * * * * * * * * * * * * *
		b Less cost of goods sold		o				
		c Net income or (loss) from sale	es of inventory	<u> </u>			 	<u> </u>
		Miscellaneous Revent		Business Code	3		_	
	11	a		ļ		 	 	
		b				 	 	
	ĺ	c		<u> </u>	 	 -	 	-
		d All other revenue			 	 		
		e Total. Add lines 11a-11d		.	853,443	. 120,245	. 0.	89,544
788	12	Total revenue. See instructions.			000,440	120,243		Form 990 (201
0320	009 21-10				•			101111000 (201

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			*c ** **	
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				*
5	Compensation of current officers, directors,				
c	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	ļ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	248,180.	209,060.	39,120.	
7 8	Pension plan contributions (include section 401(k)	240,100.	200,000.	33,120.	· · · · · · · · · · · · · · · · · · ·
0	and section 403(b) employer contributions)				
9	Other employee benefits	33,997.	28,638.	5,359.	
10	Payroll taxes	19,344.	16,295.	3,049.	
11	Fees for services (non-employees)			3,013.	
	Management				
b	Legal				
	Accounting				
d	Lobbying		 		
e	Professional fundraising services See Part IV, line 17	7	· · ·		
f	Investment management fees	· · · · · · · · · · · · · · · · · · ·			
g	Other				
12	Advertising and promotion				
13	Office expenses	17,056.	10,244.	6,812.	
14	Information technology				
15	Royalties				
16	Occupancy	17,653.	7,575.	10,078.	
17	Travel	,			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,839.	5,839.		
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	20,173.	9,732.	10,441.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line		Ì	1	ار پیدر است ام پارونیس
	24f amount exceeds 10% of line 25, column (A)				m a gama.
	amount, list line 24f expenses on Schedule 0)	200 252	200 252		·
а	PROJECT EXPENSE	388,353.	388,353.	7 (60	
b	PROFESSIONAL FEES	15,336.	7,668.	7,668.	
C	INSURANCE STAFF DEVELOPMENT	14,130.	2 600	14,130. 869.	
d		3,477.	2,608. 3,256.	009.	
6	CONTRIBUTIONS	8,856.	6,074.	2,782.	
f or	All other expenses	795,650.	695,342.	100,308.	0.
<u>25</u> _	Total functional expenses. Add lines 1 through 24f	133,030.	033,342.	100,300.	
26	Joint costs. Check here if following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising			ļ	
	solicitation				F 000 (0040

032010 12-21-10

	rt X	Balance Sheet	IIIIMATOWN DEVE	JOINDAY CORE		74357 <u>23 Tage ! !</u>
<u> </u>				(A)		(B)
				Beginning of year		End of year
	1	Cash · non-interest-bearing		658,910.	1	655,065.
	2	Savings and temporary cash investments		127,585	2	85,644.
	3	Pledges and grants receivable, net		210,000	3	252,364.
	4	Accounts receivable, net		3,847	4	198.
	5	Receivables from current and former officers, di	rectors, trustees, key		1	
	,	employees, and highest compensated employee		J	<u></u>	
		of Schedule L			5_	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary		<u> </u>	
/ 0	Į	employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net		189,939	7	195,637.
As	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		7,223.	9	8,515.
	10a	Land, buildings, and equipment cost or other			32	
	¦	basis. Complete Part VI of Schedule D	10a 755,7 10b 233,3	06.	1. 24 6.	
	b	Less accumulated depreciation	535,843		522,408.	
	11	Investments - publicly traded securities	000 700	11	928,571.	
	12	Investments - other securities See Part IV, line	890,769.	12	928,5/1.	
	13	Investments · program-related. See Part IV, line		13		
	14	Intangible assets	02 200	14	116,750.	
	15	Other assets See Part IV, line 11	93,309.	15	2,765,152.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	46,705	+	30,941.
	17	Accounts payable and accrued expenses	40,703	+	30,741.	
	18	Grants payable			18	
	19	Deferred revenue			20	
	20	Tax-exempt bond liabilities) 		21	
Liabilities	21	Escrow or custodial account liability Complete		<u> </u>	+ = '	
ΞĒ	22	Payables to current and former officers, director highest compensated employees, and disqualifications.		ſ	1	,
Lia	ł	of Schedule L	ed persons Complete rait	"	22	
	23	Secured mortgages and notes payable to unrela	ated third parties	189,939		195,637.
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities Complete Part X of Schedule D	a iiii a partioo	3,000	25	3,000.
	26	Total liabilities. Add lines 17 through 25		239,644	26	229,578.
		Organizations that follow SFAS 117, check he	ere X and comple	te '	1.	***************************************
S		lines 27 through 29, and lines 33 and 34.	•	1		
ű	27	Unrestricted net assets		2,377,781	27	2,360,574.
ala	28	Temporarily restricted net assets		100,000	28	175,000.
<u> </u>	29	Permanently restricted net assets			29	
뎚		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and	* * *	1.	
5		complete lines 30 through 34.				·
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
ISS	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		2,477,781	+	2,535,574.
	34	Total liabilities and net assets/fund balances		2,717,425	34	2,765,152.

Form **990** (2010)

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

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

За

X

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

	-	PHILADE	LPHIA CHINAT	OWN D	EVELO	PMENT	CORP	·	2	3-7439723
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par) See inst	tructions		
The organ	ization is not a	private foundation	because it is (For lines	1 through	11, check	only one b	ox)			
1 🗔	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).		
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(iı). (Attach Sc	hedule E)						
з 🗔	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).			
4 🗀	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	he hospital's name,
	city, and stat	e.		_						
5 🗀	An organizati	on operated for the	benefit of a college or ui	niversity o	wned or or	perated by	a governi	mental un	t describ	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6 🗀	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									public described in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)							
8 🔛	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 X	An organizati	on that normally rec	eives (1) more than 33 °	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, ar	nd gross receipts from
	activities rela	ted to its exempt fui	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross investment
	income and ι	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	after June 30, 1975.
	See section	509(a)(2). (Complete	Part III)							
10	•		perated exclusively to te		-			-		
11	An organizati	on organized and op	perated exclusively for the	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of one or
	more publicly	supported organiza	ations described in section	on 509(a)(1	1) or section	on 509(a)(2) See sec	tion 509(a)(3). Che	eck the box that
		· · · · ·	organization and compl		•					1
	a Type I		• •		e III - Func	-	_		d	Type III - Other
e 🖳	-	•	it the organization is not							
		-	han one or more publicly	-	_				9(a)(1) or :	section 509(a)(2).
f	_		ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
	• • •	rganization, check th				,			•	
g			organization accepted ar							IV. IV.
		•	irectly controls, either al	one or tog	etner with	persons c	iescribea i	ın (ii) and (iii) below,	
	_		upported organization?							11g(i)
		•	n described in (i) above?		-0					11g(ii)
			person described in (i) o							[11g(iii)]
h	Provide the i	ollowing information	about the supported or	gariizationi	(5)					
		(1) FIN	(iii) Type of	(iv) Is the r	rganization	(v) Old voi	notify the	(vi) ls	the	(vill) Amount of
	of supported anization	(ii) EIN	organization	[· /	sted in your		•	lorganizátu	on in col 1	(vii) Amount of support
orga	mzadon	}	(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	(i) organız U S	?	очрон
			(see instructions))	Yes	No	Yes	No	Yes	No	
			 	 					1	
			}		}			ł	} }	
				_]				_	
				<u> </u>						
			<u> </u>						<u> </u>	
				l	[
			<u> </u>					<u> </u>	<u> </u>	
)					
Total		<u> </u>	l	<u> </u>		L	L	L	<u> </u>	
LHA For F	aperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Forn	n 990 or 990-EZ) 2010

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received (Do not	i					
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			ŀ		}	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		• -	, ,	<u> </u>		
	by each person (other than a	, Fak 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			<u> </u>	*.	
	governmental unit or publicly	-					
	supported organization) included						
	on line 1 that exceeds 2% of the		, <u> </u>	· , ,	× .		
	amount shown on line 11,						
	column (f)	, d	rit 7				
6	Public support. Subtract line 5 from line 4				, * ***, *		
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		·				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	i					
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	•					
	Gross receipts from related activities,		•			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth tax	cyear as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here					
	ction C. Computation of Publ						
	Public support percentage for 2010 (·-	column (f))		14	%
	Public support percentage from 2009		•			15	%
16a	33 1/3% support test - 2010.If the o				is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2009.If the o				ne 15 is 33 1/3%	or more, check this	xod
	and stop here. The organization qual						▶∟_
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organiz	zation
	meets the "facts-and-circumstances"						. ▶∟
b	10% -facts-and-circumstances tes)% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶⊨
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b,			
					Sche	edule A (Form 990 c	or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 PHILADELPHIA CHINATOWN DEVELOPMENT CORP 23-7439723 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	ction A. Public Support	elow, please comp	neter art ii)		 	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(5) 2007	(0)_2000	(4) 2000	(0) 2010	(i) Total
'	membership fees received (Do not					'	
	include any "unusual grants ")	364,318.	395,798	531,475.	501,651	722,244	2,515,486.
_		304,310.	393,790•	331,4734	301,031	122,244•	2,313,400•
2	Gross receipts from admissions, merchandise sold or services per-	ļ		ľ			
	formed, or facilities furnished in					i	
	any activity that is related to the	05 104	05 550	06 055	22 722	00.0==	001.000
	organization's tax-exempt purpose	97,124.	85,552.	86,257.	32,728 •	32,677 •	334,338.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-					ļ	
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf	1	1			}	
5	The value of services or facilities	·					
Ū	furnished by a governmental unit to]	ļ]			
	the organization without charge						
^	- h	461,442.	481.350 •	617,732 •	534,379	754,921.	2,849,824
	Total. Add lines 1 through 5	401,442	401,330 •	017,732 •	334,319•	134,321.	2,049,024•
7a	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
C	Add lines 7a and 7b				-		0.
8_	Public support (Subtract line 7c from line 6)	· · ·					2,849,824•
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	461,442.	481,350 •	617,732 •	534,379	754,921.	2,849,824
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	7,656.	32,869.	17,485.	11,457.	8,978.	78,445.
h	Unrelated business taxable income						,
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1		}		1	
	_ `	7,656.	32,869.	17,485.	11,457.	8,978.	78,445.
	Add lines 10a and 10b Net income from unrelated business	7,050.	32,803.	17,403.	11,43/.	0,310.	70,443.
11	activities not included in line 10b,						
	whether or not the business is	1					
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	469,098.	514,219	635,217	545,836•	763,899.	2,928,269 •
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	k year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here						▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2010 (li			olumn (f))		15	97.20 %
	Public support percentage from 2009		•	- (//		16	96.00 %
	tion D. Computation of Inves					<u> </u>	
	Investment income percentage for 20			a 13 column (fl)		17	2.80 %
	Investment income percentage from 2			70, 00.0		18	4.00 %
	-			n line 14 and line	15 is mare than 3		
ıya	33 1/3% support tests - 2010. If the						7 is not ► X
_	more than 33 1/3%, check this box an						•
b	33 1/3% support tests - 2009. If the	=					ınd
	line 18 is not more than 33 1/3%, che						P
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	, or 19b, check thi	s box and see ins	tructions	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service To organizations exempt from modific rax order societies of (o) and societies ex-

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I B
- Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

0 0 - object	E01(a)(4) (E) an (C) arrested	iona Campleta Bart III		•	•
Name of org	501(c)(4), (5), or (6) organization	tions Complete Part III		Fmr	oloyer identification number
Name or org		LPHIA CHINATOWN	DETTET ODMENT	'	23-7439723
Dort I A		anization is exempt unc			
Part I-A	Complete if the org	anization is exempt und	der section 50 i(c)	or is a section 321	organization.
	l expenditures	ation's direct and indirect politic	cal campaign activities		\$
Part I-B	Complete if the ord	anization is exempt und	der section 501/c	1(3)	
)(o).	<u> </u>
		incurred by the organization un			Ψ \$
	•	incurred by organization manag		5	Yes No
	-	n 4955 tax, did it file Form 4720	nor this year?		Yes No
-	correction made?				1es 140
Dart I-C	" describe in Part IV	anization is exempt und	der section 501/c	except section 501	(c)(3).
		by the filing organization for se			Ψ
,		ization's funds contributed to o	ther organizations for s	_	\$
•	t function activities	Add lines 1 and 2. Enter here	and on Form 1100 DOI		Ψ
		Add lines 1 and 2 Enter here	and on Form 1120-PO		\$
line 17		4400 BOL familiar and			Ψ
	filing organization file Form		TAIN - F - II 1		
5 Entert	ne names, addresses and er	nployer identification number (E tion listed, enter the amount pa	IN) of all section 527 p	oditical organizations to with	the amount of political
		tion listed, enter the amount pa omptly and directly delivered to			
		additional space is needed, pro			ate segregated fand of a
Politica		<u>i</u>			(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0	1
					delivered to a separate
					political organization If none, enter -0-
					ii tione, enter o
					
_					
	-				

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

Schedule C (Form 990 or 990-EZ) 2010

D32041 02-02-11

LHA

Schedule C (For	m 9 <u>90 or 990-EZ)</u> 2010 PH	LADELPI	HIA CHINATOW	N DEVELOPME	NT CORP23-7	7439723 Page 2
Part II-A	Complete if the organization	ation is exe	empt under section	n 501(c)(3) and fi	led Form 5768	
<u>:</u>	election under section	501(h)).				
A Check	if the filing organization be	=	- .			
B Check ► L	if the filing organization ch	ecked box A a	and "limited control" pr	ovisions apply	L	[(1) A(1)
	Limits on l (The term "expenditures	obbying Expe " means amo)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobb	ying expenditures to influence	oublic opinion	(grass roots lobbying)			
	ying expenditures to influence	•	, 0,			
c Total lobb	ying expenditures (add lines 1a	and 1b)	•			
d Other exe	mpt purpose expenditures					
e Total exen	npt purpose expenditures (add	lines 1c and 1	d)			
f Lobbying	nontaxable amount Enter the a	mount from th	ne following table in bot	h columns		
If the amou	nt on line 1e, column (a) or (b) is	The lo	bbying nontaxable am	ount is:		· · · · · · · · · · · · · · · · · · ·
Not over \$	500,000	20% o	f the amount on line 1e			12 %
Over \$500	,000 but not over \$1,000,000	\$100,0	000 plus 15% of the exc	ess over \$500,000		
	00,000 but not over \$1,500,000		000 plus 10% of the exc	ess over \$1,000,000.	,	
· · · · · · · · · · · · · · · · · · ·	00,000 but not over \$17,000,00	0 \$225,0	\$225,000 plus 5% of the excess over \$1,500,000			1
Over \$17,0	000,000	\$1,000	,000			
	W-7-				m, 1, 1	
-	s nontaxable amount (enter 25	•				
	ne 1g from line 1a If zero or les					
	ne 1f from line 1c If zero or les	•	harania dalah			l
-	an amount other than zero on e	ither line 1h oi	r line 11, did the organiz	ation file Form 4720	1	
reporting s	section 4911 tax for this year?	4 Voor Au	eraging Period Under	Section E01/h)		Yes No
	, <u>-</u>	that made a	section 501(h) election he instructions for line	n do not have to com		
	L	obbying Expe	enditures During 4-Yea	ar Averaging Period		
	endar year rear beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
	nontaxable amount					
, ,	ceiling amount ine 2a, column(e))			^ y - *\\	· '> , /	
c Total lobby	ying expenditures					
d Grassroots	s nontaxable amount					
	s ceiling amount ine 2d, column (e))	·	^			
f Grassroots	s lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 PHILADELPHIA CHINATOWN DEVELOPMENT CORP 23 - 7439723 Page 3
Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	<u> </u>	(a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or			, '
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of		<u> </u>	2 4
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)	? X	7.7	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	v	X	113.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	Х	113.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		1 . 4	113.
j Total Add lines 1c through 1i		x	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		- A	**************************************
b If "Yes," enter the amount of any tax incurred under section 4912	ė	* *	
 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 		11.	
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c)(5), or se	
501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year'	7	3	
Part III-B Complete if the organization is exempt under section 501(c)(4),	section 501(c)(5), or se	ction
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR	if Part III-A, I	ine 3 is aı	nswered
"Yes."			
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	political		
expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) di		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the second s			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	g and political		
expenditure next year?		5	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		<u> </u>	
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, lin for any additional information.	e 5, and Part II-B	, line 1ı Also	, complete this part
	-		
	Sched	ule C (Form	990 or 990-EZ) 2010

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public Inspection

Name of the organization

Employer identification number 11.ADELPHIA CHINATOWN DEVELOPMENT CORP 23-7439723

	PHILADELPHIA CHINATOWN DE	VELOPMENT CORP	23-7439723
Pa	rt I Organizations Maintaining Donor Advised Funds o	r Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
	(a) Do	onor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that th	e assets held in donor advised fui	nds
	are the organization's property, subject to the organization's exclusive legi	al control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in write	ting that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advis	or, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization ans	swered "Yes" to Form 990, Part IV	, line 7
1	Purpose(s) of conservation easements held by the organization (check all	that apply)	
	Preservation of land for public use (e g , recreation or education)	Preservation of an historica	ılly ımportant land area
	Protection of natural habitat	Preservation of a certified h	nstoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	tion contribution in the form of a c	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
C	Number of conservation easements on a certified historic structure include	` '	2c
d	Number of conservation easements included in (c) acquired after 8/17/06,	and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting	puished, or terminated by the orga	nization during the tax
4	year >	atad N	
4 5	Number of states where property subject to conservation easement is local Does the organization have a written policy regarding the periodic monitor		
3	violations, and enforcement of the conservation easements it holds?	ing, inspection, nationing of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	a conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con		
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?	. • • • • • • • • • • • • • • • • • • •	Yes in
9	In Part XIV, describe how the organization reports conservation easements	s in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financia		
	conservation easements		
Pa	rt III Organizations Maintaining Collections of Art, Histo	orical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV,	line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	o report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherance o	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these iter	ms	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to rep	port in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or re-	esearch in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in 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	-	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 PHILADE	LPHIA CHIN	ATOW.	N DEVE	LOPMENT	COR	23-	7439723	Page 2
Par								sets (conti	nued)
3	Using the organization's acquisition, accessi								
	(check all that apply)								
а	Public exhibition	C	ı 🗀 ı	Loan or exc	hange progra	ms			
b	Scholarly research	6	• 🔲	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	he organizatio	on's exemp	ot purpose in l	Part XIV	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	lete if the	organizatio	on answered "	Yes" to Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as:	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing '	table					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	217					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" to Fo	rm 990, Part	IV, line 10			
		(a) Current year	(b) P	rior year	(c) Two years	s back (d) Three years ba		years back
1a	Beginning of year balance		<u></u>				*	W. 74 f	38. 7. 3
b	Contributions							-	χ * ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities						, ,	1 7 L T	\$ 'v
	and programs							54 JON 1 8	£*: \$
f	Administrative expenses					* '	>/**** ** *		## 374 A
g	End of year balance						1	1 7 76	4 4
2	Provide the estimated percentage of the year	r end balance held	as						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	%							
За	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held a	and administe	red for the	organization	F	
	by								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(iı)	
b	If "Yes" to 3a(ii), are the related organization:							_3b	
4	Describe in Part XIV the intended uses of the								.
Par	t VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X				- T		
	Description of investment	(a) Cost or o			t or other	` '	umulated	(d) Book	value
		basis (invest	ment)	basis	(other)	depr	eciation		200
1a	Land				3,389.	4 1	71 000		3,389.
b	Buildings			68	35,894.	1	71,067.	514	1,827.
С	Leasehold improvements								<u> </u>
d	Equipment						60 004		4 4 6 6
е	Other				66,473.		52,281.		1,192.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line	10(c))		>		2,408.
							Sched	lule D (Form	990) 2010

1. (a) Description of liability	(b) Amount	**
(1) Federal income taxes		15.
(2) SECURITY DEPOSITS	3,000.	ا منظور المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المن المنظم المنظم
(3)		
(4)		
(5)		. ·
(6)		
(7)		
(8)		
(9)		- 1
(10)		
(11)		ع ت به په د او د د د د د د د د د د د د د د د د د
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 3,000.	
2. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the tootnote to the organization's	nnancial statements that reports the organization t	s lability for uncertain tax positions under
032053 12-20-10		Schedule D (Form 990) 2010

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open To Public

Employer identification number

23-7439723

Name of the organization

PHILADELPHIA CHINATOWN DEVELOPMENT CORP

Fundraising Activities required to complete this par	Complete if the organization answer t	ered "Ye	es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not	
Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) E fundrai have cus or contr contribut	stody ol of	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
·							

3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2010

Total

Schedule G (Form 990 or 990 EZ) 2010 PHILADELPHIA CHINATOWN DEVELOPMENT CORP 23 - 7439723 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b List	events with gross recei	pts greater than \$5,000
			(a) Event #1 ANNUAL FUNDRAISING	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Ę			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	105,039.		,	105,039.
	2	Less ⁻ Charitable contributions				
	3	Gross income (line 1 minus line 2)	105,039.		· · · · · · · · · · · · · · · · · · ·	105,039.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages	10,682.			10,682.
į	8	Entertainment				
	9	Other direct expenses	4,813.			4,813.
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)	 	•	(15,495)
		Net income summary Combine line 3, column			•	89,544.
Pa	rt, l	Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue	_			
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	No No	No No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Combine line 1	, column d, and line 7		•	
9	Ent	er the state(s) in which the organization operat	tes gaming activities			
а	ls t	he organization licensed to operate gaming ac	tivities in each of these s	states?		Yes No
b	lf "I	No," explain				
	<u></u>					
		re any of the organization's gaming licenses re Yes," explain'	·		ear?	Yes No
					Cohestate O.C.	
J3208	2 01	-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 PHILADELPHIA CHINATOWN DEVELOPMENT CORP 23-	7439723	Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	□ No
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party		
Name ▶		
Address ►		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation > \$		
Description of services provided ▶		
Description of services provided P		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		<u> </u>
retain the state gaming license?	Yes	U No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	\ and (v) and	Part III
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
		
	<u></u>	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public : Inspection

Name of the organization

PHILADELPHIA CHINATOWN DEVELOPMENT CORP

Employer identification number

23-7439723

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUSINESS COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS DISTRIBUTED TO THE BOARD. THE BOARD FINANCE COMMITTE REVIEWS FORM 990 BEFORE IT IS SUBMITTED TO THE TAX AUTHORITIES.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS AND THE EMPLOYEES COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY TO NOTE ANY ORGANIZATIONS THEY ARE INVOLVED WITH THAT WILL CAUSE A CONFLICT WITH THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. DOCUMENTS CAN BE REVIEWED AT THE ORGANIZATION'S OFFICES WITH AN APPOINTMENT.

990, PAGE 12, PART XII, 2C

THE DRAFT FINANCIAL STATEMENTS IS SUBMITTED TO THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR, TREASURER, AND THE FINANCE COMMITTE REVIEW THE DRAFT FINANCIAL STATEMENTS. THE TREASURER WILL PRESENT THE DRAFT FINANCIAL STATEMENTS TO THE BOARD. THE BOARD WILL REVIEW AND APPROVE THE FINANCIAL STATEMENTS PRIOR TO THE RELEASE OF THE FINANCIAL STATEMENTS.

THIS RETURN HAS BEEN AMENDED TO RECLASSIFY REVENUE ERRONEOUSLY SHOWN AS PROGRAM

INCOME TO PROPERLY REPORT IT AS DONATION INCOME

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)