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# Return of Organization Exempt From Income Tax

**2010**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** , 2010, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> CORE PHILLY CHARITABLE TRUST 2098-00-1/1 Doing Business As			<b>D Employer identification number</b> 25-6902295	
	Number and street (or P O box if mail is not delivered to street address) Room/suite C/O GLENMEDE TRUST CO., N. A. 1650 Market St 1200			<b>E Telephone number</b> 215 419-6000	
	City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19103-7391			<b>G Gross receipts \$</b> 2,623,746	
	<b>F Name and address of principal officer</b> GLENMEDE TRUST CO., N.A. 1650 MARKET ST., SUITE 1200 PHILA PA 19103-7391			<b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> N/A					
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				<b>L Year of formation:</b> 2006 <b>M State of legal domicile:</b> PA	

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>SEE STATEMENT 1</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1 NONE	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	NONE	
	6	Total number of volunteers (estimate if necessary)	6	NONE	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	NONE	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
	<b>Revenue</b>			Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)		
9		Program service revenue (Part VIII, line 2g)			
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-195,720	331,989	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-195,720	331,989	
<b>Expenses</b>		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	142,588	155,473
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,949	14,794
		16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (B), line 25)	NONE		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	33,194	15		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	187,731	170,282		
19	Revenue less expenses. Subtract line 18 from line 12	-383,451	161,707		
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	3,901,648	4,063,355	
	21	Total liabilities (Part X, line 26)	NONE	NONE	
22	Net assets or fund balances Subtract line 21 from line 20	3,901,648	4,063,355		

**Part II Signature Block**

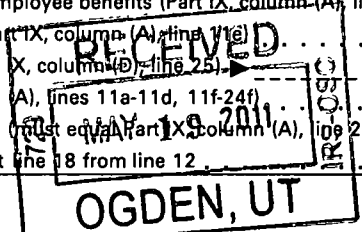
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer: <i>Francis X. Mehafeey</i> FRANCIS X. MEHAFFEY, VICE PRESIDENT	Date: 5/14/11
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed: <input type="checkbox"/> PTIN: _____ Firm's name: _____ Firm's EIN: _____ Firm's address: _____ Phone no: _____	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

SCANNED JUN 16 2011



**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ 155,473.) (Revenue \$ \_\_\_\_\_)

PHILA COLLEGE OPPORTUNITY RESOURCES FOR EDUCATION

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ▶ 155,473

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
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 . . . . .		
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 . . . . .		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 . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .		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 . . . . .		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 . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		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 . . . . .		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 . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .		X
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 . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
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 . . . . .		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .		X
<b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If No, go to line 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and input fields for numerical values. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C7, Form 990, Form 10417, and Form 720.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Does the organization have members or stockholders? . . . . .		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .		
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .		
<b>9</b>	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 . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official . . . . .		
<b>15b</b>	b Other officers or key employees of the organization . . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed Pennsylvania
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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: THE GLENMEDE TRUST COMPANY, N.A. TEL: (215)419-6000  
1650 MARKET STREET, SUITE 1200; PHILADELPHIA, PA 19103-7391

**Part VII 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THE GLENMEDE TRUST COMPANY, N.A. TRUSTEE	5		X					14,794	NONE	NONE
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
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(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										

<b>1b Sub-total</b> . . . . .	▶			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>d Total (add lines 1b and 1c)</b> . . . . .	▶	14,794	NONE	NONE

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>NONE</b>		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **0**

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>				
	<b>b</b> Membership dues . . . . . <b>1b</b>				
	<b>c</b> Fundraising events . . . . . <b>1c</b>				
	<b>d</b> Related organizations . . . . . <b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$				
	<b>h</b> Total. Add lines 1a-1f . . . . . ▶				
<b>Program Service Revenue</b>	<b>Business Code</b>				
	<b>2a</b> _____				
	<b>b</b> _____				
	<b>c</b> _____				
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue . . . . .				
<b>g</b> Total. Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		82,782.		82,782.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶				
	<b>5</b> Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	<b>6a</b> Gross Rents . . . . .				
	<b>b</b> Less: rental expenses . . . . .				
	<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	<b>7a</b> Gross amount from sales of assets other than inventory	2,540,964			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	2,291,757			
	<b>c</b> Gain or (loss) . . . . .	249,207			
	<b>d</b> Net gain or (loss) . . . . . ▶		249,207.		249,207.
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>				
	<b>b</b> Less: direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b> Less: direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e</b> Total. Add lines 11a-11d . . . . . ▶					
<b>12</b> Total revenue. See instructions . . . . . ▶		331,989.			331,989.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	155,473.	155,473.		
2 Grants and other assistance to individuals in 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, trustees, and key employees . . . . .	14,794.		14,794.	
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 contributions (include section 401(k) and section 403(b) employer contributions). . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17				
f Investment management fees . . . . .				
g Other . . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .				
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a -----				
b -----				
c -----				
d -----				
e -----				
f All other expenses -----	15.		15.	
25 Total functional expenses. Add lines 1 through 24f	170,282.	155,473.	14,809.	NONE
26 Joint Costs. Check here <input type="checkbox"/> 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 solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .	2,558.	1	-36,059.
	2	Savings and temporary cash investments . . . . .	133,211.	2	80,856.
	3	Pledges and grants receivable, net . . . . .		3	
	4	Accounts receivable, net <i>Unsettled Trade</i> . . . . .	4,450.	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 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 section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation . . . . .		10b	10c
	11	Investments - publicly traded securities . . . . .	3,761,429.	11	4,018,558.
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,901,648.	16	4,063,355.	
<b>Liabilities</b>	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	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
25	Other liabilities. Complete Part X of Schedule D . . . . .		25		
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	NONE	26	NONE	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .		27	
	28	Temporarily restricted net assets . . . . .		28	
	29	Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .	3,901,648.	30	4,063,355.
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances</b> . . . . .	3,901,648.	33	4,063,355.	
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	3,901,648.	34	4,063,355.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	331,989.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	170,282.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	161,707.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	3,901,648.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	4,063,355.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		
<b>3b</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.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization: **CORE PHILLY CHARITABLE TRUST** Employer identification number: **25-6902295**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 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 section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	X
(ii) A family member of a person described in (i) above? .....	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) STMT 2									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									<b>155,473</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

**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.)

Section A. Public Support						N/A
Calendar 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 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 . . . . .						
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						

Section B. Total Support						
Calendar 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 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 . . . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**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 qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	N/A (f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions.)

N/A

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

CORE PHILLY CHARITABLE TRUST

Employer identification number

25-6902295

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SEE STATEMENT 3							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)





Name of the organization

Employer identification number

CORE PHILLY CHARITABLE TRUST

25-6902295

FORM 990

PART VI; SECTION A; LINE 11b

THE GLENMEDE TRUST COMPANY, N.A. IS SOLE TRUSTEE. THE FORM 990 IS PREPARED IN DETAIL BY A TAX

OFFICER OF THE GLENMEDE TRUST COMPANY, N.A. ONCE IN FINAL FORMAT, THE FORM 990 IS REVIEWED BY

THE MANAGING DIRECTOR OF PHILANTHROPIC SERVICES, AN OFFICER OF THE GLENMEDE TRUST COMPANY, N.A.,

AND THE TAX OFFICER BEFORE FILING WITH THE INTERNAL REVENUE SERVICE AND STATE AGENCIES.

FORM 990

PART VI; SECTION B; LINE 12C

THE ENTITY'S CONFLICT OF INTEREST POLICY IS MONITORED BY TRUSTEE'S COMPLIANCE DEPARTMENT.

FORM 990

PART VI; SECTION C; LINE 19

THE SUPPORTED CHARITY HAS RECEIVED A FULL COPY OF THE ENTITY'S GOVERNING DOCUMENTS THE

DOCUMENTS ARE ALSO AVAILABLE UPON RESONABLE REQUEST.

FORM 990, PART I AND PART III - ORGANIZATION'S MISSION

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THE PURPOSE OF CORE PHILLY CHARITABLE TRUST IS TO RAISE FUNDS IN FORM OF AN ENDOWMENT FOR THE LONG-TERM SUPPORT OF A PROGRAM TO PROVIDE COLLEGE SCHOLARSHIPS TO GRADUATING, RESIDENT STUDENTS OF PHILADELPHIA PUBLIC, PAROCHIAL AND PRIVATE HIGH SCHOOLS. THE PROGRAM IS INTENDED TO BE BROAD BASED AND TO FOCUS UPON FUNDING WHICH MOST STUDENTS FACE, I.E. THE DEFICIENCY BETWEEN THE AGGREGATE EDUCATIONAL COSTS AND THE FUNDS WHICH ARE OTHERWISE AVAILABLE FROM THE STUDENT, HIS FAMILY AND INSTITUTIONAL AND GOVERNMENTAL PROGRAMS. THE PHILADELPHIA PUBLIC AND PAROCHIAL SCHOOLS AND ITS PRIVATE SCHOOLS CONTAIN A TREMENDOUS NUMBER OF STUDENTS OF LOWER MIDDLE INCOME FOR WHOM THIS FUND "GAP" EXISTS. THAT NEED WILL BE THE PRIMARY CRITERIA FOR THE AWARD OR SCHOLARSHIPS IN THE SCHOLARSHIP PROGRAM. THE TRUST ANTICIPATES ACCOMPLISHING ITS PURPOSE BY MAKING CONTRIBUTIONS TO PHILADELPHIA COLLEGE OPPORTUNITY RESOURCES FOR EDUCATION ("CORE PHILLY"), WHICH IS AN EXEMPT PENNSYLVANIA NONPROFIT CORPORATION WHICH PRESENTLY PROVIDES SUCH SCHOLARSHIP PROGRAM.

**CORE PHILLY CHARITABLE TRUST  
ACCOUNT # 2098-00-1/1  
EIN: 25-6902295  
TAX YEAR ENDING 12/31/10**

**ATTACHMENTS SCHEDULE A, PART I (h)  
INFORMATION ABOUT SUPPORTED ORGANIZATION**

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**(i) NAME OF SUPPORTED ORGANIZATION**

PHILADELPHIA COLLEGE OPPORTUNITY RESOURCES FOR EDUCATION

**(ii) EIN: 23-0355320**

**(iii) TYPE OF ORGANIZATION (DESCRIBED ON LINES 1-9 ABOVE  
OR IRC SECTION)**

(9) AN ORGANIZATION THAT NORMALLY RECEIVES (1) MORE THAN 33 1/3% OF ITS SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS - SUBJECT TO CERTAIN EXCEPTIONS AND (2) NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME (LESS SECTION 511 TAX) FROM BUSINESSES ACQUIRED BY THE ORGANIZATION AFTER JUNE 30, 1975 SEE SECTION 509(a)(2)

**(iv) IS THE ORGANIZATION IN COL. (i) LISTED IN YOUR GOVERNING DOCUMENT?**

YES

**(v) DID YOU NOTIFY THE ORGANIZATION IN COL. (i) OF YOUR SUPPORT?**

YES

**(vi) IS THE ORGANIZATION IN COL. (i) ORGANIZED IN THE U.S.?**

YES

**(vii) AMOUNT OF SUPPORT**

\$ 155,473.00

STATEMENT 2

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:

PHILADELPHIA COLLEGE OPPORTUNITY RESOURCES FOR EDUCATION

ADDRESS:

1650 MARKET STREET  
PHILADELPHIA, PA 19103-7391

EIN:

23-0355320

AMOUNT OF CASH GRANT..... 155,473.

PURPOSE OF GRANT:

TO PROVIDE SUPPORT TO PHILADELPHIA COLLEGE OPPORTUNITY  
RESOURCES FOR EDUCATION

TOTAL CASH GRANTS..... 155,473.

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COMBINED STATEMENT OF ASSETS  
 CORE PHILLY CHARITABLE TRUST  
 12/31/10  
 2098-00-1/1

Shares/Par	Description of Assets	Bond Rtg	Unit Tax Cost	Tax Cost	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Current Yield
<b>Cash &amp; Reserves</b>									
80856	GLENMEDE FUND INC-GOVT CASH PORTFOLIO		1.00	80,856	1.00	80,856		98	0.12
-36058+	Cash		1.00	36,059-	1.00	36,059-		0	0.00
<b>Cash &amp; Reserves Total</b>									
				44,797		44,797		98	0.22
<b>Fixed Income</b>									
<b>Other Taxable Bond Mutual Funds</b>									
54739+	GLENMEDE FUND INC-CORE FIXED INCOME PORTFOLIO		10.83	592,805	11.32	619,642	26,837	21,129	3.41 #
25285+	PAYDEN HIGH INCOME FUND		6.41	162,000	7.24	183,066	21,066	13,325	7.28 #
17416+	LEGG MASON BRANDYWINE GLOBAL OPPS BOND DTD 6/1/2009		10.22	178,046	10.58	184,259	6,212	8,215	4.46 #
<b>Total</b>									
				932,851		986,967	54,116	42,669	4.32
<b>Fixed Income Total</b>									
				932,851		986,967	54,116	42,669	4.32
<b>Equities</b>									
<b>Basic Industries</b>									
190	EMERSON ELECTRIC CO.		34.87	6,626	57.17	10,862	4,236	262	2.41
230	HONEYWELL INTERNATIONAL INC		34.36	7,903	53.16	12,227	4,324	278	2.28 #
190	J. B. HUNT		35.84	6,810	40.81	7,754	943	91	1.18 #

COMBINED STATEMENT OF ASSETS  
 CORE PHILLY CHARITABLE TRUST  
 12/31/10  
 2098-00-1/1

Shares/Par	Description of Assets	Bond Rtg	Unit Tax Cost	Tax Cost	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Current Yield
195	ILLINOIS TOOL WORKS		47.51	9,264	53.40	10,413	1,149	265	2.55 #
465	MCDERMOTT INTERNATIONAL INC.		6.80	3,164	20.69	9,621	6,457	0	0.00 #
132	NUCOR CORP.		30.14	3,978	43.82	5,784	1,806	191	3.31
75	PRAXAIR INC.		90.51	6,788	95.47	7,160	372	135	1.89 #
85	PRECISION CASTPARTS CORP		81.20	6,902	139.21	11,833	4,931	10	0.09 #
100	SIGMA-ALDRICH CORP.		61.02	6,102	66.56	6,656	554	64	0.96 #
	<b>Total</b>			57,537		82,310	24,772	1,296	1.58
	<b>Consumer Discretionary</b>								
255	COACH INC		16.20	4,130	55.31	14,104	9,974	153	1.08 #
115	DARDEN RESTAURANTS INC.		47.52	5,465	46.44	5,341	125-	147	2.76
125	ITT EDUCATIONAL SERVICES INC		79.60	9,950	63.69	7,961	1,989-	0	0.00 #
275	MCGRAW HILL INC.		25.59	7,038	36.41	10,013	2,975	258	2.58 #
185	NORDSTROM INC.		34.14	6,316	42.38	7,840	1,524	148	1.89 #
190	OMNICOM GROUP		27.04	5,137	45.80	8,702	3,565	152	1.75 #
185	YUM BRANDS INC		44.18	8,174	49.05	9,074	900	185	2.04 #
	<b>Total</b>			46,210		63,035	16,824	1,043	1.66
	<b>Consumer Staples</b>								
125	COLGATE PALMOLIVE CO.		61.17	7,646	80.37	10,046	2,401	265	2.64 #
145	ENERGIZER HOLDINGS INC		61.96	8,984	72.90	10,571	1,587	0	0.00 #
210	KELLOGG CO.		45.10	9,470	51.08	10,727	1,257	340	3.17 #
235	PHILIP MORRIS INTERNATIONAL		59.52	13,988	58.53	13,755	233-	602	4.37 #
255	SYSCO CORP		27.35	6,974	29.40	7,497	523	265	3.54 #
	<b>Total</b>			47,062		52,596	5,535	1,472	2.80

COMBINED STATEMENT OF ASSETS  
 CORE PHILLY CHARITABLE TRUST  
 12/31/10  
 2098-00-1/1

Shares/Par	Description of Assets	Bond Rtg	Unit Tax Cost	Tax Cost	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Current Yield
<b>Energy</b>									
140	CHEVRON CORP		68.44	9,582	91.25	12,775	3,193	403	3.16 #
90	EOG RESOURCES INC		98.89	8,900	91.41	8,227	674-	56	0.68 #
110	EXXON MOBIL CORPORATION		69.58	7,654	73.12	8,043	390	194	2.41 #
225	HALLIBURTON CO.		32.99	7,422	40.83	9,187	1,765	81	0.88 #
200	SCHLUMBERGER LTD.		65.29	13,058	83.50	16,700	3,642	168	1.01 #
	<b>Total</b>			46,616		54,932	8,316	902	1.64
<b>Financials</b>									
225	AMERICAN EXPRESS CO.		32.30	7,268	42.92	9,657	2,389	162	1.68 #
620	CHARLES SCHWAB CORP.		17.47	10,834	17.11	10,608	226-	149	1.40 #
90	FRANKLIN RESOURCES INC.		74.83	6,735	111.21	10,009	3,274	90	0.90 #
50	GOLDMAN SACHS GROUP INC		160.10	8,005	168.16	8,408	403	70	0.83 #
310	JPMORGAN CHASE & CO		37.81	11,720	42.42	13,150	1,430	62	0.47 #
500	PROGRESSIVE CORP OHIO		19.58	9,791	19.87	9,935	144	81	0.81 #
305	SEI INVESTMENTS CO		19.63	5,987	23.79	7,256	1,269	61	0.84 #
280	US BANCORP		16.24	4,546	26.97	7,552	3,006	56	0.74 #
	<b>Total</b>			64,886		76,575	11,689	731	0.95
<b>Health Care</b>									
175	ABBOTT LABORATORIES		51.52	9,016	47.91	8,384	632-	308	3.67 #
195	BAXTER INTL. INC.		52.72	10,280	50.62	9,871	409-	242	2.45 #
115	LABORATORY CORP OF AMERICA HOLDINGS		59.16	6,803	87.92	10,111	3,308	0	0.00 #
185	VARIAN MEDICAL SYSTEMS INC		31.52	5,832	69.28	12,817	6,985	0	0.00 #
160	WATERS CORP		40.26	6,441	77.71	12,434	5,993	0	0.00 #
	<b>Total</b>			38,372		53,617	15,245	550	1.03

COMBINED STATEMENT OF ASSETS  
 CORE PHILLY CHARITABLE TRUST  
 12/31/10  
 2098-00-1/1

Shares/Par	Description of Assets	Bond Rtg	Unit Tax Cost	Tax Cost	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Current Yield
<b>Technology</b>									
195	ACCENTURE PLC		34.18	6,665	48.49	9,456	2,791	176	1.86 #
190	AMPHENOL CORP-CL A		29.65	5,634	52.78	10,028	4,395	11	0.11 #
60	APPLE INC.		115.57	6,934	322.56	19,354	12,420	0	0.00 #
625	INTEL CORP.		22.57	14,105	21.03	13,144	961-	394	3.00 #
105	LAM RESEARCH CORP		23.97	2,517	51.78	5,437	2,920	0	0.00 #
490	MICROSOFT CORP.		20.25	9,922	27.91	13,676	3,753	314	2.29 #
460	ORACLE CORP		16.51	7,594	31.30	14,398	6,804	92	0.64 #
	<b>Total</b>			53,371		85,493	32,121	987	1.15
<b>Other Assets</b>									
85	BHP LIMITED - SPONS ADR		45.34	3,854	92.92	7,898	4,044	148	1.87 #
195	COOPER INDUSTRIES PLC CL A		40.99	7,994	58.29	11,367	3,373	211	1.85 #
	<b>Total</b>			11,848		19,265	7,417	359	1.86
<b>U S Mutual Funds</b>									
4012+	BRANDYWINE BLUE FUND		23.68	95,000	25.64	102,863	7,863	269	0.26
7962+	GLENMEDE FUND INC - ADVISOR SMALL CAP EQUITY PORTFOLIO		12.59	100,247	16.28	129,614	29,367	104	0.08 #
20172+	GLENMEDE FUND INC SECURED OPTIONS		10.05	202,800	11.74	236,817	34,017	0	0.00 *#
8010+	GLENMEDE FUND INC-LARGE CAP GROWTH PORT		8.35	66,884	13.14	105,253	38,368	401	0.38
23933+	GLENMEDE FUND INC-LARGE CAP VALUE PORTFOLIO		6.90	165,140	10.37	248,189	83,049	1,245	0.50 #
24072+	GLENMEDE TOTAL MARKET PORTFOLIO		7.91	190,407	8.89	214,002	23,594	193	0.09 #
7572+	GMO QUALITY FUND IV		19.81	150,000	20.12	152,347	2,347	2,764	1.81
7014+	LONGLEAF PARTNERS FUND		27.09	190,000	28.26	198,206	8,206	982	0.50

COMBINED STATEMENT OF ASSETS  
 CORE PHILLY CHARITABLE TRUST  
 12/31/10  
 2098-00-1/1

Shares/Par	Description of Assets	Bond Rtg	Unit Tax Cost	Tax Cost	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Current Yield
19172+	MANAGERS TIMESSQ M/C GRW-IN		13.04	250,000	14.04	269,172	19,172	0	0.00
5970+	ROYCE SPECIAL EQUITY FUND -IN		19.43	116,000	20.79	124,119	8,119	490	0.39
2009	UTILITIES SELECT SECTOR SPDR		28.95	58,154	31.34	62,962	4,809	2,553	4.06
Total				1,584,632		1,843,544	258,912	9,001	0.49
International Mutual Funds									
19040+	ARTIO INTERNATIONAL EQ FD II		12.08	230,000	12.46	237,235	7,235	4,912	2.07
6685+	GLENMEDE FUND INC-INTERNATIONAL PORT		14.45	96,595	13.58	90,779	5,816-	2,005	2.21
9954+	THORNBURG INTL VALUE FD-I		26.12	260,000	28.64	285,084	25,084	2,827	0.99
6593+	TWEEDY BROWNE GLOBAL VALUE FUND		19.10	125,924	23.82	157,043	31,119	2,189	1.39
Total				712,519		770,141	57,623	11,933	1.55
Equities Total									
Total				2,663,053		3,101,508	438,454	28,274	0.91
Other									
Alternative Assets									
20783+	ABSOLUTE STRATEGIES FUND-I		10.73	223,000	10.84	225,286	2,286	1,829	0.81
4136+	THIRD AVENUE REAL ESTATE VAL		21.52	89,000	23.16	95,783	6,783	3,817	3.99
2987+	VAN ECK GLOBAL HARD ASSETS -I		37.04	110,654	53.40	159,522	48,868	657	0.41

COMBINED STATEMENT OF ASSETS  
 CORE PHILLY CHARITABLE TRUST  
 12/31/10  
 2098-00-1/1

Shares/Par	Description of Assets	Bond Rtg	Unit Tax Cost	Tax Cost	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Current Yield
	Total			422,654		480,591	57,936	6,303	1.31
	Other Total			422,654		480,591	57,936	6,303	1.31
	Grand Total			4,063,355		4,613,863	550,506	77,344	1.68

\* AS A RESULT OF CAPITAL GAIN DISTRIBUTIONS, THE TAX COST COLUMN DOES NOT REFLECT ADJUSTED INVESTMENT.  
 # INDICATES MULTIPLE TAX LOTS  
 + FRACTIONAL SHARE EXISTS