(Rev January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

2949321910206

OMB No. 1545-0047

section 501(c), 527, or 4947(a)(1) of the Internal Review Co.

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

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| <u>A</u> | For the | 2019 calendar year, or tax year beginning | , and ending | | | |
|-------------------------|----------------------------|--|---------------------------------------|--------------------|-----------------|-------------------------------|
| В | Check if ap | icable. C Name of organization | · · · · · · · · · · · · · · · · · · · | | D Employe | r identification number |
| | Address ch | nge Philadelphia Comm | unity Corps | | | |
| \vdash | | Doug business as Philly Reclaim | | | 27-4 | 576805 |
| ᆜ | Name chai | Number and street (or P O box if mail is not delivered to street ad- | fress) | Room/suite | E Telephor | e number |
| | Initial retur | 5200 Unruh Avenue Section J | | | 215- | 316-2454 |
| | Final return terminated | City or town, state or province, country, and ZIP or foreign postal c | ode | | | |
| \sqcap | | Philadelphia PA 1913 | 5 | | G Gross rec | eipts\$ 224,439 |
| 믐 | Amended i | r Name and address of principal officer | | H(a) Is this a gro | | wheeless Van V Na |
| | Application | ending Gregory Trainor | | n(a) is unis a gro | up return for s | subordinates? Yes X No |
| | | 5200 Unruh Avenue Section | ı J | H(b) Are all sub | ordinates inc | luded? UYes No |
| | | Philadelphia PA | 19135 | If "No," | attach a list. | (see instructions) |
| <u> </u> | Tax-exem | status | 4947(a)(1) or 527 | 1 .0 | | |
| J | Website: | 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 | rps.com ~ | H(c) Group exer | mption numb | er 🕨 |
| | Form of or | | | ear of formation | | M State of legal domicile |
| | Part I | Summary | | | | |
| | | efly describe the organization's mission or most significant a | ctivities: | | | |
| ģ | 1 | The organization provides career tr | | at empowe | er und | lerserved |
| ž. | | citizens to revitalize blighted nei | | | | |
| Ë | | buildings and salvaging materials f | | | .4 | |
| Activities & Governance | 1 2 0 | eck this box | | | | |
| Ğ | 2 0 | · · · · · · · · · · · · · · · · · · | - | iet as | ssets. | Λ |
| ර ේ ග | 3 N | mber of voting members of the governing body (Part VI, line | • | | 3 | 4 |
| Œ. | 4 N | mber of independent voting members of the governing body | | | . 4 | 4 |
| ફ} ફિ | 5 1 | al number of individuals employed in calendar year 2019 (Pa | art V, line 2a) | | 5 | 1 |
| Active Active | 6 T | al number of volunteers (estimate if necessary) | | | 6 | 75 |
| 2 | ľ | al unrelated business revenue from Part VIII, column (C), lin | | | . 7a | 0 |
|] | b N | unrelated business taxable income from Form 990-T, line 3 | 9 | | 7b | 0 |
| ון ו די | | stubutions and grants (Bort VIII, line 4h) | - | Prior Yea | ,579 | Current Year 145,062 |
| Revenue | | ntributions and grants (Part VIII, line 1h) | · · · · - | | ,771 | |
| ₹ ₹ | 9 P | gram service revenue (Part VIII, line 2g) | | 40 |), / / <u>1</u> | 9,592 |
| ₫V™ Reven | 10 In | estment income (Part VIII, column (A), lines 3, 4, and 7d) | . | | 017 | 01 207 |
| | 11 0 | ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ar | | | ,817 | -21,387 |
| | | al revenue – add lines 8 through 11 (must equal Part VIII, co | | 116 | ,167 | 133,267 |
| <u>_</u> | · · | ants and similar amounts paid (Part IX, column (A), lines 1–3 |) _ | | | <u> </u> |
| 2077 S | 1 | nefits paid to or for members (Part IX, column (A), line 4) | | | | 0 |
| ses (| 15 S | aries, other compensation, employee benefits (Part IX, colur | nn (A), lines 5–10) | | | 0 |
| su: | 16aPi | fessional fundraising fees (Part IX, column (A), line 11e) | | | | 0 |
| } Expenses | b To | al fundraising expenses (Part IX, column (D), line 25) ▶ | 0 _ | · | | |
| ш | 17 0 | er expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | ,671 | 87,012 |
| | 18 To | al expenses. Add lines 13-17 (must equal Part IX, column (/ | A), line 25) | | ,671 | 87,012 |
| | 19 R | venue less expenses. Subtract line 18 from line 12 | | | ,496 | 46,255 |
| Net Assets or | 3 | | SIEVED | Beginning of Curr | | End of Year |
| set | 20 To | | CIEVED | | ,023 | 109,689 |
| ₹. | 21 To | al liabilities (Part X, line 26) | S 2.2.6 2021 S | | ,946 | 70,666 |
| | | assets or fund balances. Subtract line 21 from kg 20 | 3.26 2021 9 | 28 | ,077 | 39,023 |
| F | art II | Signature Block | | | | |
| U | nder pena | ies of perjury, I declare that I have examined this return, including and complete. Declaration of preparer (other than officer) is Declaration of the Declaration o | ccompanying echedules and state | ments, and to the | best of m | y knowledge and belief, it is |
| tr | ue, correc | and complete. Declaration of preparer (other than officer) is beset | dia hijo wation of which prepare | r has any knowle | edge | |
| | T | | - | | | |
| Sig | gn | Signature of officer | · · · · · · · · · · · · · · · · · · · | | Date | |
| He | | Gregory Trainor | Execut | cive Dir | ecto | r |
| | 1 | Type or print name and title | | | | |
| | | int/Type preparer's name Preparer's sign | ature | Date | Check | If PTIN |
| Pai | d | | | 02/15/ | 21 self-em | inloved |
| | naror - | mis same | | | | F7*- [|
| | e Only | m's name | | | m's EIN | |
| | - 1 | | | | | |
| B.4c | | m's address discuss this return with the preparer shown above? (see inst | nuctions) | <u>j Ph</u> | one no | V v 11- |
| | | | | <u> </u> | • • • | X Yes No |
| FOR | raperwo | Reduction Activotice, see the separate instructions. | ee Statement 1 | 4 | | Form 990 (2019) |

| D. | rt III Statement of Program Service | | 7-45/6805 | Page 2 |
|----|---|---|---------------------------------------|---------------|
| • | Check if Schedule O contains a | | n this Part III | X |
| | Briefly describe the organization's mission | | | <u></u> |
| į | he organization provides | career training pr | rograms that empov | er underserv |
| | itizens to revitalize bluildings and salvaging m | ignted neighborhood | is by deconstructi | ng vacant |
| | diratings and sarvaging m | aceitais iot tease. | • | |
| | Did the organization undertake any significant pro | ogram services during the year which w | vere not listed on the | |
| | prior Form 990 or 990-EZ? | | | Yes X No |
| | If "Yes," describe these new services on Schedule | | | |
| | Did the organization cease conducting, or make s services? | ignificant changes in how it conducts, | any program | Yes X No |
| | If "Yes," describe these changes on Schedule O. | | · | res zz No |
| | Describe the organization's program service acco | mplishments for each of its three large | est program services, as measured t | ру |
| | expenses. Section 501(c)(3) and 501(c)(4) organic | · · · · · · · · · · · · · · · · · · · | unt of grants and allocations to othe | rs, |
| | the total expenses, and revenue, if any, for each p | orogram service reported. | | |
| - | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | /A | | | |
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| | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| | /A | including grants of \$ | · · ·) (Kevenue 5 · |) |
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| - | Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| | /A | molecumy grants Of ϕ | , (ivevelue a | .) |
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| | 20. | | | |
| | | |) (Dayraya f | |
| (| Other program services (Describe on Schedule O Expenses \$ 87,012 including | |) (Revenue \$ |) |

Page 3

| | | | Yes | No |
|-----|--|---------|-----|---------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | - | |
| ŭ | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 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 | 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 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | ., |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | х |
| 40 | debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | - | |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| •• | VII, VIII, IX, or X as applicable. | | | İ |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, 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, linc 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| 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 | | | v |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | ^ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI and XII | 12a | | х |
| ь | 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 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | 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, 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 | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | 7.5 |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 4. | | v |
| 47 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 47 | | X |
| 19 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | |
| 18 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | · · · · | | _ |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II | 21 | | X |

| _ | | | Yes | No |
|----------|---|---------------|--|--|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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 | | | v |
| 240 | employees? If "Yes," complete Schedule J | 23 | | X |
| 248 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | l | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | | <u> </u> |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | + |
| · | to defease any tax-exempt bonds? | 24c | ļ | ł |
| d | | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 1 | | |
| | 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? | | | 1 |
| | 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% | | | |
| | controlled entity or family member of 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 | <u>. </u> | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part | | | 1 |
| | IV instructions, for applicable filing thresholds, conditions, and exceptions): | 1 | l | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| h | "Yes," complete Schedule I, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 28b | | |
| C | "Yes," complete Schedule L, Part IV | 200 | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 23 | ļ | |
| | 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 | | X |
| 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, | | | |
| | or IV, and Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | _ | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | 1 |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 20 | 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. Art V Statements Regarding Other IRS Filings and Tax Compliance | 38 | | X |
| Г | art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Officer if deficacing a response of note to any line in this Part V | ··· | V- | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | $\overline{}$ | Yes | No |
| b | 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 1a | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | d ∫ | | |
| · | | 10 | | Y |
| DAA | A MANAGE OF PARTY OF THE PARTY | | gan | |
| C DAA | reportable gaming (gambling) winnings to prize winners? | 1c Form | 990 | X (2019 |

| <u> Pa</u> | irt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | |
|--|--|-----|------|-----------------|--|--|--|--|--|
| | | | Yes | No | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | ĺ | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 | - | | 3.F | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | v | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | $\vdash \vdash$ | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | 4- | | х | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | | | | | |
| b | If "Yes," enter the name of the foreign country ► | | | | | | | | |
| E. | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x | | | | | |
| 5a | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | |
| b | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | |
| va | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | х | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | | | |
| _ | gifts were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | , , | | ĺ | | | | | |
| - | and services provided to the payor? | 7a | | <u> </u> | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | 1 | | | | | |
| | required to file Form 8282? | 7c | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <u> </u> | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ļ | | | | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | <u> </u> | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | i | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | ł | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | |
| ь | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | - | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| a | 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 10b | - | l | | | | | | |
|) 44 | | - | | ĺ | | | | | |
| 11 | Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | | | | | | | |
| a b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 1 | | | | | | | |
| | 11h | • | | ĺ | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | l | i | | | | | |
| 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. | | | | | | | | |
| а | 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 | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | İ | ĺ | | | | | |
| | the organization is licensed to issue qualified health plans |] | | İ | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N | | | 3.5 | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | | |
| | If "Yés," complete Form 4720, Schedule O. | ليا | 990 | (2019) | | | | | |
| | <u>.</u> | rom | ・ココリ | / (ZU19) | | | | | |

| _ | n 990 (2019) Philadelphia Community Corps 27-4576805 art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a | and fo | | age 6 |
|-------------|---|--------|-----------|---------------------------------|
| • • | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | See i | i isti ui | |
| Sec | ction A. Governing Body and Management | | | _ |
| Set | A. Coverning Body and Management | | Vaa | Ma. |
| 1. | Enter the number of voting members of the governing body at the end of the tax year 1a 4 | | Yes | No |
| 1a | | - | | Į |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | If the governing body delegated broad authority to an executive committee or similar | ŀ | | |
| | committee, explain on Schedule O | | | ı |
| b | Enter the number of voting members included on line 1a, above, who are independent | ļ | | ı |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 1 | | |
| _ | any other officer, director, trustee, or key employee? | 2 | | <u>X</u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | <u>X</u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 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 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | 1 | |
| | one or more members of the governing body? | 7a | | <u>X</u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholdors, or porsons other than the governing body? | 7b | | _X_ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | (- |
| a | The governing body? | 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 on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Co | de.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 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 | ł | |
| 11a | | 11a | | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | x | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | - | X |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 120 | | |
| • | describe in Schedule O how this was done | 12c | ļ | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 14 | | |
| 13 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| 9 | The organization's CEO, Executive Director, or top management official | 45- | ł | v |
| b | Other officers or key employees of the organization | 15a | | $\frac{\mathbf{x}}{\mathbf{x}}$ |
| IJ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 15b | | |
| 16- | · · · · · · · · · · · · · · · · · · · | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | - 1 | |
| L. | with a taxable entity during the year? | 16a | | <u>X</u> |
| D | 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? | 16b | | |
| | tion C. Disclosure | | | <u></u> |
| 17 | List the states with which a copy of this Form 990 is required to be filed None | | | |
| 18 | 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. | | | |
| | Own website | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | | | |
| | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records ▶ | | | |
| | regory Trainor 5200 Unruh Avenue Section J | | | |
| Ph | iladelphia PA 19135 215 | -31 | 6-2 | 454 |
| | | | 200 | |

| Form 990 (2019) Philade | phia Con | mu | ni | ty | C | or | ps | 27-457 | | Page 7 |
|--|------------------------------|--------------------------------|-----------------------|--------------|---------------------|---------------------------------|---------------|---|--|---|
| Part VII Compensation | | Dire | ecto | rs, | Tri | uste | es, | , Key Employees, H | ighest Compensate | ed Employees, and |
| Independent C | | | ocr | one | | or n | at a | to any line in this Par | + \/II | |
| | | | | | | | | st Compensated Employ | | |
| 1a Complete this table for all persorganization's tax year. | | | | | | | | | | |
| List all of the organization's compensation. Enter -0- in column | | | | | | | | | ons), regardless of amour | at of |
| List all of the organization's | <mark>current</mark> key emp | loye | es, if | any | . Se | e ins | truc | tions for definition of "key | | |
| List the organization's five c who received reportable compens organization and any related organ | ation (Box 5 of F | orm ' | ensa W-2 | ted e and | empl or E | oyee Box 7 | s (o of F | ther than an officer, directer Form 1099-MISC) of more | or, trustee, or key employe than \$100,000 from the | ee) |
| List all of the organization's \$100,000 of reportable compensations | | | | | | | | | s who received more than | |
| List all of the organization's organization, more than \$10,000 of See instructions for the order in w | of reportable com | pens | atıoı | n fro | tha m th | t rec e or | eive ganiz | d, in the capacity as a form zation and any related orga | ner director or trustee of the anizations. | e |
| Check this box if neither the o | rganization nor a | ny re | lated | dorg | aniz | ation | cor | npensated any current off | cer, director, or trustee. | |
| (A) Name and title | (B) Average hours | (do | o not o | Pos | C) ation more | than | one | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week (list any | | | | | is both or/trus | | from the organization | from related organizations | compensation from the |
| | hours for related | or d | Inst | Officer | Κey | B를 | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and related organizations |
| | organizations below | vidua | tution | Ę | Key employee | loyee | ner | | | |
| | dotted line) | Individual trustee or director | Institutional trustee | | oyee | Highest compensated employee | | | | |
| (1) Gregory Traino | r r | - | | - | - | Ä | - | | | |
| | 40.00 | | | | | | | | | |
| Executive Director | 0.00 | X | ļ | X | <u> </u> | ļ | | 50,000 | 0 | 0 |
| (2) Stephen Arrive | 1.00 | | | | | | | | | |
| Treasurer | 0.00 | | | x | | | | 0 | 0 | 0 |
| (3) Bob Beaty | | | | | | | | | | |
| | 1.00 | | | | | İ | | | • | |
| Board Member (4) Jordan Rushie | 0.00 | ┼ | | X | ├- | | | 0 | 0 | 0 |
| | 1.00 | | | | | 1 | | | | |
| Secretary | 0.00 | _ | | X | | | | 0 | 0 | 0 |
| (5) | : | | | | | | | | | |
| | | | | | | İ | | | | |
| (6) | | | | | _ | | | | | |
| | | | | | | | | | | |
| (7) | | | | | | | | | | |
| | | | | | | | | | | |
| (8) | | | | | | | | | | |
| | | | ŀ | | | | | | | |
| (9) | | | | | | | | | | |
| | | | | | | | | | | , |
| (10) | | | | | _ | | | | | |
| | | | | | | | | , | | |
| 11) | | | | | | | | | | |

| Sec | tion B. Independent Contractors | _ | - |
|-----|---|---|---------------------|
| 1 | Complete this table for your five highest compensated independent compensation from the organization. Report compensation for the careful compensation from | contractors that received more than \$100,000 of alendar year ending with or within the organization's ta | ax year |
| | (A) Name and business address | (B) Description of services | (C) Compensation |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization | those listed above) who | |

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) Revenue excluded from tax under sections 512-514 business revenue function revenue 1a 1a Federated campaigns 1b **b** Membership dues 1c c Fundraising events d Related organizations 1đ 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 145,062 1g g Noncash contributions included in lines 1a-1f 145,062 h Total. Add lines 1a-1f Business Code 9,592 9,592 Program Service Revenue f All other program service revenue. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties . (ı) Real (II) Personal 6a Gross rents-6a 6b h Less rental expenses c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 7a other than inventory b Less cost or other 7b basis and sales exps 7с 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 8a b Less. direct expenses 8b 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 69,785 returns and allowances 10a 91,172 10b b Less: cost of goods sold -21,387 c Net income or (loss) from sales of inventory Business Code d All other revenue Total. Add lines 11a-11d 133,267 -11.795Total revenue. See instructions

| | Check if Schedule O contains a resp | onse or note to any line i | n this Part IX | | 1 1 |
|----------|---|----------------------------|---------------------------------------|------------------------------------|--|
| Do i | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) | (D) |
| 7b, | 8b, 9b, and 10b of Part VIII. | Total expenses | expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments See Part IV, line 21 | | | | <u> </u> |
| 2 | Grants and other assistance to domestic | | | | - |
| | ındıviduals. See Part IV, line 22 | | | _ | |
| 3 | Grants and other assistance to foreign | | | -, - | ' |
| | organizations, foreign governments, and foreign | | | , | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | · · · · · · · · · · · · · · · · · · · | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | ···· | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | - | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | · · · · · · · · · · · · - · · · · · · · | 640 | | <u> </u> | |
| b | · · · · · · · · · · · · · · · · · · · | 643 | 643 | | |
| С. | Accounting | | | | |
| d | , , , , , , , , , , , , , , , , , , , | | | | |
| e | Professional fundraising services See Part IV, line 17 | | · | , | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| 42 | (A) amount, list line 11g expenses on Schedule O) | 2,387 | 2,387 | | |
| | Advertising and promotion | 2,740 | 2,740 | | · |
| 13 14 | Office expenses | 2,740 | 2,740 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 2,000 | 2,000 | , | |
| 17 | Travel | 695 | 695 | | |
| | Payments of travel or entertainment expenses | | | | |
| . • | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | ···_ | |
| 20 | Interest | | | | |
| 21 | · · · · · · · | | | | |
| 22 | Depreciation, depletion, and amortization | 2,181 | 2,181 | | |
| 23 | Insurance | 9,079 | 9,079 | | |
| 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.) | | | п . | |
| а | Contractors | 53,682 | 53,682 | | |
| b | Dues and Subscriptions | 5,622 | 5,622 | | |
| C | Bank Charges and Fees | 3,395 | 3,395 | | |
| d | Utilities | 3,015 | 3.015 | | |
| е | All other expenses | 1,573 | 3,015 1,573 | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 87,012 | 87,012 | 0 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) | | , | | |

| | | (A) | | (B) |
|----------------------------------|---|-------------------|----------|-------------|
| | | Beginning of year | | End of year |
| 1 | Cash—non-interest-bearing | -4,499 | 1 | 28,907 |
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | |
| 5 | | | | |
| İ | trustee, key employee, creator or founder, substantial contributor, or 35% | 1 1 | | · |
| | controlled entity or family member of any of these persons | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| 2 | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| 7 | | | 7 | |
| ί 8 | Inventories for sale or use | 71,042 | 8 | 71,042 |
| 9 | Prepaid expenses and deferred charges | | 9 | |
| 10 | a Land, buildings, and equipment: cost or other | , | | |
| 1 | basis. Complete Part VI of Schedule D 10a 17,400 | | | |
| | Less: accumulated depreciation 10b 7,660 | 11,480 | 10c | 9,740 |
| 11 | Investments—publicly traded securities | | 11 | |
| 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 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 78,023 | 16 | 109,689 |
| 17 | Accounts payable and accrued expenses | | 17 | |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| 22 | | | | |
| 22 | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| [| controlled entity or family member of any of these persons | | 22 | |
| 23 | | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | { | |
| | parties, and other liabilities not included on lines 17-24) Complete Part X | 40.046 | | 70 664 |
| 1 | of Schedule D | 49,946 | 25 | 70,666 |
| 26 | | 49,946 | 26 | 70,666 |
| 3 | Organizations that follow FASB ASC 958, check here X | | | |
| | and complete lines 27, 28, 32, and 33. | 28,077 | 22 | 20 023 |
| 27 | · · · · · · · · · · · · · · · · · · · | 28,077 | 27 | 39,023 |
| 28 | Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ | | 28 | |
| | | | | |
| , | and complete lines 29 through 33. | | 20 | |
| 29 | - · · · · · · · · · · · · · · · · · · · | | 30 | |
| 27 28 29 30 31 32 | | | 31 | |
| 1 | retained earnings, endowment, accumulated income, or other funds | | <u> </u> | |
| 32 | Total net assets or fund balances | 28,077 | 32 | 39,023 |

Form **990** (2019)

| Forn | n 990 (2019) Philadelphia Community Corps 27-4576805 | | | Pa | ge 12 |
|------|---|-----|------|----------|--------------|
| Pa | art XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1 | 33, | 267 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 37, | 012 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | . 4 | 46, | 255 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 28, | 077 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | ; | 35, | 309 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | | 10 | 3 | 39,0 | 023 |
| Pa | nt XII Financial Statements and Reporting | | | . | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | 1 |
| | Schedule O | | | • | 1 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | · | | | |
| | reviewed on a separate basis, consolidated basis, or both | | | | \$ 54 × |
| | Separate basis Consolidated basis Both consolidated and separate basis | - | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | [| | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | ľ | | | ٠, |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | i |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | · [| | | |
| | Schedule O | | | | 7.19 |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | 1 | | | 1 |
| | Single Audit Act and OMB Circular A-133? | 1 | 3a | | |
| 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 | | |
| | | | Form | 990 | (2019) |
| | | | | | , |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number 27-4576805

| _ | | | Philadelphi | a Community Cor | ps _ | | | 27-457 | 76805 | | |
|------|--|----------------|---|---|--------------------------|------------------------------|-------------------------------|----------------|-------------------------------------|---|--|
| Pa | art l | Reas | son for Public Charit | y Status (All organizatio | ns mus | t compl | ete this part.) | See instru | uctions. | | |
| The | orga | nization is no | ot a private foundation becar | use it is: (For lines 1 through 12 | 2, check o | nly one b | ox.) | | | _ | |
| 1 | | A church, co | onvention of churches, or as | ssociation of churches describe | d in sect | ion 170(l | b)(1)(A)(i). | | | | |
| 2 | | A school de | scribed in section 170(b)(1 |)(A)(ii). (Attach Schedule E (Fe | orm 990 d | or 990-EZ | <u>(</u>).) | \sim | | | |
| 3 | | A hospital o | r a cooperative hospital sen | vice organization described in s | section 1 | 70(b)(1)(| A)(iii). | | • | | |
| 4 | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | |
| | city, and state | | | | | | | | | | |
| 5 | | An organiza | tion operated for the benefit | t of a college or university owner | d or ope | ated by a | governmental ur | it described | in | | |
| | | | (b)(1)(A)(iv). (Complete Pa | _ | | · | | | | | |
| 6 | | | | governmental unit described in | section | 170(b)(1 |)(A)(v). | | | | |
| 7 | П | | | a substantial part of its support | | | , | e general pu | blic | | |
| | | | section 170(b)(1)(A)(vi). (| | _ | | | | | | |
| 8 | | A community | y trust described in section | 170(b)(1)(A)(vi). (Complete P | art II.) | | | | | | |
| 9 | | | | escribed in section 170(b)(1)(A | | | | | | | |
| | | or university | or a non-land-grant college | of agriculture (see instructions |). Enter t | he name, | city, and state of | the college | or | | |
| | | university: | | | | | | | | | |
| 10 | X | | | (1) more than 33 1/3% of its su | | | | | | | |
| | | | | mpt functions—subject to certa | | | | | ıts | | |
| | | | | and unrelated business taxable 30, 1975 See section 509(a)(| | | | businesses | | | |
| 11 | | | | exclusively to test for public s | | | • | | | | |
| 12 | H | | | exclusively for the benefit of, t | - | | | v out the ou | rnneae | | |
| - | ш | of one or mo | re publicly supported organ | izations described in section 5 | 609(a)(1) | or sectio | n 509(a)(2). See | section 509 | 7poses 9(a)(3). | | |
| | | Check the be | ox in lines 12a through 12d | that describes the type of supp | orting org | janization | and complete lin | es 12e, 12f, | and 12g. | | |
| | а | Type I. / | A supporting organization of | perated, supervised, or controll | ed by its | supported | d organization(s), | typically by | giving | | |
| | | | | ower to regularly appoint or elec | | ity of the | directors or truste | es of the | | | |
| | | _ | | complete Part IV, Sections A | | | | | | | |
| | b | | | upervised or controlled in conn | | | | | | | |
| | | | | orting organization vested in the | same pe | ersons tha | at control or mana | ge the supp | orted | | |
| | | _ | | e Part IV, Sections A and C. | | | | | | | |
| | С | its suppo | tunctionally integrated. A orted organization(s) (see in | supporting organization opera structions). You must comple | ted in cor te Part II | nection v / Section | vith, and functions | ally integrate | d with, | | |
| | d | | | ed. A supporting organization of | | - | | orted organiz | ration(s) | | |
| | _ | that is no | ot functionally integrated. Th | e organization generally must | satisfy a | istributio | n requirement and | an attentive | eness | | |
| | | requirem | ent (see instructions) You | must complete Part IV, Sect | ions Á ai | nd D, and | l Part V. | | | | |
| | е | Check th | is box if the organization re | ceived a written determination: | from the I | RS that if | tis a Type I, Type | II, Type III | | | |
| | | | | on-functionally integrated suppo | orting orga | anization | | | | _ | |
| | | | mber of supported organiza | • | • | | | | | _ | |
| | | | | he supported organization(s). | T | | | | | _ | |
| (i) | | of supported | (ii) EIN | (iii) Type of organization (described on lines 1–10 | | organization or governing | (v) Amount of n support (s | - | (vi) Amount of | | |
| | 5 | | , | above (see instructions)) | | ment? | instruction | | other support (see instructions) | | |
| | | | | | Yes | No | | | , | | |
| (A) | | | | | | | | | | _ | |
| | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (C) | | | | | | | | | | | |
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| D) | | | | | | | | | | _ | |
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| E) | | | | | | | | | | _ | |
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Page 2

| Sche | dule A (Form 990 or 990-EZ) 2019 Phi | ladelphi | a Communi | ty Corps | 27 | 7-4576805 | Page 2 |
|------|---|---------------------|----------------------|----------------------|----------------------|------------------|---------------------|
| P | art II Support Schedule for C | Organizations | s Described in | Sections 17 | 0(b)(1)(A)(iv) | and 170(b)(1) | (A)(vi) |
| | (Complete only if you che | ecked the box | on line 5, 7, o | r 8 of Part I or | if the organiza | ation failed to | qualify under |
| | Part III. If the organizatio | n fails to qual | ify under the te | sts listed belo | w, please con | nplete Part III. |) |
| Sec | ction A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| • | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | / | 1 | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | <u> </u> | <u> </u> | | <u>/</u> | | |
| | tion B. Total Support | <u> </u> | | | | | - |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017/ | (d) 2018 | (e) 2019 | (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 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 | | | | | | · |
| 12 | Gross receipts from related activities, etc | . (see instructions | e) / | | | 12 | <u> </u> |
| 13 | First five years. If the Form 990 is for the | e organızation'ş∕fi | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) | |
| | organization, check this box and stop he | | | · ··· | <u> </u> | | <u> ▶</u> |
| _ | tion C. Computation of Public S | | | ··· | | | |
| 14 | Public support percentage for 2019 (line | , | | mn (f)) | | 14 | |
| 15 | Public support percentage from 2018 Gcf | , | •••• | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test—2019. If the orga | / | | | is 33 1/3% or mor | re, check this | . — |
| | box and stop here. The organization qua | , | | | | | . ▶⊔ |
| b | 33 1/3% support test—2018. If the organ | | | | ie 15 is 33 1/3% o | r more, check | . — |
| | this box and stop here. The organization | | | | | | ▶ 🗆 |
| 17a | | • | | | | | |
| | 10% or more, and if the organization mee | | | | • | • | |
| | Part VI how the organization meets the "f | acts-and-circums | tances" test. The o | organization qualif | ies as a publicly s | supported | |
| | organization | | | | | | > |
| b | 10%-facts-and-circumstances test—20 | _ | | | | | |
| | 15 is 10% or more, and if the organization | | | | • | | |
| | Explain in Part VI how the organization m | eets the "facts-ar | nd-circumstances" | test. The organiza | ation qualifies as a | a publicly | . — |
| 40 | supported organization | | r 40 15 | 105 47 17 | | | ▶ |
| 18 | Private foundation. If the organization d | id not check a bo | x on line 13, 16a, 1 | 166, 1/a, or 17b, (| cneck this box and | a see | , m |
| | instructions | • | | | | | <u> </u> |
| | 7 | | | | | Schedule A (Form | 990 or 990-EZ) 2019 |

Schedule A (Form 990 or 990-EZ) 2019 Philadelphia Community Corps
Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Sec | ction A. Public Support | | | | | | |
|----------|--|-------------------|----------------------|--|---------------------|---------------------------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | 145,062 | 145,062 |
| 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 | | | | | 79,377 | 79,377 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | 224,439 | 224,439 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | , | j | |
| Sec | ction B. Total Support | | | L | | 1 | 224,439 |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | (4) 2010 | (5) 2010 | (6) 2017 | (d) 2010 | 224,439 | 224,439 |
| | • | | | | | 224,439 | 224,439 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | ··· | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | | | | <u></u> | 224,439 | 224,439 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | re | | fourth, or fifth tax | year as a section (| 501(c)(3) | . ▶□ |
| | tion C. Computation of Public S | | | | | · · · · · · · · · · · · · · · · · · · | |
| 15 | Public support percentage for 2019 (line 8 | | | umn (f)) | | 15 | 100.00% |
| 6 | Public support percentage from 2018 Sch | | | ······································ | <u> </u> | . 16 | %_ |
| | tion D. Computation of Investm | | | · · · · · · · · · · · · · · · · · · · | | | |
| 17 | Investment income percentage for 2019 (| | - | 13, column (f)) | | 17 | <u>%</u> |
| 8 | Investment income percentage from 2018 | | | | | | <u> </u> |
| 9a | 33 1/3% support tests—2019. If the organization of the state of the st | | | | | | . 🖼 |
| <u>.</u> | 17 is not more than 33 1/3%, check this b | | | | | | . > X |
| þ | 33 1/3% support tests—2018. If the orgalized 18 is not more than 33 1/3%, shock the | | | | | | , _□ |
| 0 | line 18 is not more than 33 1/3%, check the Private foundation. If the organization defined the second seco | | | | | | · · 【 |
| - | iodiradion. Il tile organization di | a HOLGINGON a DUX | COT III C 14, 198, (| A TOO, CHECK INS | DOX and See INSTIT | JULIONS | |

Part IV Supporting Organizations

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

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | _ | Yes | No |
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- those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Sched ₁ | ule A (Form 990 or 990-EZ) 2019 Philadelphia Community Cor | ps | <u>27-4576</u> | 805 Page 6 | | |
|--|---|---------------|---------------------------|------------------|--|--|
| : Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting C | <u> Organ</u> | izations | | | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See | | | | | | |
| | instructions. All other Type III non-functionally integrated supporting organizations r | nust co | mplete Sections A through | 1 E | | |
| Sect | ion A - Adjusted Net Income | (A) Pпor Year | (B) Current Year | | | |
| | - Adjusted Not moonito | | (A) Thor Tear | (optional) | | |
| 1_ | Net short-term capital gain | 1 | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | |
| 3_ | Other gross income (see instructions) | 3 | | | | |
| 4 | Add lines 1 through 3. | 4 | | '- | | |
| 5 | Depreciation and depletion | 5 | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | |
| co | lection of gross income or for management, conservation, or | 1 | | | | |
| ma | intenance of property held for production of income (see instructions) | 6 | | | | |
| 7_ | Other expenses (see instructions) | 7 | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year | | |
| | OF D - Milliman Asset Anjount | | (A)Thorreal | (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| ins | tructions for short tax year or assets held for part of year). | | <u>-</u> | | | |
| | a Average monthly value of securities | 1a | | | | |
| | b Average monthly cash balances | 1b | | | | |
| | c Fair market value of other non-exempt-use assets | 1c | | | | |
| | d Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| | e Discount claimed for blockage or other | | • | , | | |
| | factors (explain in detail in Part VI) | | • • | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | | | |
| se | e instructions). | 4 | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 | Multiply line 5 by .035. | 6 | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | - | | |
| Sect | ion C - Distributable Amount | | | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | |
| 2 | Enter 85% of line 1. | 2 | , | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | · | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | 2 a V a em | <u> </u> | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | pergency temporary reduction (see instructions) | 6 ا | 8 | | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

| - Par | type III Non-Functionally Integrated 509(a) | (3) Supporting Organ | izations (continued) | , , , , , , , , , , , , , , , , , , , | | | |
|--------------|---|--|--|---|--|--|--|
| Sect | Section D - Distributions | | | | | | |
| _1_ | Amounts paid to supported organizations to accomplish exempt pu | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purp | _ | | | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of s | upported organizations | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | |
| | Total annual distributions. Add lines 1 through 6. | | | | | | |
| 8 | Distributions to attentive supported organizations to which the organizations | anization is responsive | | | | | |
| | (provide details in Part VI). See instructions. | | | | | | |
| _ 9 | Distributable amount for 2019 from Section C, line 6 | | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | T | | | | |
| | | (i) | (ii) | (iii) | | | |
| | Section E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable | | | |
| | | *K. 1 (1 * 1 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * | Pre-2019 | Amount for 2019 | | | |
| 1 | Distributable amount for 2019 from Section C, line 6 | The state of the s | 的特別是直接的學生是是自己 | | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | , | | | | |
| | (reasonable cause required-explain in Part VI). See | | , | を表現して、 を表現して、 を表現して、 を表現している。 を表現した。 をまれる。 を表現した。 を表した。 を表し。 を表した。 を表した。 を表した。 を表した。 を表した。 を表した。 を表した。 を表した。 を表した。 | | | |
| 3 | Instructions Execute distributions company if any to 2010 | · · · · · · · · · · · · · · · · · · · | TOTAL STATE STATES AND CONTRACTOR OF THE PARTY OF THE PAR | 大学家学学学院建筑工程 连续 是是新年的的是 工具的的专家的是不是不是 | | | |
| | Excess distributions carryover, if any, to 2019 From 2014 | STATE THE PROPERTY OF THE PARTY | ALEXANDER TOUR PORT OF A CORNEL OF THE CORNE | 在2012年2月2日 - 1200日 - 1200日 - 1200日 - 1200日 - 1200日 - 1200日 - 1200日 - 1200日 - 1200日 - 1200日 - 1200日 - 1200日 - 1 | | | |
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| | From 2018 | | AMATAGES CELEGRALISMS SESSESSES | TO STANDARD TO THE SECTION OF THE | | | |
| | Total of lines 3a through e | THE TANK TO A STANDARD TO STAN A CHANGE WITH SERVICE | SALES SERVICE SERVICES | is appearable of the state of t | | | |
| | Applied to underdistributions of prior years | | [新疆] [1] (1) (1) (1) (1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] | Destruction of the Control of the Co | | | |
| | Applied to 2019 distributable amount | | likuruhketakhilikulaken ara | A - I was by - I have the state of the last of the said | | | |
| | Carryover from 2014 not applied (see instructions) | 2 1124 CLANC, 1888-105 NOWING, 1997 | Later to the row to be defined by | 高层的是 30mm 被电域 1. 概念 · 使早使的 | | | |
| . | Remainder. Subtract lines 3g, 3h, and 3ı from 3f. | - | 151 182 193 - 202 T AN A 201 E SA 201 E S | | | | |
| 4 | Distributions for 2019 from | THE MAN GOVERNMENT ON | The training of the same of th | PERMITTED AND AND AND AND AND AND AND AND AND AN | | | |
| • | Section D, line 7. | | | | | | |
| a | Applied to underdistributions of prior years | THE STATE OF THE S | 大山南山 10 mm 10 | (1) 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | |
| | Applied to 2019 distributable amount | Can Shirt of the Control of the Cont | PERMIT GIRLS FARE | The world of the state of the section of the second of the | | | |
| | Remainder, Subtract lines 4a and 4b from 4. | 27 - 27 - 27 - 27 - 24 - 21 - 24 - 24 - 24 - 24 - 24 - 24 | THE STATE OF THE PARTY OF THE P | 医毛毛囊肿 建铁铁 医甲状腺素 | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | The state of the s | 1961 S Land Land Bank There are the state of | | | | |
| • | any. Subtract lines 3g and 4a from line 2. For result | | | | | | |
| | greater than zero, explain in Part VI\See instructions | | | | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | and the first transfer of the forest the feet of the f | | | |
| - | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part Vi See instructions. | | | | | | |
| | Excess distributions carryover to 2020. Add lines 3j | and the series in the series of the series | Harry Telegraph Control | | | | |
| • | and 4c. | | | | | | |
| 8 | Breakdown of line 7: | The miles of the first of the f | The second of th | | | | |
| | Excess from 2015 | And the second s | And the state of t | The same of the state of the st | | | |
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| | Excess from 2017 | THE STATE OF THE PARTY OF THE P | A COLOR OF THE STATE OF THE STA | THE THE PERSON WAS TRANSPORTED BY THE PARTY OF THE PARTY | | | |
| | Excess from 2018 | The state of the s | The second of the second secon | A THE CONTROL OF THE PROPERTY OF THE | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

| P | hiladelphia Community Corps | | 27-4576805 |
|--------|--|--|--|
| | ort I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | · · · · · · · · · · · · · · · · · · · | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writing th | at the assets held in donor advised | |
| 3 | funds are the organization's property, subject to the organization's ex- | | ☐ Yes ☐ No |
| 6 | Did the organization inform all grantees, donors, and donor advisors i | | |
| Ü | only for charitable purposes and not for the benefit of the donor or do | | |
| | conferring impermissible private benefit? | nor advisor, or for any other purpose | Yes No |
| P | art II Conservation Easements. | ······································ | , <u>, </u> |
| | Complete if the organization answered "Yes" or | Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (chec | | |
| • | Preservation of land for public use (for example, recreation or edu | prompt in the second se | important land area |
| | Protection of natural habitat | Preservation of a certified hi | - |
| | Preservation of open space | reservation of a certified in | Storie Structure |
| 2 | Complete lines 2a through 2d if the organization held a qualified cons | envetion contribution in the form of a con | seniation |
| 2. | easement on the last day of the tax year. | civation contribution in the form of a con | Held at the End of the Tax Year |
| 2 | Total number of conservation easements | | 2a |
| a h | Total acreage restricted by conservation easements | •• | 2b |
| ٥ | Number of conservation easements on a certified historic structure in | | 20 |
| ن | Number of conservation easements included in (c) acquired after 7/25 | • | . 20 |
| a | historic structure listed in the National Register | 5/00, and not on a | 2d |
| , | Number of conservation easements modified, transferred, released, e | | |
| 3 | | extinguished, of terminated by the organi | zation during the |
| A | tax year ► Number of states where property subject to conservation easement is | located • | |
| 5 | Does the organization have a written policy regarding the periodic mo | • | |
| J | violations, and enforcement of the conservation easements it holds? | rittoring, inspection, nandling of | ☐ Yes ☐ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling | . of violations, and enforcing conservation | |
| U | b | or violations, and emoroting conservation | reasements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of vice | olations, and enforcing consequation ass | ements during the year |
| • | \$ | oldions, and emolony conservation eas | ements during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy | the requirements of section 170/h)///F | 21/61 |
| Ü | and section 170(h)(4)(B)(II)? | the requirements of section 170(ff)(4)(L | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easer | nents in its revenue and expense statem | |
| 9 | balance sheet, and include, if applicable, the text of the footnote to the | | |
| | organization's accounting for conservation easements. | | |
| Pa | rt III Organizations Maintaining Collections of Ar | t, Historical Treasures, or Oth | er Similar Assets. |
| | Complete if the organization answered "Yes" or | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to | report in its revenue statement and bala | nce sheet works |
| | of art, historical treasures, or other similar assets held for public exhib | ition, education, or research in furtheran | ce of public |
| | service, provide in Part XIII the text of the footnote to its financial state | ements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 958, to repo | ort in its revenue statement and balance | sheet works of |
| | art, historical treasures, or other similar assets held for public exhibition | | |
| | provide the following amounts relating to these items | | |
| | (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 | or other similar assets for financial gain. | provide the |
| | following amounts required to be reported under FASB ASC 958 relati | | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | ▶ \$ |
| | Assets included in Form 990. Part X | | • • |

| Schedule D (Form 990) 2019 Philade | lphia Commu | nity Corps | 27 | -4576805 | Page 2 |
|---|-------------------------|---------------------------|----------------------|--------------------------|-----------------------|
| Part III Organizations Maintain | ing Collections | of Art, Historica | al Treasures, o | r Other Similar A | ssets (continued) |
| 3 Using the organization's acquisition, accelection items (check all that apply): | ession, and other reco | rds, check any of the | following that mak | e significant use of its | |
| a Public exhibition | d∏ | Loan or exchange p | rogram | | |
| b Scholarly research | e 🦳 | Other | J | | , |
| c Preservation for future generations | | • | | ••• | |
| 4 Provide a description of the organization's | s collections and expla | ain how they further t | he organization's e | xempt purpose in Part | |
| XIII. | • | • | J | | |
| 5 During the year, did the organization solid | at or receive donations | s of art, historical trea | asures, or other sim | nilar | |
| assets to be sold to raise funds rather that | in to be maintained as | part of the organiza | tion's collection? | | . Yes No |
| Part IV Escrow and Custodial | Arrangements. | | | | |
| Complete if the organizate 990, Part X, line 21. | tion answered "Ye | es" on Form 990 | , Part IV, line 9, | , or reported an an | nount on Form |
| 1a Is the organization an agent, trustee, cus | todian or other interme | ediary for contribution | ns or other assets n | ot | |
| included on Form 990, Part X? | | | | | Yes No |
| b If "Yes," explain the arrangement in Part | XIII and complete the | following table. | | | |
| | | | | | Amount |
| c Beginning balance | | | | 1c | |
| d Additions during the year | | | | . 1d | |
| e Distributions during the year | | | | 1e | |
| f Ending balance | | | | <u>1f</u> | ····- |
| 2a Did the organization include an amount o | n Form 990, Part X, Iir | ne 21, for escrow or o | custodial account la | ability? | Yes No |
| b If "Yes," explain the arrangement in Part | KIII. Check here if the | explanation has bee | n provided on Part | XIII | |
| Part V Endowment Funds. | | | | | |
| Complete if the organization | tion answered "Ye | es" on Form 990 | , Part IV, line 10 |). | |
| | (a) Current year | (b) Pnor year | (c) Two years bac | k (d) Three years back | k (e) Four years back |
| 1a Beginning of year balance | | | | | |
| b Contributions | | | <u> </u> | | |
| c Net investment earnings, gains, and | | [| J | | |
| losses | | | | <u> </u> | |
| d Grants or scholarships . | | | | | |
| Other expenditures for facilities and | | | | | |
| programs | | | | | |
| f Administrative expenses | ļ | | | | |
| g End of year balance | L | l | <u> </u> | <u></u> | <u></u> |
| 2 Provide the estimated percentage of the | | ice (line 1g, column (| (a)) held as. | | |
| a Board designated or quasi-endowment ▶ | % | | | | |
| b Pormanent andowment ▶ % | 6 | | | | |
| c Term endowment ▶ % | | | | | • |
| The percentages on lines 2a, 2b, and 2c | | | | | |
| 3a Are there endowment funds not in the pos | ssession of the organi | zation that are held a | ind administered to | r the | [32] N |
| organization by: | | | | | Yes No |
| (i) Unrelated organizations | | | | | 3a(i) |
| (ii) Related organizations | | | <i></i> . | | 3a(ii) |
| b If "Yes" on line 3a(II), are the related orga | | | · | | 3b |
| 4 Describe in Part XIII the intended uses of | | dowment tunds | | | |
| Part VI Land, Buildings, and Ed Complete if the organization | • • | or Form 000 | Part IV line 11 | la See Form 000 | Part Y line 10 |
| | (a) Cost or other | | r other basis | (c) Accumulated | |
| Description of property | (investment) | 1 | her) | depreciation | (d) Book value |
| 4n Lond | (iiivooniera) | (0) | , | | |
| 1a Land | - | | | | |
| b Buildings | | | | | |
| c Leasehold improvements | · | | | | |
| d Equipment | | | 17,400 | 7,660 | 9,740 |
| Fotal. Add lines 1a through 1e. (Column (d) mu | ıst egual Form 990 P | art X. column (B). lini | | ,,000 | 9.740 |
| | | | | | |

| Schedule D (Form 990) 2019 Philadelphia Communit Part VII Investments – Other Securities. | y Corps | 27-4576805 | Page |
|---|---|--|---------------------------------------|
| Part VII Investments – Other Securities. Complete if the organization answered "Yes" or | Form 990 Part IV | line 11h See Form 990 Pa | ert X line 12 |
| (a) Description of security or category | (b) Book value | (c) Method of valuation | |
| (including name of security) | (D) DOON TAILED | Cost or end-of-year marke | |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | · · · · · · · · · · · · · · · · · · · |
| (A) | | | |
| (B) | | | |
| (C) | - · · · · · · · · · · · · · · · · · · · | | |
| (D) | | | |
| (E) [| | | |
| (F) | | | |
| . (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments – Program Related. | | | |
| Complete if the organization answered "Yes" on | | line 11c. See Form 990, Pa | rt X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuatio Cost or end-of-year marke | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" on | Form 990, Part IV, | line 11d. See Form 990, Pa | rt X, line 15. |
| (a) Description | | | (b) Book value |
| (1) | · · · · · · · · · · · · · · · · · · · | | |
| (2) | · · · | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | - |
| (7) | | | |
| (8) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) | | • | |
| Part X Other Liabilities. | ··· · · · · · · · · · · · · · · · · · | | |
| Complete if the organization answered "Yes" on | Form 990, Part IV, | line 11e or 11f. See Form 9 | 90, Part X, |
| line 25. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | (2) book value |
| (2) Payroll liabilities | | | 57,193 |
| (3) Sales Tax Payable | | | 8,953 |
| (4) Square Gift Card | | | 5,000 |
| (5) Credit Card | | | -480 |
| (6) | | | |
| (7) | | | |
| (8) | ·- · · · · · · · · · · · · · · · · · · | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | 70,666 |
| Liability for uncertain tax positions. In Part XIII, provide the text of the foot | note to the organization's | financial statements that reports the | |

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

| Schedule D (Form 990) 2019 Philadelphia Community Corps | 27-457680 | 5 Page 4 |
|--|----------------------------------|-----------------|
| Part XI Reconciliation of Revenue per Audited Financial Stateme | | Return. |
| Complete if the organization answered "Yes" on Form 990, P | art IV, line 12a. | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a Net unrealized gains (losses) on investments | 2a | |
| | 2b | |
| | 2c | { } |
| | 2d | |
| e Add lines 2a through 2d | | 2e |
| 3 Subtract line 2e from line 1 | | 3 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | _ 1 | · |
| | 4a | ' |
| | 4b | _ |
| c Add lines 4a and 4b | | 4c |
| | anda Milla Farrancia e | 5 |
| Part XII Reconciliation of Expenses per Audited Financial Statem | | er Return. |
| Complete if the organization answered "Yes" on Form 990, P | art IV, line 12a. | |
| 1 Total expenses and losses per audited financial statements | | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | 2-1 | |
| · · · · · · · · · · · · · · · · · · · | 2a | · [|
| | 2c | ì |
| | 2d | ` |
| | Zu | 2e |
| e Add lines 2a through 2d | | 3 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| · · · · · · · · · · · · · · · · · · · | 4a | |
| | 4b | |
| 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 |
| Part XIII Supplemental Information. | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line 4, | Part X, line |
| 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an | ny additional information. | |
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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.

or to provide any additional information.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Philadelphia Community Corps

27-4576805

Form 990, Part III, Line 4d - All Other Accomplishments

The organization provides career training programs that empower underserved citizens to revitalize blighted neighborhoods by deconstructing vacant

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

buildings and salvaging materials for reuse.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference \$ 441