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DLN: 93493302017215

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

| A F | or the 201 | L4 cale | endar year, or tax year beginning | 01-01-2014 , and ending 12-31 | l-2014 | | | | |
|-----------------------------|--|-------------------------|---|--|-------------|--|---------------------|----------------------------|--|
| B Ch | eck if appli | cable | C Name of organization Philadelphia Industrial Development | | | D Em | ployer ide | entification number | |
| ☐ Ad | dress chang | ge | Corporation | | | 23- | -605085 | 8 | |
| П Na | ıme change | : | % ANTHONY SIMONETTA Doing business as | | | | | | |
| ┌ Ini | tıal return | | | | | 5.7.1. | | | |
| Fir | nal turn/termina | ated | Number and street (or P O box if ma 1500 Market Street Suite 2600 West | ıl ıs not delivered to street address) Ro | om/suite | | phone nur 5)496- | | |
| ┌ An | nended retu | ım | City or town, state or province, count | ry, and ZIP or foreign postal code | | | | | |
| _ | plication pe | | Philadelphia, PA 19102 | ,, | | G Gro | ss receipts | \$ 16,991,978 | |
| | | | F Name and address of prind John Grady 1500 Market Street | cipal officer | H(| a) Is this a gro subordinate | | n for ┌ Yes ┌ No | |
| | | | Philadelphia,PA 19102 | | н(| b) Are all subo | rdınates | ┌ Yes ┌ No | |
| I Ta | ax-exempt | status | 「 501(c)(3) | nsert no) | | | ch a list | (see instructions) | |
| J W | /ebsite: 🕨 | • wwv | v pidcphila org | | H(| c) Group exen | nption nu | ımber ► | |
| K For | m of organ | ızatıon | Corporation Trust Association | Other ► | L | Year of formation | 1957 N | State of legal domicile PA | |
| Pa | rt I | Sum | mary | | | | | | |
| Governance | PIC ger —— | oc pla nerate | escribe the organization's mission and implements economic designed and produce higher tax rata | velopment initiatives which -mer bles throughout Philadelphia | | | | | |
| | | | , | | | | ı | 1 | |
| Activities & | | | of voting members of the governing | | | | 3 | 29 | |
| Ě | | | of independent voting members o | | | | 4 | 29 | |
| ₹ | | | mber of individuals employed in c mber of volunteers (estimate if ne | | | | 5 6 | 128 | |
| q. | | | • | • • | | | 7a | 0 | |
| | | | related business revenue from Pa lated business taxable income fro | | | | 7a 7b | 0 | |
| | D Ne | t unite | lated business taxable income in | 51111 01111 9 90 - 1 , IIII e 3 4 | | Prior Year | <u> </u> | Current Year | |
| | 8 0 | Control | butions and grants (Part VIII Jun | o 1 h) | | | 7,371 | 707,030 | |
| ā | | | | | | | 6,404 | 16,284,856 | |
| Revenue | | - | ment income (Part VIII, column | - · | _ | · · · · · · · · · · · · · · · · · · · | 1,664 | + | |
| $\frac{3}{4}$ | | | revenue (Part VIII, column (A), I | | | | 0 | 0 | |
| | 1 | | evenue—add lines 8 through 11 (| | · — | | | | |
| | 1 | .2) . | <u> </u> | <u> </u> | | 15,28 | 5,439 | 16,991,978 | |
| | | | and sımılar amounts paıd (Part I | | _ | 19 | 3,528 | 451,100 | |
| | | | ts paid to or for members (Part IX | | | | 0 | 0 | |
| g) | | Salarıe 5–10) | es, other compensation, employee | e benefits (Part IX, column (A), li | nes | 7,94 | 0,763 | 7,619,665 | |
| Expenses | | | sional fundraising fees (Part IX, c | column (A), line 11e) | | | 0 | 0 | |
| ੜੌ | b T | otal fur | ndraısıng expenses (Part IX, column (D), | line 25) ▶ 0 | _ | | | | |
| _ | 17 0 | ther | expenses (Part IX, column (A), lı | nes 11a-11d, 11f-24e) | $ abla$ | 7,70 | 4,713 | 8,077,797 | |
| | 18 T | otal e | expenses Add lines 13–17 (mus | t equal Part IX, column (A), line | 25) | 15,83 | 9,004 | 16,148,562 | |
| | 19 R | Reveni | ue less expenses Subtract line 1 | 8 from line 12 | | -55 | 3,565 | 843,416 | |
| Net Assets or Fund Balances | | | | | ı | Beginning of Cu Year | rrent | End of Year | |
| ess. Bak | 20 T | otala | assets (Part X, line 16) | | . [| 31,83 | 7,853 | 35,277,792 | |
| # E | 21 T | otall | iabilities (Part X, line 26) | | · · _ | 23,04 | 3,571 | 27,766,650 | |
| ZÏ | 22 N | let as | sets or fund balances Subtract I | ne 21 from line 20 | | 8,79 | 4,282 | 7,511,142 | |
| Unde my k | er penaltion nowledge arer has a | es of per and be any kr | - | | | | on all inf | | |
| | | Type | or print name and title | | | | | | |
| | | | rint/Type preparer's name | Preparer's signature | Date | Check I if | | | |
| Pai | d | ⊢ | usslee Armstrong Irm's name F GRANT THORNTON LLP | Russlee Armstrong | | self-employe | | 90303 | |
| Pre | parer | | | | | | | | |
| | Only | F | ırm's address 🟲 2001 MARKET STREET S | UITE 700 | | Phone no (2 | 215) 561-4 | 1200 | |

PHILADELPHIA, PA 19103

✓ Yes ☐ No

- BELOW MARKET RATE LENDING PROVIDE SUPPORT TO RELATED/COMBINED ENTITIES THAT ISSUE SUBORDINATED DEBT FINANCING WITH BELOW MARKET INTEREST RATES FOR CAPITAL PROJECTS FOR THE PURPOSE OF RETENTION AND GROWTH OF EMPLOYMENT IN THE CITY OF PHILADELPHIA
- (Code) (Expenses \$ 2,923,112 including grants of \$ 222,900) (Revenue \$ 3,270,258) PROPERTY MANAGEMENT - PROVIDE SERVICES TO THE CITY OF PHILADELPHIA, WHICH INCLUDE, THE SALE OR LEASE OF CONVEYED PROPERTY PIDC HAS EXPERTISE IN REAL ESTATE USAGE AND NEGOTIATIONS INVOLVING COMMERCIAL AND INDUSTRIAL DEVELOPMENT WHICH BENEFITS THE CITY OF PHILADELPHIA AND GREATER METROPOLITAN AREA THE SERVICES PROVIDED INCLUDE MAINTENANCE OF GROUNDS, OBTAINING INSURANCE ON PROPERTIES, DEFENDING
- including grants of \$ (Code) (Expenses \$ 2,068,981) (Revenue \$ 7,855,143) GRANT/CONTRACT MANAGEMENT - MANAGE FUNDING AND DISTRIBUTION OF GRANTS AND CONTRACTS TO BE USED FOR CAPITAL/COMMERCIAL PROJECTS THAT FACILITATE JOB CREATION AND ECONOMIC DEVELOPMENT WITHIN THE CITY OF PHILADELPHIA
- Other program services (Describe in Schedule O) 4d (Expenses \$ 252,047 including grants of \$) (Revenue \$ 542,373)
- Total program service expenses ► 11,470,463

4b

4c

AGAINST LAW SUITS INVOLVING PROPERTY, ETC

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 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 | | |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square} | 9 | Yes | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | No |
| 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 | | | |
| 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 | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| 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. | 11d | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | Yes | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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 | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | | No |
| 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) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | No |
| 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|----------------|--------|
| 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 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 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 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | 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> | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 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 | | No |
| 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 | | No |
| 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 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| 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 | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 990 | (2014) |

Part 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 | | | |
|-----|--|------------|-----|-----|
| | Estable number manded in Box 2 of Francisco Control Co | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 136 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| Za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6a | | N o |
| U | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | 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 | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| Ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| 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? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Check if Schedule O contains a response or note | to any line in this Part VI | | | _ | | _ | | | .I |
|--|------------------------------|-------|--|---|---|---|---|---|------|
| Check if Schedule of Contains a response of note | to any nine in this i art vi | • | | | • | | • | • | -, - |

| Se | ction A. Governing Body and Management | | | |
|-----|--|-------|--------|-----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | 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? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Νo |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| 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 | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | No |
| 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 | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | No |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | 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 | | |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►ANTHONY SIMONETTA

1500 MARKET ST SUITE 2600 WEST

Philadelphia, PA 19102 (215) 496-8122

| Form 990 (2014) | |
|-----------------|--|
|-----------------|--|

|) | а | g | e | 7 |
|---|---|---|---|---|
|---|---|---|---|---|

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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) A verage hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
|-----------------------|---|---|---|--|---|
| | for related organizations below dotted line) | Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations |

Form 990 (2014)

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

| (A) Name and Title | (B) A verage hours per week (list any hours | more t | han d n is | one both | box, ∣an (| officer | i | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
|------------------------------|---|-----------------------------------|-----------------------|-------------|---------------|------------------------------|--------|--|--|---|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations |

| 1b | Sub-Total | • | | | |
|----|---|---|-----------|---|---------|
| C | Total from continuation sheets to Part VII, Section A | ► | | | |
| d | Total (add lines 1b and 1c) | H | 2,487,357 | 0 | 334,239 |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►21

| 3 | 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> | 3 | | No |
|---|---|---|-----|----|
| 4 | 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? If "Yes," complete Schedule J for such | | | |
| | ındıvıdual | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No |

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 Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------|----------------------------|
| Geographix Inc, 201 Fulton Street RIVERTON, NJ 08077 | Π | 189,908 |
| Phillip Brandt, 1101 Market Street PHILADELPHIA, PA 19103 | legal | 140,898 |
| BDO USA LLP, TEN PENN CENTER PHILADELPHIA, PA 19103 | AUDIT | 125,087 |
| DILWORTH PAXSON, 1735 MARKET STREET PHILADELPHIA, PA 19103 | LEGAL | 100,857 |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Yes No

| Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | |
|--|----------|------------------------------------|------------------------------------|-----------------------|----------------------|--|--------------------------------|--|
| | | Check if Schear | uie O contains a respor | ise or note to any ii | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| s | 1a | Federated cam | paigns 1a | | | | | |
| s, Grants Amounts | ь | Membership du | ies 1b | | | | | |
| Gra | С | Fundraising eve | ents 1c | | | | | |
| Giffs, iilar Ai | d | Related organiz | zations 1d | | | | | |
| , Gi mila | е | Government grant | s (contributions) 1e | 707,030 | | | | |
| Contributions, Giffe and Other Similar | f | All other contribution | ons, gifts, grants, and 1f | | | | | |
| | • | sımılar amounts no | ot included above | | | | | |
| | g | Noncash contribution 1a-1f \$ | ons included in lines | | | | | |
| Con [;] and | h | Total. Add lines | s 1 a - 1 f | r r r 🕞 | 707,030 | | | |
| le | | | | Business Code | | | | |
| ven | 2a | BELOW MARKET R | | 900099 | 4,242,073 | 4,242,073 | | |
| - Fe | b | CONTRACT & GRA | NT | 900099 | 2,931,815 | 2,931,815 | | |
| 'YIC€ | C C | LOAN FEES | ODMENT | 900099 | 714,543 | 714,543 | | |
| Se . | d e | PROPERTY MANAG | | 900099 | 542,373 7,854,052 | 542,373 7,854,052 | | |
| Iranı | f | | am service revenue | 900099 | 7,034,032 | 7,034,032 | | |
| Program Serwce Revenue | _ | | | . | 16 204 056 | | | |
| | | | s 2a-2f :ome (including dividen | | 16,284,856 | | | |
| | | and other simil | aramounts) | • | 92 | | | 92 |
| | 4 5 | | stment of tax-exempt bond | proceeds • | 0 | | | |
| | | Royalties | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | | , | | | | |
| | b | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | 0 | 0 | | | | |
| | d | Net rental inco | me or (loss) | | 0 | | | |
| | 7- | Gross amount | (ı) Securities | (II) O ther | | | | |
| | 7a | from sales of assets other | | | | | | |
| | | than inventory Less cost or | | | | | | |
| | b | other basis and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | | ss) | | 0 | | | |
| e | 8a | Gross income f events (not inc | | | | | | |
| Other Revenue | | \$ of contributions | s reported on line 1c) | | | | | |
| Re | | See Part IV, lin | ne 18 a l | | | | | |
| the | ь | Less direct ex | penses b | | | | | |
| δ | С | Net income or (| (loss) from fundraising | events 🅦 | 0 | | | |
| | 9a | Gross income f See Part IV. lin | from gaming activities ne 19 | | | | | |
| | | , | а | | | | | |
| | b | | penses b | | | | | |
| | | Gross sales of | | vities | U | | | |
| | | returns and allo | owances . a | | | | | |
| | b | Less cost of g | oods sold b | | | | | |
| | С | | (loss) from sales of inve | | 0 | | | |
| | 11- | Miscellaneous | s Revenue | Business Code | | | | |
| | 11a b | | | | | | | |
| | c | | | | | | | |
| | d | All other reven | ue | | | | | |
| | е | Total. Add lines | | | 0 | | | |
| | 12 | Total revenue. | See Instructions . | 🛌 | 16,991,978 | 16,284,856 | | 92 |
| | | | | | 10,551,578 | 10,204,030 | | L 92 |

Part IX Statement of Functional Expenses

| Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete c | column | ı (A |) |
|--|--------|------|---|
|--|--------|------|---|

| Section | n 501(c)(3) and 501(c)(4) organizations must complete all columns All | | | | |
|---------|---|-----------------------|---|---|--|
| | Check if Schedule O contains a response or note to any line in this | Part IX | | | <u>Г</u> |
| | t include amounts reported on lines 6b, , 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 451,100 | 451,100 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,702,812 | 646,198 | 1,056,614 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 4,154,901 | 2,527,404 | 1,627,497 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 1,329,933 | 716,495 | 613,438 | |
| 10 | Payroll taxes | 432,019 | 239,351 | 192,668 | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| b | Legal | 288,038 | 248,709 | 39,329 | |
| c | Accounting | 204,502 | 33,018 | 171,484 | |
| d | Lobbying | 126,000 | 1,385 | 124,615 | |
| e | Professional fundraising services See Part IV, line 17 | 0 | , | , | |
| f | Investment management fees | 0 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 130,953 | | 130,953 | |
| 12 | Advertising and promotion | 6,945 | 6,945 | | |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 480,290 | 237,330 | 242,960 | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 61,203 | 61,203 | | |
| 21 | Payments to affiliates | 0 | ,-30 | | |
| 22 | Depreciation, depletion, and amortization | 79,871 | | 79,871 | |
| 23 | Insurance | 640,251 | 574,703 | 65,548 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | |
| а | OTHER EXPENSES | 1,228,214 | 895,092 | 333,122 | |
| b | DIRECT CONTRACT EXPENSES | 4,831,530 | 4,831,530 | | |
| c | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 16,148,562 | 11,470,463 | 4,678,099 | 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) | 23,210,302 | 22, | .,,570,033 | 0 |

Part X Balance Sheet

| 1 Cash-non-interest-bearing Bigmining of year | Pai | rt X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X | | • | |
|--|----------|------|---|---------------------------------------|-----|------------|
| 2 Savings and temporary cash investments 13,002,808 2 15,008,204 3 Pledges and grants receivable, net 0 3 4 3,002,475 4 Accounts receivable, net 1,008,137 4 3,002,475 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highly stockedule L 0 5 0 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), persons described in section 4958(f(1)), by 30 10 10 10 10 10 10 7 Notes and loans receivables from other disqualified persons (as defined under section 4958(f(1)), persons described in section 4958(f(1)), by 30 10 10 10 10 10 10 10 | | | | | | |
| 3 Pledges and grants receivable, net 0 3 0 0 1,568,137 4 3,882,476 5 5 0 0 0 0 0 0 0 0 | | 1 | Cash-non-interest-bearing | 0 | 1 | 0 |
| A Recounts receivable, net 1.588.107 4 3.882.478 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I. 0 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), persons described in section 4958(f(2))(8)), and contributing employees and sponsoning organizations of section 4958(f(2))(8), and contributing employees and sponsoning organizations of section 591(f(2)0) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule I. 0 6 0 7 Notes and loans receivable, net 900 0 7 2.261.798 100 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule I. 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 2 | Savings and temporary cash investments | 13,092,889 | 2 | 15,038,234 |
| 10 | | 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| ### Page 25 ### | | 4 | Accounts receivable, net | 1,568,137 | 4 | 3,882,475 |
| 1 | | 5 | employees, and highest compensated employees Complete Part II of | | | _ |
| 9 Prepaid expenses and deferred charges 168,851 9 95,434 10a | 90 | 6 | 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 | | | 0 |
| 9 Prepaid expenses and deferred charges 168,851 9 95,434 10a | क् | | | | | |
| 9 Prepaid expenses and deferred charges 168,851 9 95,434 10a | 8 | 7 | | · · · · · · · · · · · · · · · · · · · | | 2,261,799 |
| 10a | _ | 8 | Inventories for sale or use | 0 | 8 | |
| Part VI of Schedule D 100 1,821,565 100 117,766,100 11 1,821,565 100 117,766,100 11 1,821,565 100 117,766,100 11 1,821,565 100 11 1,821,565 100 11 1,821,565 100 11 1,821,565 100 11 1,821,565 100 11 1,821,565 11 1,821,565 11 1,821,565 11 1,821,565 12 1,821,565 12 1,821,565 12 1,821,565 12 1,821,565 12 1,821,565 12 1,821,565 13 1,821,565 13 1,821,565 13 1,821,565 13 1,821,565 13 1,821,565 13 1,821,565 13 1,821,565 14 1,821,565 14 1,821,565 15 1,821,565 1,821,565 15 1,821,565 15 1,821,565 15 1,821,565 15 1,821,565 15 1,821,565 15 1,821,565 15 1,821,565 15 1,821,565 1 | | 9 | Prepaid expenses and deferred charges | 166,851 | 9 | 85,434 |
| 11 Investments—publicly traded securities 0 11 0 0 12 0 0 13 10 0 12 0 0 13 10 0 13 10 0 13 10 0 13 10 0 13 10 0 14 0 0 13 10 0 14 0 0 15 10 14 10 0 15 10 14 10 0 15 15 10 14 10 0 15 15 10 14 10 0 15 15 10 14 10 0 15 15 10 14 15 15 13 15 15 | | 10a | | | | |
| 12 Investments—other securities See Part IV, line 11 0 12 0 0 13 10 0 14 0 0 14 0 0 14 0 0 15 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 0 15 0 0 0 0 0 0 0 0 0 | | Ь | Less accumulated depreciation 10b 1,643,960 | 116,659 | 10c | 177,605 |
| 13 Investments—program-related See Part IV, line 11 0 13 0 0 14 0 0 15 0 0 14 0 0 0 15 0 0 14 0 0 0 15 0 0 14 0 0 0 0 0 0 0 0 0 | | 11 | Investments—publicly traded securities | 0 | 11 | 0 |
| 14 | | 12 | Investments—other securities See Part IV, line 11 | 0 | 12 | 0 |
| 15 | | 13 | Investments—program-related See Part IV, line 11 | 0 | 13 | 0 |
| Total assets. Add lines 1 through 15 (must equal line 34) 31,837,853 36 35,277,792 | | 14 | Intangible assets | 0 | 14 | 0 |
| 17 | | 15 | Other assets See Part IV, line 11 | 15,984,317 | 15 | 13,832,245 |
| 18 Grants payable | | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 31,837,853 | 16 | 35,277,792 |
| 19 Deferred revenue | | 17 | Accounts payable and accrued expenses | 1,266,255 | 17 | 1,031,049 |
| Tax-exempt bond liabilities | | 18 | Grants payable | 0 | 18 | 0 |
| 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 19 | Deferred revenue | 6,833,082 | 19 | 9,151,470 |
| Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 |
| Unsecured notes and loans payable to unrelated third parties | ø | 21 | Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | 258,622 | 21 | 253,622 |
| Unsecured notes and loans payable to unrelated third parties | ilitie | 22 | | | | |
| Unsecured notes and loans payable to unrelated third parties | qе | | persons Complete Part II of Schedule L | 0 | 22 | 0 |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 24 | Unsecured notes and loans payable to unrelated third parties | 909,000 | 24 | 2,261,799 |
| 26 Total liabilities. Add lines 17 through 25 | | 25 | and other liabilities not included on lines 17-24) Complete Part X of Schedule | | | |
| Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | | | | | · · |
| lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | 26 | | 23,043,571 | 26 | 27,766,650 |
| 30 Capital stock or trust principal, or current funds | e S | | | | | |
| 30 Capital stock or trust principal, or current funds | Ë | 27 | - | 8 794 282 | 27 | 7 511 142 |
| 30 Capital stock or trust principal, or current funds | <u>ප</u> | | | · · · · · | | |
| 30 Capital stock or trust principal, or current funds | <u> </u> | | | | | |
| 30 Capital stock or trust principal, or current funds | Š | | · | | | |
| 30 Capital stock or trust principal, or current funds | ш Н | | | | | |
| 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | 30 | | | 30 | |
| 33 Total net assets or fund balances | Ř | 31 | | | 31 | |
| 33 Total net assets or fund balances | ASS | 32 | | | 32 | |
| 34 Total liabilities and net assets/fund balances | | 33 | Total net assets or fund balances | 8,794,282 | 33 | 7,511,142 |
| | Z | 34 | Total liabilities and net assets/fund balances | 31,837,853 | 34 | 35,277,792 |

| Pai | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | F |
|-----|--|---------|--------------|------|-------------|
| | , , , , , , , , , , , , , , , , , , , | | | | <u> </u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 16,9 | 991,978 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 148,562 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 343,416 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 794,282 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 0,7 | 71,202 |
| 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 in Schedule O) | 9 | | -2,1 | 126,556 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 7,5 | 511,142 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . Г |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Νo |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | wed o | n | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both | rate | | | |
| | ☐ Separate basis ☐ Both consolidated and separate basis | | | | |
| C | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | t of th | 1e 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 1 | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 9 | За | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | Yes | |

Software ID: Software Version:

EIN: 23-6050858

Name: Philadelphia Industrial Development

Corporation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | | |
|--|--|------------------------------------|--------------------------|----------------------|------------------------|------------------------------|--------|--|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related | Posit more th perso and a | ion (nan o n is b | ne b oth ctor/ | ox, ι an o ⁄trus | inless fficer tee) | | (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 | |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1033-1413-0 | 2/1033-1413-0 | related organizations | |
| (1) M Walter D'Alessio | 0 5 | X | | × | | | | 0 | 0 | 0 | |
| Chairman (1) Robert C Wonderling | 10 | | | | | | | | | | |
| Vice Chairman | 1 0 | Х | | Х | | | | 0 | 0 | 0 | |
| (2) Edward H Morris | 0 5 | V | | V | | | | | 0 | 0 | |
| Treasurer | 1 0 | Х | | Х | | | | 0 | 0 | 0 | |
| (3) David E Beavers | 0 5 | X | | × | | | | 0 | 0 | 0 | |
| Secretary | 1 0 | | | <u> </u> | | | | | | | |
| (4) Andrea Allon | 0 5 | x | | | | | | 0 | 0 | 0 | |
| Director (5) Craig Carnaroli | 10 | - | | _ | | | | | | | |
| Director | 1 0 | х | | | | | | 0 | 0 | 0 | |
| (6) Fred Cosenza | 0 05 | | | | | | | | | | |
| Director | 0 1 | X | | | | | | 0 | 0 | 0 | |
| (7) Alan Greenberger | 0 5 | x | | | | | | 0 | 0 | 0 | |
| Director | 1 0 | ^ | | | | | | Ů | 0 | 0 | |
| (8) Rıchard Negrın | 0 5 | X | | | | | | 0 | 0 | 0 | |
| Director (0) Michael A Nutter | 10 | | | | | | | | | | |
| (9) Michael A Nutter | | Х | | | | | | 0 | 0 | 0 | |
| Director (10) Salvatore J Patti | 0 5 | | | | | 1 | | | | | |
| Director | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| (11) Angelo R Perryman | 0 05 | , | | | | | | | | | |
| Director | 0 1 | Х | | | | | | 0 | 0 | 0 | |
| (12) Michael Rashid | 0 05 | X | | | | | | 0 | 0 | 0 | |
| Director (13) William R Sautter | 0 1 | | | | | <u> </u> | | | | | |
| | 0 05 | Х | | | | | | 0 | 0 | 0 | |
| Director (14) Shelley R Smith | 0 1 | | | | | | | | | | |
| Director | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| (15) Joseph H Weiss | 0 05 | | | | | | | | | | |
| Director | 0 1 | Х | | | | | | 0 | 0 | 0 | |
| (16) Amheenah Young | 0 5 | x | | | | | | 0 | 0 | 0 | |
| Director | 1 0 | | | | | | | | | | |
| (17) Christina Cavalieri | 0 05 | X | | | | | | 0 | 0 | 0 | |
| Director (18) Leslie Anne Miller | 0 1 | | | | | | | | | | |
| Director | 0 1 | Х | | | | | | 0 | 0 | 0 | |
| (19) Bob Moul | 0 05 | | | | | | | | | | |
| Director | 0 1 | X | | | | | | 0 | 0 | 0 | |
| (20) Thomas Queenan | 0 05 | x | | | | | | 0 | 0 | 0 | |
| Director | 0 1 | | | | | | | | | | |
| (21) kenneth lawrence | 0 05 | x | | | | | | 0 | 0 | 0 | |
| director (22) DARRELL CLARKE | 0 1 | | | | | | | | | | |
| | | х | | | | | | 0 | 0 | 0 | |
| DIRECTOR (23) MICHAEL A BROWN | 0 05 | | | | | | | | | | |
| DIRECTOR | 0 1 | X | | | | | | 0 | 0 | 0 | |
| (24) RICK GRIMALDI | 0 05 | | | | | | | _ | ^ | | |
| DIRECTOR | 0 1 | Х | | | | | | 0 | 0 | 0 | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Inde (A) Name and Title | (B) A verage hours per week (list any hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | |
|--|---|--|-----------------------|----------|--------------|--|--------|---|---|--|--|
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1033 (1130) | 2,1033 11130) | related organizations | |
| (26) SUZANNE S MAYES | 0 05 | l x | | | | | | 0 | 0 | 0 | |
| DIRECTOR | 0 1 | ^ | | | | | | Ů | | | |
| (1) ELIZABETH MURPHY | 0 05 | l x | | | | | | 0 | 0 | 0 | |
| DIRECTOR | 0 1 | ^ | | | | | | Ŭ. | · · | <u> </u> | |
| (2) KEITH ORRIS | 0 05 | l x | | | | | | 0 | 0 | 0 | |
| DIRECTOR | 0 1 | ^ | | | | | | 0 | 0 | | |
| (3) ROB DUBOW | 0 5 | | | | | | | 0 | 0 | 0 | |
| DIRECTOR | 1 0 | X | | | | | | U | U | 0 | |
| (4) John Grady | 33 5 | | | Ų | | | | 206 540 | ^ | 21.462 | |
| President | 4 0 | | | × | | | | 286,548 | 0 | 31,463 | |
| (5) anthony simonetta | 33 5 | | | | | | | | _ | | |
| Senior Vice President | 4 0 | | | X | | | | 204,567 | 0 | 10,941 | |
| (6) sam rhoads | 33 5 | | | Ī., | | | | | | | |
| Executive Vice President | 4 0 | | | X | | | | 209,334 | 0 | 16,446 | |
| (7) Anne Nevins | 33 5 | | | | | | | | | | |
| Senior Vice President | 4 0 | | | Х | | | | 174,249 | 0 | 23,055 | |
| (8) Paul Deegan | 33 5 | | | | | | | | | | |
| Senior Vice President | 4 0 | | | Х | | | | 155,848 | 0 | 22,267 | |
| (9) TERESEA Demusis | 33 5 | | | | | | | | | | |
| Senior Vice President | 4 0 | | | Х | | | | 158,162 | 0 | 10,976 | |
| (10) Joseph Mee | 33 5 | | | | | | | | | | |
| Assistant Secretary | 4 0 | | | Х | | | | 138,846 | 0 | 28,314 | |
| (11) Williams J Agate Jr | 33 5 | | | | | | | | | | |
| Senior Vice President | 4 0 | | | Х | | | | 169,566 | 0 | 28,371 | |
| (12) Thomas Dalfo | 33 5 | | | | | | | | | | |
| senior Vice President | 4 0 | | | Х | | | | 152,511 | 0 | 31,641 | |
| (13) Mary Corcoran | 33 5 | | | | | | | | | | |
| Assistant Secretary | 4 0 | | | Х | | | | 82,596 | 0 | 10,768 | |
| (14) ilene burak | 33 5 | | | | | | | | | | |
| senior vice president | 4 0 | | | Х | | | | 141,016 | 0 | 34,939 | |
| (15) Carole Bennis | 33 5 | | | | | | | | | | |
| Vice President | 4 0 | | | | | X | | 138,558 | 0 | 355 | |
| (16) Marla Hamilton | 33 5 | | | | | | | | | | |
| Vice President | 4 0 | | | | | X | | 123,525 | 0 | 10,884 | |
| (17) Carol de Fries | 33 5 | | | | | | | | | | |
| Vice President | 4 0 | | | | | x | | 118,499 | 0 | 24,613 | |
| (18) AVRUM KANTOR | 33 5 | | | | | | | | | | |
| | | | | | | x | | 118,314 | 0 | 24,608 | |
| VICE PRESIDENT (19) Tiffany Canady | 33 5 | | | | | 1 | | | | | |
| | | | | | | x | | 115,218 | 0 | 24,598 | |
| Vice President | 4 0 | <u> </u> | | <u> </u> | <u> </u> | | l | | | | |

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DLN: 93493302017215

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

| Name (| of the organization phia Industrial Development | <u></u> | Employer identification number |
|----------------|--|--|---|
| Part I | Organizations Maintaining Donor Adv | | 23-6050858 unds or Accounts. Complete if the |
| | organization answered "Yes" to Form 990, | (a) Donor advised funds | (b) Funds and other accounts |
| Τo | tal number at end of year | (a) beneficially defined | (2) Tanas and same descents |
| | gregate value of contributions to (during year) | | |
| | gregate value of grants from (during year) | | |
| _ | gregate value at end of year | | |
| | | | |
| fur | d the organization inform all donors and donor advisonds are the organization's property, subject to the organization's property, subject to the organization's property, subject to the organization. | ganızatıon's exclusıve legal control? | ☐ Yes ☐ No |
| us | d the organization inform all grantees, donors, and do ed only for charitable purposes and not for the benefi inferring impermissible private benefit? | | |
| art I | I Conservation Easements. Complete if | the organization answered "Yes" t | o Form 990, Part IV, line 7. |
| Pu | irpose(s) of conservation easements held by the orga | anızatıon (check all that apply) | |
| Γ | Preservation of land for public use (e g , recreation | or education) Γ Preservation of ar | historically important land area |
| Γ | Protection of natural habitat | Preservation of a | certified historic structure |
| Γ | Preservation of open space | | |
| | omplete lines 2a through 2d if the organization held a sement on the last day of the tax year | qualified conservation contribution in t | the form of a conservation |
| | , , | | Held at the End of the Year |
| То | tal number of conservation easements | | 2a |
| То | otal acreage restricted by conservation easements | | 2b |
| Nι | umber of conservation easements on a certified histo | rıc structure ıncluded ın (a) | 2c |
| | umber of conservation easements included in (c) acq storic structure listed in the National Register | uired after 8/17/06, and not on a | 2d |
| | umber of conservation easements modified, transferre | ed, released, extinguished, or terminate | ed by the organization during |
| Nι | umber of states where property subject to conservation | on easement is located ► | |
| Do | pes the organization have a written policy regarding t forcement of the conservation easements it holds? | | dling of violations, and Yes No |
| St ⊾ | aff and volunteer hours devoted to monitoring, inspec | cting, and enforcing conservation easer | ments during the year |
| | mount of expenses incurred in monitoring, inspecting | , and enforcing conservation easement | s during the year |
| | \$ bes each conservation easement reported on line 2(d id section 170(h)(4)(B)(ii)? | l) above satisfy the requirements of sec | tion 170(h)(4)(B)(i) |
| I n ba | Part XIII, describe how the organization reports con lance sheet, and include, if applicable, the text of the | e footnote to the organization's financia | d expense statement, and |
| | organization's accounting for conservation easeme Organizations Maintaining Collections Complete if the organization answered "Yes | s of Art, Historical Treasures, | or Other Similar Assets. |
| wo | the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asset rvice, provide, in Part XIII, the text of the footnote to | 16 (ASC 958), not to report in its reve ts held for public exhibition, education, | or research in furtherance of public |
| If wo | the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar assets rvice, provide the following amounts relating to these | 16 (ASC 958), to report in its revenue ts held for public exhibition, education, | statement and balance sheet |
| (i) | Revenue included in Form 990, Part VIII, line 1 | | ► \$ |
| | Assets included in Form 990, Part X | | ▶ \$ |
| Ιf | Assets included in Form 990, Part X the organization received or held works of art, histori llowing amounts required to be reported under SFAS : | | or financial gain, provide the |
| | evenue included in Form 990, Part VIII, line 1 | (| ► \$ |
|) Λ α | scats included in Form 990. Part V | | ▶ ¢ |

| Part | ••• Organizations Maintaining Co | <u>llections of Art</u> | <u>, His</u> | tori | cal T | <u>reasu</u> | <u>res, or Ot</u> | the | r Similar As | <u>ssets</u> | (cont | <u>inued)</u> |
|---------|---|-------------------------|--------------|----------------|---------|----------------------|------------------------------|--------------|--------------------------------|---------------|---------|---------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | on, and other record | ds, ch | neck | any of | the follo | owing that a | re a | sıgnıfıcant us | e of its | | |
| а | Public exhibition | | d | Г | Loan | or exch | nange progra | ams | | | | |
| b | Scholarly research | | e | Γ | Othe | r | | | | | | |
| c | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın hov | w the | y furth | er the o | rganızatıon' | s ex | empt purpose | ın | | |
| 5 | During the year, did the organization solicit of | | | | | | | | ılar | _ | _ | _ |
| В- | assets to be sold to raise funds rather than t | | • | | | | | | | Г Ye: | s | No_ |
| Par | Part IV, line 9, or reported an an | | | | | | answered | 1 "Y | es" to Form | 990, | | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ıan or other ınterme | ediary | forc | ontribi | utions o | r other asse | ets r | ot | ┌ Ye | s [| . No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | follov | ving 1 | able | | _ | | | | | |
| | | | | | | | | | A | mount | | |
| С | Beginning balance | | | | | | - | 1c | | | | |
| d | Additions during the year | | | | | | - | 1d | | | | |
| е | Distributions during the year | | | | | | <u> </u> | 1e | | | | |
| f | Ending balance | | | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | e 21, | for e | scrow | orcusto | dıal accoun | it lia | bility? | ✓ Ye | | No |
| b | If "Yes," explain the arrangement in Part XII | I Check here if the | expla | anatı | on has | been p | rovided in P | art > | KIII | | Ŀ | 7 |
| Pa | t V Endowment Funds. Complete | | n ans | wer | ed "Ye | | | | | | | |
| | | (a)Current year | (b) |) Prior | year | b (c) Tv | vo years back | (d)1 | hree years back | (e) Fo | ır year | s back |
| 1a - | Beginning of year balance | | | | | | | | | | | |
| Ь | Contributions | | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curi | rent year end balanc | ce (lın | e 1g | , colun | nn (a)) h | neld as | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | | |
| ь | Permanent endowment - | | | | | | | | | | | |
| c | Temporarily restricted endowment ► | | | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | uld equal 100% | | | | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | ation | that | are hel | d and a | dmınıstered | for | the | | | |
| | organization by | | | | | | | | _ | - | es | No |
| | (i) unrelated organizations | | | • | | | | • | 3a | | + | |
| L | (ii) related organizations | | | | | | | | · · · · · · | (ii) | + | |
| ь 4 | If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the | | | | | | | • | 🗀 | b | | |
| | t VI Land, Buildings, and Equipme | | | | | n answ | ered 'Ves' | to | Form 990 P | art IV | line | |
| I GI | 11a. See Form 990, Part X, line | | uic o | rgai | 1124110 | ii answ | reieu ies | to | 101111 330, 1 | ai C I V | , | ' |
| | Description of property | | | | | or other estment) | (b)Cost or of basis (othe | | (c) Accumulate depreciation | ed (d |) Book | value |
| 1a | and | | | | | | | | | | | |
| | Buildings | | | | | | | | | | | |
| | | | | 1 | | | ļ | | | | | |
| | easehold improvements | | | | | | 621. | .387 l | 621 | 387 | | |
| | · | | | | | | 621, 705, | .387 .636 | 621, 559, | _ | 1 | L45,642 |
| d I | Equipment | | | | | | | 636 | | 994 | | 31,963 |

| Part VII Investments—Other Securities. Co See Form 990, Part X, line 12. | mplete if the organization | n answered 'Yes' to For | rm 990, Part IV, line 11b. |
|---|------------------------------|--|----------------------------|
| (a) Description of security or category (including name of security) | (b)Book value | (c) Method of v Cost or end-of-year | |
| (1)Financial derivatives | | , | |
| (2)Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | F | | |
| Part VIII Investments—Program Related. C | Complete if the organization | on answered 'Yes' to Fo | orm 990, Part IV, line 11c |
| See Form 990, Part X, line 13. | | | |
| (a) Description of investment | (b) Book value | (c) Method of v | |
| | | Cost or end-of-year | market value |
| | | 1 | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | * | | |
| Part IX Other Assets. Complete if the organization | | Dart IV line 11d See | Form 990 Part V June 15 |
| (a) Desc | | o, raiciv, iliciia see | (b) Book value |
| (1) DUE FROM RELATED PARTIES | | | 12,160,119 |
| (2) DUE FROM AFFILIATED PARTIES | | | 1,672,126 |
| (2) 502 11011 711 1217 125 1710 125 | | | 1,0,2,120 |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line | 15.) | | 13,832,245 |
| Part X Other Liabilities. Complete if the org | | to Form 990 Dart IV | |
| Form 990, Part X, line 25. | amzadon answered 165 | to rolling 350, Pdit IV, | mic 11c Of 11f. 3ee |
| 1 (a) Description of liability | (b) Book value | | |
| Federal income taxes | 0 | 1 | |
| | | 1 | |
| DUE TO RELATED PARTIES | 9,243,845 | 1 | |
| ACCRUED POST RETIREMNT BENEFIT | 5,028,588 | 4 | |
| DUE TO OTHER AGENCIES | 796,277 | 4 | |
| | | | |
| | | 1 | |
| | | | |
| | | 1 | |
| | | 1 | |
| | | | |
| | | 4 | |
| | | | |
| | | 1 | |
| | |] | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 15,068,710 |] | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | the organization's financia | ol statements that rener |

Reconciliation of Expenses

| Par | | levenue per Audited Financial Sta wered 'Yes' to Form 990, Part IV, line : | | nts With Revenue | per R | eturn Complete If |
|----------------|--|---|---|--|--|--|
| 1 | <u>-</u> | er support per audited financial statements | | | 1 | 16,991,978 |
| 2 | Amounts included on line 1 b | ut not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) | on investments | 2a | | | |
| b | Donated services and use of | facilities | 2b | | 1 | |
| c | Recoveries of prior year grant | .s | 2c | | 1 | |
| d | Other (Describe in Part XIII |) | 2d | | 1 | |
| e | Add lines 2a through 2d | | · | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | 16,991,978 |
| 4 | Amounts included on Form 99 | 90, Part VIII, line 12, but not on line 1 | | | | |
| a | Investment expenses not inc | luded on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII |) | 4b | | | |
| С | Add lines 4a and 4b | | | | 4c | |
| 5 | Total revenue Add lines 3 an | d 4c. (This must equal Form 990, Part I, line | 12) | | 5 | 16,991,978 |
| Par | | xpenses per Audited Financial St | | | s per | Return. Complete |
| | | nswered 'Yes' to Form 990, Part IV, line r audited financial statements | | | 1 | 10 275 110 |
| 1 | · | | | | <u> </u> | 18,275,118 |
| 2 | | it not on Form 990, Part IX, line 25 | ا ء۔ | 1 | | |
| a | | acılıtıes | — | | - | |
| b | Prior year adjustments | | 2b | | - | |
| C - | Other losses | | 2c | 2 1 2 6 5 5 6 | - | |
| d | · | | 2d | 2,126,556 | ┪ | 2 1 2 6 5 5 6 |
| e | J | | | | 2e | 2,126,556 |
| 3 | | O Down IV line 25 but not on line 4. | | | 3 | 16,148,562 |
| 4 | | 0, Part IX, line 25, but not on line 1: | ـها | 1 | | |
| a | • | uded on Form 990, Part VIII, line 7b | | | - | |
| Ь | | | 4b | | ٠, | |
| C E | | | | | 4c | 16 140 562 |
| 5 Dar | Supplemental In | nd 4c. (This must equal Form 990, Part I, lir | ie 18) | | 5 | 16,148,562 |
| P rov P art | ide the descriptions required fo | r Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and | | | | de any additional |
| | Return Reference | Explanation | | | | |
| Escro | w and Custodial Arrangements | The Escrow account represents interest e on loans managed by PIDC | arned t | hat is payable to the De | elaware | River Port Authority |
| FIN 4 | 8 (ASC 740) FOOTNOTE | Philadelphia Industrial Development Corp present combined financial statements. The for Accounting for Uncertainty in Income a derecognized based on a "more likely than than not threshold, the amount recognized that has a greater than 50 percent likelihor relevant taxing authority. Management be such, no provision is recorded in the combined returns with the Internal Revenue Service the IRS for a period of three years. While IRS, tax years since 2012 remain open. | he com Taxes, n not" t I in the bod of b lieves t Dined st (IRS) | bined financial stateme which requires that a ta hreshold. For tax postite combined financial stateing realized upon ultimaters are no uncertain to attements of activities. | nts inc x positions me ements aate se ax posi PIDC i subject | ludes the assessment tion be recognized or eting the more likely is is the largest benefit tilement with the litions for PIDC, as is required to file tax it to examination by |

The change in pension and postretirement benefit other than net periodic benefit cost was

(\$2,126,556) at December 31, 2014

| Jenedale 2 (1 31111 33 3) 23 13 | | i age 💆 |
|------------------------------------|----------------|---------|
| Part XIII Supplemental Information | on (continued) | |
| Return Reference | Explanation | |
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Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493302017215 Schedule I OMB No 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) 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. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Philadelphia Industrial Development 23-6050858 Corporation Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable cash valuation non-cash assistance or assistance grant or government assistance (book, FMV, appraisal, other) See Additional Data Table

| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 7 |
|---|---|---|
| 3 | Enter total number of other organizations listed in the line 1 table | 8 |

| Schedule I | (Form 990) 2014 |
|------------|---|
| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. |
| | Part III can be duplicated if additional space is needed. |

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|---------------------------------|-------------------------------------|-----------------------------------|--|---------------------------------------|
| | | | | | |

| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | | |
| Grant Funds Inside U S | PIDC has controls in place to ensure grant proceeds will be used and distributed in accordance with the terms of the grant agreement. A review of grant proceeds is done during the application process, through which, grantees request funds. Management reviews the documentation provided by grantees to ensure the request meets the criteria of the grant agreement. | | | | | | | |

Schedule I (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 23-6050858

Name: Philadelphia Industrial Development

Corporation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|
| DELAWARE RIVER WATERFRONT CORP121 N COLUMBUS BLVD PHILADELPHIA,PA 19106 | 23-1734559 | 501(c)(3) | 55,391 | | | | Econ Development |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| 2131 N AMERICAN STREET INC2131 N AMERICAN ST PHILADELPHIA, PA 19122 | 42-1543420 | | 12,000 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|---------|---------------------------------------|------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SAINT BENJAMIN BREWING COMPANY310 RICHMOND STREET PHILADELPHIA,PA 19125 | | | 12,000 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| 310 MASTER LLC1314 N 4TH STREET PHILADELPHIA,PA 19122 | 46-1108867 | | 12,000 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| COMMUNITY DESIGN COLLABORATIVE1216 ARCH STREET PHILADELPHIA,PA 19107 | 23-2835435 | | 10,000 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| TRIPLE EIGHT INVESTMENTS246 W GIRARD STREET PHILADELPHIA,PA 19123 | 27-3992047 | | 8,000 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| FRONT STREET STEAKS615 S 24TH STREET PHILADELPHIA,PA 19146 | | | 7,715 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| HERBERT YENNIS & CO 7300 CITY AVENUE PHILADELPHIA,PA 19151 | 23-2245122 | | 6,483 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| READING TERMINAL MARKET51 N 12 STREET PHILADELPHIA,PA 19107 | 23-2754641 | | 5,113 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MONTGOMERY COUNTY DEVELOPMENT1430 DEKALB STREET NORRISTOWN,PA 19401 | 23-2334149 | 501(c)(3) | 61,378 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| BUCKS COUNTY ECONOMIC DEVELOPMENT 2 EAST COURT STREET DOYLESTOWN,PA 18901 | 23-1524674 | 501(c)(3) | 48,914 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| DELAWARE COUNTY ECONOMIC DEVELOPMENT 100 W SIXTH STREET SUITE 100 MEDIA,PA 19063 | 23-2607596 | 501(c)(3) | 45,798 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CHESTER COUNTY ECONOMIC DEVELOPMENT 737 CONSTITUTION DRIVE EXTON,PA 19341 | I | 501(c)(3) | 36,450 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| GREATER BERKS DEV FUND201 PENN STREET READING,PA 19601 | 23-6392284 | 501(c)(3) | 28,660 | | | | ECON DEVELOPMENT | | |

| Form 990,Schedule I, Pai | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|---|------------------------------------|--------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| PORT RICHMOND INDUSTRIAL DEVELOPMENT4500 WORTH STREET PHILADELPHIA,PA 19124 | 23-3059821 | 501(c)(3) | 12,043 | | | | ECON DEVELOPMENT | | |

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DLN: 93493302017215

OMB No 1545-0047

Compensation Information

Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest

> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Compensated Employees

Open to Public Inspection

Name of the organization Philadelphia Industrial Development Corporation

Department of the Treasury

Internal Revenue Service

Employer identification number

23-6050858

| Pa | Questions Regarding Compensation | | | | | |
|----|--|--|--|----|-----|----|
| | | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to | | | | | |
| | First-class or charter travel | Γ | Housing allowance or residence for personal use | | | |
| | Travel for companions | Γ | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | \sqcap | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Г | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the orga | | | | | |
| | reimbursement or provision of all of the expenses desc | | | 1b | | |
| 2 | Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut | | | 2 | | |
| | | | | | | |
| 3 | Indicate which, if any, of the following the filing organize organization's CEO/Executive Director Check all that used by a related organization to establish compensation | apply | y Do not check any boxes for methods | | | |
| | Compensation committee | Г | Written employment contract | | | |
| | Independent compensation consultant | Ė | Compensation survey or study | | | |
| | Form 990 of other organizations | <u> </u> | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Pai or a related organization | rt VII | , Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control pa | ymen | t? | 4a | | Νo |
| b | Participate in, or receive payment from, a supplementa | ıl non | qualified retirement plan? | 4b | | No |
| c | Participate in, or receive payment from, an equity-base | ed co | mpensation arrangement? | 4c | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provi | ide th | e applicable amounts for each item in Part III | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizatio | ns mı | ust complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, lir compensation contingent on the revenues of | ne 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 5a | | Νo |
| b | Any related organization? | | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line compensation contingent on the net earnings of | ne 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | Νo |
| b | Any related organization? | | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des | | | 7 | Yes | |
| 8 | Were any amounts reported in Form 990, Part VII, paid | | | | | |
| | subject to the initial contract exception described in R | egula | tions section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Part III | | | 8 | | Νo |
| 9 | If "Yes" to line 8, did the organization also follow the resection $53\ 4958-6(c)$? | ebutta | able presumption procedure described in Regulations | 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | (B) Breakdown o | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of | (F) Compensation in |
|---------------------------|--------------------------|---|---|--------------------------------|----------------|-----------------------|--|
| | (i) Base compensation | (ii) Bonus & ıncentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | columns (B)(ı)-(D) | column(B) reported as deferred in prior Form 990 |
| See Additional Data Table | | | | | | | |

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| 50 complete this part for any daditional minimation | | | | |
|---|---|--|--|--|
| Return Reference | Explanation | | | |
| Non-Fixed Payments | PIDC has established a Compensation Program to ensure the salaries and benefits paid to officers and employees is fair, competitive, and reflective of an employee's actual performance. The compensation structure embeds a risk based component that considers achievement of performance goals | | | |
| Defined Benefit Plan | PIDC offers a defined benefit plan (the "Plan") to its employees Participants become eligible to receive retirement benefits the first month on or the next following attainment of age 60 and completion of 5 years of vesting services from the date they become eligible participants of the Plan Effective December 31, 2014, the Plan's existing participants' accrued benefits were frozen, and no new participants were allowed into the Plan As a result of the Plan's freeze, the benefit is based upon a participant's service and compensation as of December 31, 2014, and expressed in the form of a fixed monthly benefit for his/her life commencing at normal retirement. The form 990 requires management to report as deferred compensation the annual increase or decrease in actuarial value, if any, of a defined benefit plan. As the change in the present value of the defined benefit plan's liability does not correspond to the actual benefit due to the Plan participants and the Plan was frozen effective December 31, 2014, management did not report a value within Part II column (c) PIDC offers a 457(b) non-qualified retirement plan, a self-funded deferred compensation plan to eligibile individuals. The amount of individual contributions to the 457B plan is included within Part II, column (c) | | | |

Schedule J (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 23-6050858

Name: Philadelphia Industrial Development

Corporation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | (B) Breakdown (i) Base Compensation | of W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation | SC compensation (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|--|---|---|---|--|-----------------------------------|------------------------------------|---|
| 1 John Grady, President | (I) 230,00 (II) | 0 0 50,000 0 | 6,548 | 0 | 31,463 0 | 318,011 | |
| 1 anthony simonetta, Senior Vice President | (I) 185,00 (II) | 0 0 18,500 0 | 1,067 | 0 | 10,941 0 | 215,508 | |
| 2 sam rhoads, Executive Vice President | (I) 190,00 (II) | 0 0 19,000 0 | 334 | 0 | 16,446 0 | 225,780 | |
| 3 Anne Nevins, Senior Vice President | (I) 159,67 (II) | 4 14,500 0 0 | 75 0 | 5,500 0 | 17,555 0 | 197,304 0 | |
| 4 Paul Deegan, Senior Vice President | (I) 148,07 (II) | 3 7,500 0 0 | 275 | 0 | 22,267 0 | 178,115 0 | |
| 5 TERESEA Demusis, Senior Vice President | (I) 149,47 (II) | 6 8,500 0 0 | 186 | 0 | 10,976 0 | 169,138 | |
| 6 Joseph Mee, Assistant Secretary | (I) 130,43 (II) | 8 8,000 0 0 | 408 | 0 | 28,314 0 | 167,160 | |
| 7 Williams J Agate Jr, Senior Vice President | (I) 156,52 | 4 12,500 0 0 | 542 | 0 | 28,371 0 | 197,937 | |
| 8 Thomas Dalfo, senior Vice President | (I) 140,00 (II) | 0 12,500 0 0 | 11 0 | 260 0 | 31,381 0 | 184,152 | |
| 9 ilene burak, senior vice president | (I) 134,73 | 1 0 6,250 0 | 35 | | 31,339 0 | 175,955 | |

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DLN: 93493302017215

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| lame of the or | ganızatıon trıal Developmen | + | | | | | | E | mploy | er ident | ificatio | n numbe | er |
|---|--|------------|---|--|--------------------------------|---|-------------------------------------|---------------|----------|----------------------|-------------|-------------------------------|------|
| orporation | diai bevelopinen | | | | | | | 2 | 3-60 | 50858 | | | |
| rt I Exc | ess Benefit | Transa | actions | (section | 501(c)(3), sed | ction 501(c |)(4), and 501 | (c)(29) |) orgai | nızatıons | only) | | |
| | | | | | n Form 990, P | | | | | | | | |
| 1 (a) Nam | ne of disqualified person (b) Relationship between disqu | | | (c) Desc | ription | of tra | nsaction (d) | | | Corrected? | | | |
| | | | person and organization | | | | | | | Yes | No | | |
| | | | | | | | | | | | | | |
| 7 Enterthe: | amount of tax | ıncurred t | by organ | ızatıon ma | nagers or disq | qualified per | sons during t | he year | runde | r section | ı | | |
| 4958 . 3 Enter the a Part II Loans to an Complete if th | amount of tax, nd/or From e organization | ı Intere | ested P | Persons. on Form 99 | 90-EZ, Part V | | | • • • Part IV | , line : | \$ 26, or if | the org | anızatıo | n |
| 4958. 3 Enter the appropriate to an appropriate an arm (a) Name of | amount of tax, nd/or From | Intere | ested P ed "Yes" o rt X, line (c) urpose of | Persons. on Form 99 | 90-EZ, Part V 2 to he | | | art IV | In | (h) Approv | ved d or | anızatıoı (i)Wri agreen | tten |
| 4958. 3 Enter the a Part II Loans to ai Complete if the reported an ar (a) Name of interested | amount of tax, nd/or From e organization nount on Form (b) Relations | Intere | ested P ed "Yes" o rt X, line (c) urpose of | Persons. on Form 99 5, 6, or 22 (d) Loan or from t | 90-EZ, Part V 2 to he | , line 38a, c (e) Original principal | r Form 990, I (f) Balance | (g) | In | 26, or if (h) Approv | ved d or | (i)Wr | tten |

| Complete if the organization | n answered "Yes" on I | Form 990, Part IV, lın | e 28a, 28b, or 28c. | | |
|-------------------------------|--|-------------------------------|--------------------------------|-------------------------|-----------------------|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | of organiz reveni | : zation's ues? |
| | | | | Yes | No |
| (1) E MorrisM D'Alessio | Directors | 1,014,786 | Health Insurance | | No |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|---|
| | Philadelphia Industrial Development Corporation (PIDC) Chairman M. Walter D'Alessio serves as the Chairman of the Board at Independence Blue Cross. Edward H. Morris serves as the Treasurer on the PIDC Board, and was the Vice President at Independence Blue Cross. (IBC) during 2014. IBC is the primary health care benefit provider in the Delaware Valley, and, through a contract with PIDC, provides health insurance coverage to the employees of PIDC. PIDC's employee benefit broker is responsible for reviewing coverage, rates and competitive alternatives. The amount of revenue related to this relationship is negligible to IBC. The nature of these individuals' positions at IBC are such that they are removed from direct business contact with PIDC. |

Schedule L (Form 990 or 990-EZ) 2014

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As Filed Data -

DLN: 93493302017215

OMB No 1545-0047

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| 5 | Employer identification number |
|-------------------------------------|--------------------------------|
| Philadelphia Industrial Development | |
| Corporation | 23-6050858 |
| | |

| Return Reference | Explanation |
|----------------------|---|
| PART III, LINE 4D | Other Program Services Program Service Expenses \$252,047, Grants and allocations \$0, Revenue \$542,373 Software Development and Maintenance PIDC created a software program for its use that is specifically designed to assimilate, track, and report the information required by local, state, and federal regulators/authorities PIDC licenses the software to similarly situated tax exempt organizations for the management of their portfolios and reporting requirements |

| Return Reference | Explanation |
|---------------------|--|
| PART VI, LINE 6 | Members or Stockholders The members of Philadelphia Industrial Development Corporation and its combined affiliates (collectively, the Corporation) are the persons who are the directors of the Corporation. The business and affairs of the Corporation are managed by the directors. The organization has three classes of directors. 1) 7 City Directors consisting of the seven officers of the City of Philadelphia (the City), the Mayor of the City of Philadelphia, the Director of Commerce, the President of the Council, the Chairman of the Planning Commission, the City Solicitor, the Managing Director, and the Director of Finance. 2) 8 Chamber of Commerce Directors nominated by the President of the Greater Philadelphia Chamber of Commerce. 3) 15 Public Directors as nominated jointly by the President of the Greater Philadelphia Chamber of Commerce and the Director of Commerce of the City of Philadelphia. The seat of the Director of Commerce and the Planning Commissioner is held by one person. |

| Return Reference | Explanation |
|---------------------|--|
| LINE 7B | Decisions Subject to Approval The Board of Directors (comprised of the 30 members as defined above) is authorized to approve by appropriate resolution the purchase, sale, lease, mortgage pledge, or other disposal of real estate and the borrowing of money for that purpose. The decisions of the Board regarding certain loan programs are subject to approval by external parties in addition, between the times of the Board of Directors meeting, the Executive Committee has the right to exercise the authority of the Board of Directors. The Executive committee consists of 15 directors including the seven (7) City Directors and eight (8). Chamber Directors who are named to the Board of Directors. The Chairman of the Board of Directors is also the Chairman of the Executive Committee. |

| Return Reference | Explanation |
|----------------------|--|
| PART VI, LINE 11B | Form 990 Review Process The Vice President of Financial Reporting assembles the Form 990, which is subsequently reviewed by the Senior Vice President of Operations, and also subject to review by PIDC's outside tax advisors. The Form 990 is required to be reviewed by the Audit Committee of the Board prior to filing with the Internal Revenue Service. The Form 990 is made available to all Board members upon request. |

| Return Reference | Explanation |
|----------------------|--|
| PART VI, LINE 12C | Conflict of Interest Policy Monitoring & Enforcement All Directors of the Corporation must disclose the nature and extent of any interests, direct or indirect, contact, and/or activity related to such projects promoted by the Corporation. No director who has such an interest can vote on any matter relating to it. The disclosure is retained in the minute book of the organization. The Corporation has included a conflict of interest policy within the Personnel Policy Manual (updated during 2012), that is applicable to all employees of the Corporation. Further, on a periodic basis, the Corporation may require the officers of the Corporation to disclose any conflicted interests. |

| Return Reference | Explanation |
|----------------------|--|
| PART VI, LINE 15B | Process for Determining Compensation The compensation for the CEO is approved by the compensation committee which includes the Chairman of the Board of Directors and designated Board members appointed by the Chairman of the Board of Directors FORM 990, PART VI, LINE 15B The Corporation has established a Compensation Program to ensure the salaries and benefits paid to officers and employees is fair, competitive, and reflective of employee's actual performance. For the Corporation's senior executives, this includes establishing performance standards at the beginning of the year, which are used by the CEO to measure each executive's performance at year end. The Corporation periodically performs pay-range surveys of other comparable employers and monitors current trends in compensation. In addition, the compensation structure embeds a risk based component that considers achievement of performance goals. |

| Return Reference | Explanation |
|---------------------|---|
| PART VI, LINE 18 | How Documents are Made Available to the Public PIDC makes its Form 990 available to the public by retaining a copy at its place of business. The Form 990 is likewise published on the internet at www guidestar com. Part VI, Line 19 How Documents are Made Available to the Public The Corporation's financial statements, governing documents, and conflict of interest policy are not ordinarily made available to the public. |

| Return Reference | Explanation |
|---------------------|--|
| PART XI, LINE 5 | Reconciliation of Net Assets The change in pension and postretirement benefit other than net periodic benefit (\$2,126,556) at December 31, 2014 |

| Return Reference | Explanation |
|---------------------|---|
| 35 | Support Schedule Pursuant to section 1 509(A)-4 of the Treasury Regulations, a $501(C)(3)$ organization can be the supporting organization of a $501(C)(4)$ organization provided that the supported organization meets the requirements under $509(A)(2)$ PIDC has provided Schedule A to support the determination that PIDC meets the $509(A)(2)$ test |

| Return Reference | Explanation |
|---------------------|---|
| PART III, LINE 1 | MISSION STATEMENT PIDC has been Philadelphia's economic development agency since 1957. As a non-profit, public-private partnership founded by the City and the Greater Philadelphia Chamber of Commerce, PIDC plans and implements finance and real estate transactions throughout all neighborhoods that attract investments, jobs, and tax ratables to the city. PIDC's investments serve to diversify the City's economic base and improve the quality of life for business and residents. |

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DLN: 93493302017215

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Philadelphia Industrial Development Corporation

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

23-6050858

| Paill | Identification of Disregarded Entitles Complete | ii tile organization a | aliswereu res | Uli FUIIII 990, Pa | irt IV, iiile 33. | |
|-------|---|------------------------|---------------|--------------------|-------------------|-----|
| | (a) | (b) | (c) | (d) | (e) | (f) |

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | |
|--|--------------------------------|---|---------------------|---------------------------|--------------------------------------|--|
| | | | | | | |

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | | 512(b) introlled |
|--|-------------------------|---|----------------------------|--|--------------------------------------|-----|---------------------|
| | | | | | | Yes | No |
| (1) PIDC- Development Management Corporation 1500 Market Street Philadelphia, PA 19102 23-2176818 | Econ Develop | PA | 501(c)(4) | | N/A | | No |
| (2) PIDC- Financing Corporation 1500 Market Street Philadelphia, PA 19102 36-4665239 | Econ Develop | PA | 501(c)(4) | | N/A | | No |
| (3) PIDC- Local Development Corporation 1500 Market Street Philadelphia, PA 19102 30-0598934 | Econ Develop | PA | 501(c)(4) | | N/A | | No |
| (4) PIDC COMMUNITY CAPITAL 1500 Market Street Philadelphia, PA 19102 23-2889102 | Econ Develop | PA | 501(c)(3) | 11 type 1 | PIDC | Yes | |
| (5) PIDC- Penn Venture Fund 1500 Market Street Philadelphia, PA 19102 21-1585341 | Econ Develop | PA | 501(c)(4) | | N/A | | No |
| (6) Food Distribution Center 1500 Market Street Philadelphia, PA 19102 23-1475639 | Econ Develop | PA | 115 | | N/A | | No |

Yes No

Yes

No

| (a) Name, address, and EIN of related organization (b) Primary activity I Legal domicile (state or foreign country) (state or foreign countr | Part III | Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. | | | | | | | | | | |
|--|----------|--|------------------|---|---------------------------------|--|--|----------------------|------------------------------|--|----------|---------------------------------------|
| | | Name, address, and EIN of | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income(related, unrelated, excluded from tax under sections 512- | | Share of end-of-year | Disproprtionate allocations? | Code V-UBI amount in box 20 of Schedule K-1 | managing | (k) Percentage ownership |

| Part IV | Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, |
|---------|---|
| | line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. |

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | | |
|---------------------------|------------------|-------------------|--------------------|----------------|----------------|---------------|------------|-------------|----|--|
| Name, address, and EIN of | Primary activity | Legal | Direct controlling | Type of entity | Share of total | Share of end- | Percentage | Section 512 | | |
| related organization | | domicile | entity | (C corp, S | ıncome | of-year | ownership | (b)(13) | | |
| | | (state or foreign | | corp, | | assets | | controlled | | |
| | | country) | | or trust) | | | | entity? | | |
| | | | | | | | | Yes | No | |
| | | | | | | | | | | |

r Other transfer of cash or property to related organization(s)

| chedule R (Form 990) 2014 | | | Pag | ge 3 |
|--|------------------------|----------|-----|-------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV | , line 34, 35b, or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | T | Yes | No |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II | -IV? | T | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | a ` | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | Þ | | No |
| c Gift, grant, or capital contribution from related organization(s) | 10 | cT | | No |
| d Loans or loan guarantees to or for related organization(s) | 1d | d 1 | Yes | |
| e Loans or loan guarantees by related organization(s) | 1e | <u> </u> | Yes | |
| f Dividends from related organization(s) | 1f | f | | No |
| g Sale of assets to related organization(s) | 19 | <u>,</u> | | No |
| h Purchase of assets from related organization(s) | 1h | h | | No |
| i Exchange of assets with related organization(s) | 1i | i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | 丰 | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | k | | No |
| I Performance of services or membership or fundraising solicitations for related organization(s) | 11 | 丌 | İ | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1n | m | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1r | n | | No |
| • Sharing of paid employees with related organization(s) | 10 | _ | | No |
| p Reimbursement paid to related organization(s) for expenses | 1p | p , | Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1q | _ | Yes | |

| S Other transfer of cash or property from related organization(s) | |
|---|--|
| | |

| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | | | | | | | | |
|---|---|------------------------|--|--|--|--|--|--|--|
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | | | | | | |
| (1) PIDC-COMMUNITY CAPITAL | p | 1,328,389 | Contractual Fee | | | | | | |

No No Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| 1 <u> </u> | | | | | | | | | | | | | |
|---|--------------------------------|----------------------------------|---|-------------------|---|------------------------------------|--|---------------------------------|--------|---|---|----|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | domicile (state or foreign | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | so 50 organ | (e) all partners section 01(c)(3) anizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionat allocations? | 7 | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
| | <u> </u> | <u> </u> | 514) | Yes | No | 1 | <u> </u> | Yes | No | | Yes | No | |
| | | | | | | | | | \Box | 1 | | | |

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**

Software ID:

Software Version:

EIN: 23-6050858

Name: Philadelphia Industrial Development Corporation

| Form 000 Schodule B. Boyt II. Identification of | Deleted Tay Evenuet (| Organizations | | | | | |
|--|-----------------------|---|-------------------------------|---|--|--------------------------|---|
| Form 990, Schedule R, Part II - Identification of F (a) Name, address, and EIN of related organization | (b) Primary activity | Organizations (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | Sectio (b)(i contr | (g) on 512 (13) trolled tity? |
| | | | _ | | | Yes | . No |
| (1) PIDC- Development Management Corporation | Econ Develop | PA | 501(c)(4) | | N/A | | Νo |
| 1500 Market Street Philadelphia, PA 19102 23-2176818 | | | | | | | |
| (1) PIDC- Financing Corporation | Econ Develop | PA | 501(c)(4) | | N/A | | No |
| 1500 Market Street Philadelphia, PA 19102 36-4665239 | | | | | | | |
| (2) PIDC- Local Development Corporation | Econ Develop | PA | 501(c)(4) | | N/A | | No |
| 1500 Market Street Philadelphia, PA 19102 30-0598934 | | | | | | ı | |
| (3) PIDC COMMUNITY CAPITAL | Econ Develop | PA | 501(c)(3) | 11 type 1 | PIDC | Yes | |
| 1500 Market Street Philadelphia, PA 19102 23-2889102 | | | | | | ı | |
| (4) PIDC- Penn Venture Fund | Econ Develop | PA | 501(c)(4) | | N/A | | No |
| 1500 Market Street Philadelphia, PA 19102 21-1585341 | | | | | | | |
| (5) Food Distribution Center | Econ Develop | PA | 115 | | N/A | | No |
| 1500 Market Street Philadelphia, PA 19102 23-1475639 | | | | | | ı | |