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# Form 990

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

2015

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

		2045	landar vans antav vans b		7/1/2015	200	andina	6/	30/201	6		
<u>A</u>			lendar year, or tax year b				ending					
		applicable	C Name of organization	Greater Phil	adelphia Alliance for Ca	apital & Tech	nologie	D Employ	er identi	fication nui	mper	
[X]	Address o	change	Doing business as					4				
$\Box$	Name cha	2000	•		delivered to street address)	Room/suite		23-303639				
닏	Maine Cir	ange	200 South Broad Street	i	<del></del>	700		E Telepho	ne numb	er		
	Initial retu	ırn	City or town		State	ZIP code		(215) 790-	3646			
$\overline{\Box}$	F		Philadelphia		PA	19102-38	96	(2 13) 1 90	-3040			
L	Final return.	/terminated	Foreign country name	Foreign	province/state/county	Foreign post	al code					
	Amended	retum						<b>G</b> Gross re	eceipts \$		2,00	06,283
$\overline{\Box}$			F Name and address of princ	unal officer			T					<u>অ</u>
Ш	Applicatio	n pending	ĺ	•		_	H(a) Is	this a group retur	n for subo	irdinates?	Yes	X No
			Dean Miller 200 South I	Broad Street,	Philadelphia, PA_1910	12	_  H(b) A	re all subordina	ates inclu	ided?	Yes	No
1 -	Tax-exem	ot status	501(c)(3) X 501(c)	( 6 ) <b>∢</b>	(insert no ) 4947(a)(	1) or 527	11	i "No," attach a	list (see	instructions	·)	
				<del> /</del>	<u> </u>	<u> </u>	-					
<u>J_1</u>	vepsite	· WW	w philadelphiapact com		<del></del>	<del> </del>	[ H(c) G	roup exemption	number			
K	orm of or	rganization	X Corporation Tru	ıst Associa	ation Other ▶	L Ye	ear of forn	nation 2000	<b>M</b> C	State of lega	al domicile	PA
	art i	Su	mmary									
	1		escribe the organization	's mission or	most significant activiti	es Gre	ater Ph	ıladelphıa A	lliance	for Capit	aí &	
ø	1 .	-	ogies (PACT)'s mission i		_							
ă	1		ies in the information tec				ייפ פייינ				·	~
Governance	1						·	<b>-</b>		<b>-</b>		~
×	2	Check ti	his box   ▶ 🔃 if the org	janization dis	continued its operation	s or dispose	d of mo	re than 25%	ofitsi	net asset	s	
Ŏ	3	Number	of voting members of th	e governing l	oody (Part VI, line 1a)				3			31
త	4	Number	of independent voting m	nembers of th	e governing body (Parl	VI, line 1b)			4			29
ë	5		mber of individuals empl						5			7
₹	6		mber of volunteers (estir	•	•				6			166
Activities &	7a		related business revenue		- ·				7a	<del>                                     </del>		0
_	1 -								7b	<u> </u>		
	b	Net unit	elated business taxable i	ncome irom	Form 990-1, line 34		<del></del>	D. / V	1 / 10			0
٠,		0		Prior Year	75 470		urrent Year					
Revenue 7	8		utions and grants (Part V						75,170	<u> </u>		0
7	9	_	n service revenue (Part \	<u> </u>	1,9	02,344		2,00	01,815			
&§	10		ent income (Part VIII, co		·		<u></u>	870				919
<b>∞</b>	11	Other re	evenue (Part VIII, columr	n (A), lines 5,	6d, 8c, 9c, 10c, and 11	e)			0	L		3,549
	12	Total rev	enue-add lines 8 through	n 11 (must equ	al Part VIII, column (A), I	ıne 12)		_ 2,0	78,384		2,00	06,283
E3	13	Grants a	and similar amounts paid	l (Part IX, col	umn-(A), lines-13)				ō			
۳,	14		paid to or for members						0			0
	15		, other compensation, emp				686,007				75	56,101
	16a		ional fundraising fees (P			181		`	0,151			
<b>2</b> 5	b	Total fur	ndraising expenses (Part	IX column	5 2017	7  Č  ,	0	<del></del>	<del> </del> -		<u>`</u>	
		Other	unance (Part IV column	(A) kana 1	0 11d 11f 24a)	7 SE	<del></del>	1 2	85,538	<del> </del>	1 20	20.246
~	17		xpenses (Part IX, column				-					00,246
S	18	lotal ex	penses Add lines 13–17	(must equal	Part IX (Column (A), III	(e 72)	<u> </u>		71,545			56,347
	19_	Revenu	e less expenses Subtra	ct line 18 fror	n line 12	The state of the s			06,839			49,936
Net Assets or Fund Balances							Begir	ning of Curre			nd of Year	
seet	20		sets (Part X, line 16)						34,929			79,744
¥ 4	21	Total lia	bilities (Part X, line 26)				<u> </u>	3.	<u>33,934</u>		22	28,813
ž	22	Net ass	ets or fund balances Su	btract line 21	from line 20			5	00,995	<u> </u>	55	50,931
P	art II	Sig	nature Block									
Unc	ler penaltı		y, I declare that I have examine	d this return, incl	uding accompanying schedule	s and statemen	ts, and to	the best of my	knowled	ge		
and	belief, it i	s true, corre	ect, and complete Declaration o	reparer (other	than officer) is based on all in	formation of whi	ch prepar	er has any kno	wiedge			
0:			4700	30 VI /	111			i	- 1 [[	בווגי		
Sig			Signature of officer	V	70			Date		1		
He	re	1 1	Dean Miller			Pre	sident a	and CEO				
			Type or print name and title								<del></del>	
		Prin	t/Type preparer's name		Preparer's signature		I D:	ate		P	TIN	
Pa	id	]	·- · > L- L · - L m et e manne		.,		1		Check			
		.							self-emp	ployed		
	eparer	, , _	n's name ▶					Firm's EIN	·			
US	e Only	,										
			n's address 🕨					Phone no			<del></del> -	
Ma	y the IF	RS discus	ss this return with the pre	parer shown	above? (see instruction	ns)				L_	Yes	No

Form **990** (2015)

orm 99	0 (2015) Greate	r Philadelphia A	Illiance for Capital &	Technologies		23-3036397	'F	age 2
Par			n Service Accom					
	Check if	Schedule O c	ontains a respons	e or note to any line	ın this Part III			<u>X</u>
1	Briefly describe the o	rganization's m	ission					
	Greater Philadelphia	Alliance for Caj	oital and Technologie	s (PACT)'s vision is to l	oe a			
				nformation technology,				
				emerging growth compa				
				(continued on Schedul				
	_	-	significant program s	ervices during the year	which were not liste	d on	_	<b>-</b> 1
	the prior Form 990 or					`	res X	No
	If "Yes," describe the	se new services	s on Schedule O					
	_	cease conductir	ng, or make significa	nt changes in how it coi	nducts, any program			7
	services?					L '	res X	No
	If "Yes," describe the	-						
				nents for each of its thre				
				are required to report to	ne amount of grants	and allocations to other	ners,	
	the total expenses, a	nd revenue, if a	iny, for each program	service reported				
<del></del>				<del></del>				
	(Code	) (Expenses	\$	including grants of \$	)(	Revenue \$		_ )
				vate equity, venture car				
-	entrepreneurial comn	nunities This da	ay-and-a-half event o	offers both sponsors and	d attendees access			<b>-</b>
				vorking opportunities w				
				d content sessions. As t				
				ference regularly draws	francisco			
				ollions of dollars in vent				
	and entrepreneurial s							
-								
		~					<b>-</b>	
-		~						
4b	(Code	) (Expenses	\$	including grants of \$	)(	Revenue \$	-	)
	PACT Enterprise Awa	ards Gala - One	of the region's most	prestigious business h	onors for,			
•	Healthcare, MedTech	and CleanTecl	n companies, leaders	s, and entrepreneurs A	ttracting more than			
	1,200 prominent busi	ness leaders, tl	he PACT Enterprise	Awards black-tie gala ce	elebrates	· • •		
	achievement, innova			ladalahia rasian				
								. <b></b>
								. <b>.</b>
							<b>-</b>	
		<del></del>			<del></del>			
4c				including grants of \$				. )
		rence - This full		wcases top-tier industry	/ speakers, seminar	'S,	<b>-</b>	<b>-</b>
	hands-on workshops			n introduces and educa		·		<b></b> -
	hands-on workshops			n introduces and educa d implementation strate				
	hands-on workshops							
	hands-on workshops							
	hands-on workshops							
	hands-on workshops							
	hands-on workshops							
	hands-on workshops							
	hands-on workshops							
	hands-on workshops							
	hands-on workshops leading-edge technol	ogies and relate	ed best practices and					
	hands-on workshops	ogies and relate	ed best practices and	d implementation strate		0)		

orm 9	990 (2015) Greater Philadelphia Alliance for Capital & Technologies :	23-3036397	F	age 3
art	V 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	<b> </b>	X
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_	<del></del>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_ 5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	_6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	}	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	İ		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	1		١.,
	negotiation services? If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		
14	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	1		١.,
	Schedule D, Part VI	<u>11a</u>		X
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110	-	<del>  ^</del>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part		-	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Year"	s, "		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	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	<del> </del>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45	}	
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	<del>                                     </del>	X
.0	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10	$\vdash$	┢
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Ť
-	Part VIII lines 1c and 8a? If "Yes " complete Schedule G. Part II	18		l v

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

			Yes	N-
	The state of the s		162	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		,
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Χ_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Χ	
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	1 1		
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
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		
	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		
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			
20	990-EZ? If "Yes," complete Schedule L, Part I	25b		
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	1 20		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	_26		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	14	, 1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<i></i>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	{ {		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 1		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1		
	If "Yes," complete Schedule N, Part II	32		_X_
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		v	l
25-	III, or IV, and Part V, line 1	34	_X	<del></del> -
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or one ago in any transaction with a controlled	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330		-
<b></b>	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	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u>                                   </u>		
-	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	-
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0		}	l
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
·	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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			ĺ
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			ļ
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	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?	6a_		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	ļ	├-
	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		<del> </del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		├─
·	required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year			$\vdash$
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		}
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u>L</u> _
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter		1	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ĺ	ĺ
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
١٥-	against amounts due or received from them )  2 action 1017(a)(1) and a contract to be a contracted from the contract to the co	40-	٠.	
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		┼─
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<del> </del>
а	Note. See the instructions for additional information the organization must report on Schedule O	ıJa	<del> </del>	†
b	Enter the amount of reserves the organization is required to maintain by the states in which	į	]	
	the organization is licensed to issue qualified health plans	l .		
С	Enter the amount of reserves on hand		!	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		<del>                                     </del>

Part VI

Greater Philadelphia Alliance for Capital & Technologies 23-3036397

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

Sect	ion A. Governing Body and Management	<del></del>									
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	1								
	If there are material differences in voting rights among members of the governing body, or			Í							
	if the governing body delegated broad authority to an executive committee or similar			ļ	}						
	committee, explain in Schedule O	41- 04									
þ	Enter the number of voting members included in line 1a, above, who are independent	1b 29	4	1	(						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	nip with			ئــ ــــا						
•	any other officer, director, trustee, or key employee?	ula 4	2	_X_							
3	Did the organization delegate control over management duties customarily performed by or under			ļ							
	supervision of officers, directors, or trustees, or key employees to a management company or other	*	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4_		X						
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets /	5		X						
6	Did the organization have members or stockholders?	annoint	6		<del>  ^-</del>						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or one or more members of the governing body?	арропц	7-		_						
<b>h</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members		7a		<u> </u>						
b	stockholders, or persons other than the governing body?	1	7b		X						
		a during	1B		<del>  ^-</del>						
٥	B Did the organization contemporaneously document the meetings held or written actions undertaken during										
а	the year by the following  a The governing body?										
b											
9	,										
Ū	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Jacoba	9		х						
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	<u> </u>	)							
	1911 211 The County B Togadote Milaniater, about penalte net required by the	arravoriao	<u> </u>	Yes	No						
10a	Oa Did the organization have local chapters, branches, or affiliates?										
b											
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?											
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give rise to conflicts?	12b								
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		<u> </u>						
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>						
14	Did the organization have a written document retention and destruction policy?		14	X	ļ						
15	Did the process for determining compensation of the following persons include a review and appro	-			١.						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	l								
a	The organization's CEO, Executive Director, or top management official		15a	X	<del> </del>						
b	Other officers or key employees of the organization		15b		<u> </u>						
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	omont	[								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange with a taxable entity during the year?	ement	1400	~	. · · `						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ata ita	16a		X						
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		1		(						
	the organization's exempt status with respect to such arrangements?	guaru	16b		د ا						
Sect	ion C. Disclosure	· · · · · · · · · · · · · · · · · · ·	1 100		<u></u>						
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed PA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3	s only	/)							
	available for public inspection. Indicate how you made these available. Check all that apply	. (222.3., 00.,(0)(0	,0 0.11	' /							
		plaın ın Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	•		ıd							
	financial statements available to the public during the tax year	F.	•								
20	State the name, address, and telephone number of the person who possesses the organization's to	ooks and records	•								
	David Hepburn	215-790-3644			<b>-</b> -						
	200 South Broad St , Suite 700, Philadelphia, PA 19102-3896										

Greater Philadelphia Alliance for Capital & Technologies	23-3036397
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Part VII	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

Form 990 (2015)

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per	Ďοx,	unle	Pos heck ss pe	erson	e than o is both or/trust	nan ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	urs for lated mizations w dotted ine)		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
(1) Dean Miller	40 00			Γ						
Director and CEO	0.00	X		X	<u> </u>			206,930	0	39,089
(2) Andrea Allon	1 00	1	ļ	]		1	}		1	
Director	0 00	-	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0	355,476	98,594
(3) Saul Behar	1 00	1		ŀ						
Director	0 00	_		<u> </u>	L_	<u> </u>	_	0	0	0
(4) Jonathan Brassington	1 00	1	1							
Director	0 00		ļ	Ļ	<u>Ļ</u>	<u> </u>	<u> </u>	0	0	0
(5) Andrew Cherry	1 00	1		1			ŀ			
Director	0 00		L	↓_	↓_	<b>↓</b>	<del> </del>	0	0	0
(6) Sean Denham	1 00	1			ł	ł				
Director	0 00			<b>├</b>	-	<b>}</b>	<u> </u>	0	0	0
(7) Dave Dombroskı	1 00	· I	}			]		_		
Director	0 00		-	├	┼	<u> </u>	-	0	0	0
(8) Guy Fardone	1 00			İ	ĺ	1			ا	
Director	0 00	+	╀	├—	╂	<b>∤</b>	├—	0	0	0
(9) Robert Fesnak	1 00	1		}		}				
Director	0.00	_	╀	┝	╀─	├	-	0	0	0
(10) Andrew Hamilton	1 00							1		
Director (144) Page Hangel	0 00	+	╀	├	╂	├	┼	0	0	0
(11) Dennis Hancock	1 00	. 1	1	1	1		İ		O	
Director  (42) Mehael Horranten	0 00	+	╁	├	┼	<del>├</del> ──	<del> </del>	0		0
(12) Michael Harrington Director	1 00							0	0	0
(13) Frank Hermance	1 00	_	+	-	╁	┼──	$\leftarrow$	ļ	<u> </u>	<u>_</u>
Director	0 00	1			1	1		0	o	0
(14) Michael Heller	1 00		$\vdash$	$\vdash$	╁─	<del>                                     </del>	$\vdash$	<del>                                     </del>		<del></del>
Director	0 00			]		}		0	0.	0
Director	1000		Щ	Ц	4_	Ц.	┸—	<u> </u>	L	

Pai	t VII Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	iH t	ghes	t Co	ompensated Em	ployees (contin	ued)		
	(A) Name and title	(B) Average hours per	box,	unle	Pos heck ss pe	rson	than o	n an	(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f org ar	other npensa rom the ganizat id relat anizati	e ion ed
(15)	Ryan Hicke	1 00											
Direct		0 00		<u> </u>	<u>L</u>			L	0	0			0
	Heather Hunter	1 00	(										
Direct		0 00		├-			<u> </u>	<u> </u>	0	0			0
	Andrew Jordan	1 00	1	{				ľ					_
Direct		0 00	_	₩	ļ	-		├	0	0			0
	Rich Kollender	1 00	1	1									_
Direct		0 00	X	├	<u> </u>	-		┝╌	0	. 0			0
	Marc Lederman	1 00		1						0			0
Direct		0 00	X	-	$\vdash$	-		_	0	0			0
Direct	Nate Lentz	0 00	Х						o	0			0
	Brian Lobley	1 00	<del>  ^</del>	├	$\vdash$			$\vdash$	<u> </u>				
Directi		0 00	Х	ļ			ļ	Į	l	0	l I		0
	Lisa McCann	1 00		$\vdash$	_			_	<u>_</u>				
Directi		0 00	Х		1		}		l	0	ı		0
(23)	/ince Menichelli	1 00											
Direct	·	0 00	Х	[			ĺ		ĺ ol	o	ı		0
(24)	Chistopher Miller	1 00											
Direct	or	0 00	X	L			<u></u>	_	0	0			0
(25)	Bob Moul	1 00	1						1				
Direct	or	0 00	X	L	L.,	<u> </u>	l	L_,	0	0	<b></b> -		0
	Sub-total								206,930	355,476	<u> </u>		7,6 <u>83</u>
	Total from continuation sheets to Part VII, S	ection A						<b>•</b>	138,115	0	<del></del> -		4,377
	Total (add lines 1b and 1c)	<del></del>	<del></del>					<u> </u>	345,045	355,476	L	152	2,060
	Total number of individuals (including but not li		sted a	ibov	`	vho	recei	ved	more than \$100	10 000,			
	reportable compensation from the organization	<u> </u>			2							Yes	No
3	Did the organization list any <b>former</b> officer, dire	ector or trustae	kov s	mn	OVA		r bial	2001	companyated			162	NO
	employee on line 1a? If "Yes," complete Sched				Оус	.e, o	ı mgı	1031	Compensated		3		X
	, ,				. n .	- A	nth or	000	nnonaction from				
	For any individual listed on line 1a, is the sum the organization and related organizations gre									h			
	ne organization and related organizations gre ndividual	ater than \$150,0	JO 7 11	76	7 <b>3</b> ,	CUII	ιρισιο	, 30	nedule 3 for Suci	1	- 4	x	
												<del>  ^</del> -	_
	Did any person listed on line 1a receive or acc	*			-			_		/iduai		-	
	or services rendered to the organization? If "You B. Independent Contractors	es, complete st	neuc	iie J	101	Suc	ii pei	SUL			5	L	_X_
1	Complete this table for your five highest compound to the compensation from the organization. Report of the compound the c										tax		
	(A)							Γ.	(B)		(C		
	Name and business add	dress							Description of ser	vices (		nsation	
NONE							_		<del>_</del>				0
								L					0

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

Page 9

Par	t VIII	Statement of Revenue Check if Schedule O contains	s a response	or n	ote to anv line in	this Part VIII			
				<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b></b>	1a	Federated campaigns		1a	0		1070.140		3,23,1
ant. unts	b	Membership dues		1b	0				
r, Gr	С	Fundraising events		1c	0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		1d	0				
ra, (	е	Government grants (contribution		1e	0				
utlo er S	f	All other contributions, gifts, gran	-		' I		i		1
를 를		similar amounts not included abo		1f	0				
Con	g	Noncash contributions included in	lines 1a-1f	\$	0		[		
	<u> h</u>	Total. Add lines 1a-1f		_	Business Code	0			
Program Service Revenue	22	Programs and Events			561499	1,679,495	1,679,495		
9.9	2a b	Membership Dues			561499	322,320	322,320	<del></del>	<u> </u>
9	C	Weinbership Dues			001400	022,020	<u> </u>		
2	d					0			
Š	e					0			<del></del>
gra	f	All other program service revenu	ле			0			
P	g	Total. Add lines 2a-2f		,	•	2,001,815			
	3	Investment income (including div	vidends, inter	rest,	and				
		other sımılar amounts)			▶	919			919
	4	Income from investment of tax-e	xempt bond	proc	eeds ►	0			
i	5	Royalties			<b>•</b>	0			
		_	(ı) Real		(ii) Personal		j		
	6a	Gross rents							
	b	Less rental expenses							
	C	Rental income or (loss)  Net rental income or (loss)		0	0				
	7a	Gross amount from sales of	(i) Securitie		(II) Other	<del></del> 4			
	l 'a	assets other than inventory	- (7	0	0				
	ь	Less cost or other basis	ļ ———			ĺ	ĺ		
	_	and sales expenses		0	o				ļ
	c	Gain or (loss)		0	0				
	d	Net gain or (loss)			<b>&gt;</b>	0			
e	8a	Gross income from fundraising							
e e		events (not including \$	0						
æ	1	of contributions reported on line	1c)						
Other Revenue		See Part IV, line 18		а	0	]			ļ
돌		Less direct expenses		b	0			- <del>-</del>	
	1	Net income or (loss) from fundra	-			0			
	9a	Gross income from gaming active See Part IV, line 19	nues	_	o				
	h	Less direct expenses		a b	0	Ì			
	1	Net income or (loss) from gamin	n activities				-	_ <del>-</del>	
		Gross sales of inventory, less	ig dollvilles						
		returns and allowances		а	o	]			
	ь	Less cost of goods sold		b	0				
	1	Net income or (loss) from sales	of inventory	_	<b>•</b>	Ó			
	_	Miscellaneous Revenue			Business Code			_	
	11a	Miscellaneous			561499	3,549			3,549
	b					0			
	С					0			
	d	All other revenue			L	0			ļ
	е	Total. Add lines 11a-11d			<b>•</b>	3,549			
	117	Total revenue See instructions				2 006 283	2 001 815	n	1 4 468

Partix	Statement of	Functional Expenses		
Section 501(	c)(3) and 501(c)(4)	organizations must complete all columns	All other organizations must complete column (A)	

	Check if Schedule O contains a response or note	to any line in this Pa	λι πε		
	not include amounts reported on lines 6b, 7b, 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			-	
	domestic governments See Part IV, line 21	l ol			į
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	l			l
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	l ol			
4	Benefits paid to or for members	0		· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors,				
	trustees, and key employees	429,739		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	l ol			
7	Other salaries and wages	242,622			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,861			
9	Other employee benefits	31,985			
10	Payroll taxes	42,894			
11	Fees for services (non-employees)				
а	Management	l ol			
b	Legal	0			
С	Accounting	21,460			
d	Lobbying	48,890			
е	Professional fundraising services. See Part IV, line 17	0	<u> </u>		
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)	83,920			
12	Advertising and promotion	3,339			
13	Office expenses	13,639			
14	Information technology	15,252			
15	Royalties	0			
16	Occupancy	17,256			
17	Travel	14,027			
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	942,553			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,192	0	0	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	1		'	
	(A) amount, list line 24e expenses on Schedule O)				
а	Bad debts expense	1,025			
b	Bank and credit card fees	17,864			
С	Dues and subscriptions	4,109		<u> </u>	
þ		0			
е	All other expenses Miscellaneous	7,720			
25_	Total functional expenses. Add lines 1 through 24e	<u>1,956,3</u> 47	0	0	0
26	Joint costs. Complete this line only if the	1			i
	organization reported in column (B) joint costs	]			
	from a combined educational campaign and	[			
	fundraising solicitation Check here	1			
	following SOP 98-2 (ASC 958-720)	1			1

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 92,935 1 Cash-non-interest-bearing 51,669 2 373,732 2 Savings and temporary cash investments 524,546 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 290,180 4 172.380 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 0 organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 0 7 0 7 0 8 0 8 Inventories for sale or use 78.082 9 Prepaid expenses and deferred charges 9 31,149 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 0 Less accumulated depreciation 0 10c 0 Investments—publicly traded securities 0 11 0 11 12 Investments—other securities See Part IV, line 11 0 12 0 0 13 0 13 Investments—program-related See Part IV, line 11 0 14 0 14 Intangible assets 15 0 15 Other assets See Part IV, line 11 834,929 16 779,744 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 260,684 17 161,015 18 18 Grants payable 0 Deferred revenue 73,250 19 67,798 19 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 0 22 0 23 0 23 Secured mortgages and notes payable to unrelated third parties 0 Unsecured notes and loans payable to unrelated third parties 0 24 24 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 25 0 0 333,934 26 228,813 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 500,995 27 550,931 27 Unrestricted net assets 28 Temporarily restricted net assets 0 28 0 Net Assets or Fund Permanently restricted net assets 0 29 29 0 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 0 30 0 30 31 Paid-in or capital surplus, or land, building, or equipment fund ol 31 0 32 32 Retained earnings, endowment, accumulated income, or other funds 0 0 33 Total net assets or fund balances 500,995 33 550,931 Total liabilities and net assets/fund balances 834,929 34 <u>779,7</u>44

Form 9	990 (2015) Greater Philadelphia Alliance for Capital & Technologies	2	<u> 3-303639</u> 7	Pag	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		2,006	5,283
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,956	5,347
3	Revenue less expenses Subtract line 2 from line 1	3		49	9,936
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		500	0,995
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6	<del></del>		0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	] ]			
	column (B))	10		550	),931
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			!	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				ì
_	Schedule O		ایا		1 -
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both			1	1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				į
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in				1
	Schedule O				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		} }		
	the Single Audit Act and OMB Circular A-133?		3a	_X_	
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 [	X	
			Form	990	(2015)

## SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of organization

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Grea	ater Philadelphia Alliance f	or Capital & Technologies				23-30363	397	
Pa	art I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.							
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV							
2	Political expenditures				▶ \$			
3	Volunteer hours							
Pa	rt I-B Complete if t	the organization is exempt und	ler section 501	c)(3).				
1	Enter the amount of any	excise tax incurred by the organizatio	n under section 49	955	▶ \$			
2	Enter the amount of any	excise tax incurred by organization m	anagers under sed	ction 4955	▶ \$	<u></u>		
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?	•			es [	No
4a	Was a correction made?					Y	es [	No
b	If "Yes," describe in Part	IV						
Pa	t I-C Complete if t	the organization is exempt und	ler section 501	c), except sect	ion 501	(c)(3).		
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	mpt function				
	activities				▶ \$			
2		iling organization's funds contributed	to other organizati	ons for section				
	527 exempt function activ				▶ \$			<b></b>
3		penditures Add lines 1 and 2 Enter h	ere and on Form 1	1120-POL,				_
_	line 17b				▶ \$	·····		0
4		file Form 1120-POL for this year?			,		es [	No
5		ses and employer identification numb ents For each organization listed, en						
	the amount of political co	ntributions received that were prompt	ter the amount par ilv and directly deli	vered to a separat	e politica	l organizatio	n such	ı
		fund or a political action committee						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amo	unt of polit	tical
	(2) ((3))	(2) / (32.000	(=, =	filing organization	on's	contributio	ns receive	ed and
				funds if none, ent	er -u-		y and dire to a sepa	
							organizatio , enter -0-	
	· · · · · · · · ·							
(1)								
(2)								
(3)								
(4)								
(5)								
(6)				<u> </u>	<del></del> !	<u></u>		
		l						_

Р	art II-A Complete if the organiza	ation is exempt	under section 5	01(c)(3) and filed	d Form 5768 (ele	ction				
A	under section 501(h)).  Check ▶ ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)									
В	Check ▶ if the filing organization	•			•					
	Limits on L (The term "expenditures	obbying Expendit	tures paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals				
1a	Total lobbying expenditures to influence	public opinion (gra	ss roots lobbying)			0				
b	Total lobbying expenditures to influence	- ,	(direct lobbying)			0				
С	Total lobbying expenditures (add lines 1	a and 1b)			0	0				
d	Other exempt purpose expenditures					0				
е	Total exempt purpose expenditures (add	·			0	0				
f	Lobbying nontaxable amount Enter the	amount from the fo	ollowing table in bot	h		ı				
ī	columns		<del></del>	<del></del>	0	0				
	If the amount on line 1e, column (a) or (b		ng nontaxable amou	int is:		ĺ				
- 1	Not over \$500,000		mount on line 1e			1				
ŀ	Over \$500,000 but not over \$1,000,000		us 15% of the excess							
- }	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess of the ex							
- 1	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$1,000,000	is 5% of the excess t	ver \$1,500,000						
	Grassroots nontaxable amount (enter 25		<del></del>		0	0				
g h	Subtract line 1g from line 1a If zero or le	•			0	0				
ï	Subtract line 1f from line 1c If zero or le				0	0				
i	If there is an amount other than zero on	•	e 1) did the organiz	ration file Form 472	<u>_</u>	<u>~</u>				
,	section 4911 tax for this year?		5 11, did the organiz			Yes No				
		a section 501(h) e e the separate ins	tructions for lines	e to complete all c 2a through 2f.)	of the five columns	below.				
	Lob	bying Expenditure	es During 4-Year A	veraging Period						
	Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) Total				
2a	Lobbying nontaxable amount	0	0	0	0	0				
b	Lobbying ceiling amount (150% of line 2a, column(e))					0				
С	Total lobbying expenditures	0	0	0	0	<u>'</u>				
d	Grassroots nontaxable amount	0	0	0	0	0				
e	Grassroots ceiling amount (150% of line 2d, column (e))					0				
f	Grassroots lobbying expenditures	0	0	0	0	0				

Schedule C (Form 990 or 990-EZ) 2015

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT filed	d Forr	n <b>5768</b>
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b)
aesc	cription of the lobbying activity	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local		] ]	
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of			
а	Volunteers?	ļ		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?	<u> </u>		
d	Mailings to members, legislators, or the public?	ļ		
е	Publications, or published or broadcast statements?		<u> </u>	
f	Grants to other organizations for lobbying purposes?	<u> </u>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ		
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5)	, or se	ection
	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3 X
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."		o) Par	t III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	322,320
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).		-	40.000
a	Current year		2a	48,890
b	Carryover from last year		2b	0
C	Total		2c	48,890
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	80,580
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible		<u>-</u> -	0
_	lobbying and political expenditure next year?		5	0
5	Taxable amount of lobbying and political expenditures (see instructions)		] 3	-31,690
Part	<del></del>		2 - 4 11 -	
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro	oup list), i	aπ II-/	A, lines 1 and
z (se	e instructions), and Part II-B, line 1. Also, complete this part for any additional information			
<b></b>		<b></b>		
<b></b>				
<b></b> -				

Great	ter Philadelphia Alliance for Capital & Technologies	23-3036397	
	orm 990 or 990-EZ) 2015		Page <b>4</b>
Part IV	Supplemental Information (continued)		
<del>-</del>			
			<del>-</del>
<b>-</b>	·		
<del>-</del>			
<b>-</b>			
	<u></u>	<del>-</del>	<b>-</b>
			<b></b>
	·		

## **SCHEDULE D** (Form 990)

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

OMB No 1545-0047

Inspection

Department of the Treasury

	of the organization	D (Form 990) and its instructions is at www.ir	Employer identification number
	er Philadelphia Alliance for Capital & Technolog	300	23-3036397
Par	Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	
		ered "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don		
_	funds are the organization's property, subject t		Yes No
6	Did the organization inform all grantees, donor		
	used only for charitable purposes and not for t purpose conferring impermissible private bene		Yes No
Д.,		ill.	
Par		ared "Vee" on Form 000, Bort IV line 7	
1	Purpose(s) of conservation easements held by	ered "Yes" on Form 990, Part IV, line 7	
'	Preservation of land for public use (e.g., recre		f a historically important land area
		· =	· ·
	Protection of natural habitat	Preservation of	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution if	
	easement on the last day of the tax year Total number of conservation easements		Held at the End of the Tax Year
a b	Total acreage restricted by conservation easer	ments	2b
C	Number of conservation easements on a certif		2c
d	Number of conservation easements included in		
	historic structure listed in the National Register	• • • •	2d
3	Number of conservation easements modified,		ated by the organization during
	the tax year ▶		
4	Number of states where property subject to co		
5	Does the organization have a written policy reg		
•	violations, and enforcement of the conservatio		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of walgtings and enforcing concen	vation accompants during the year
•	► \$	ulig, handling of violations, and emorcing conserv	valion easements during the year
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	_(0, 0.0000 0.0000, 0.0000 0.0000	Yes No
9	In Part XIII, describe how the organization rep	orts conservation easements in its revenue ai	
	balance sheet, and include, if applicable, the to	ext of the footnote to the organization's financ	cial statements that describes
	the organization's accounting for conservation		
Par		ctions of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answer	ered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	•	
	of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		i, or research in furtherance
	of public service, provide the following amount (i) Revenue included on Form 990, Part VIII, I	=	▶ \$
	(ii) Assets included in Form 990, Part X	IIIC 1	► \$ ► \$
2	If the organization received or held works of a	rt, historical treasures, or other similar assets	for financial gain, provide the
_	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line		\$
b	Assets included in Form 990, Part X		▶ \$

Sched	ule D (Form 990) 2015 Greater Philadelphia Alli	ance for Capi	tal & Techi	nologies			23-303	6397	F	Page <b>2</b>
Part										1)
3	Using the organization's acquisition, access	ion, and other	records,	check any	of the follow	ing that	are a significant	use of it	is	
	collection items (check all that apply)		_	1						
а	Public exhibition		d	Loan	or exchange	progran	ns			
b	Scholarly research		е 🗌	Other		. <b></b>				
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and	explain h	ow thev fu	urther the ora	anızatıc	n's exempt purp	ose in P	art	
	XIII		•	•	J					
5	During the year, did the organization solicit	or receive don	ations of a	art, histori	cal treasures	. or othe	er sımılar			
	assets to be sold to raise funds rather than t							☐ Y	es 🗌	No
Part	<del></del>									
	Complete if the organization ansi		on Form	990 Pa	art IV line 9	or rep	orted an amou	int on F	orm	
	990, Part X, line 21	70700 700	On ronn	, , , , , ,	,	о. тор		0	<i>0</i> ,,,,,	
1a	Is the organization an agent, trustee, custod	ian or other in	termediar	y for cont	ributions or o	ther acc	eets not			
Ia	included on Form 990, Part X?	ian or other in	itermediai	y ioi cont	indutions of o	liici ass	sets not		es 🗌	No
b	If "Yes," explain the arrangement in Part XIII	and complete	a the follow	wna table				Ш "	لــا دَّ	NO
D	in res, explain the arrangement in ratt XIII	and complete	s tile lollor	wing table	•			Amount		
С	Beginning balance					10		Amount		<del></del> 0
d	Additions during the year					10				
e	Distributions during the year					16			-	
f	Ending balance					1f				
	ŭ	000 D	t V . b 0	4 6						<u>-</u>
2a	Did the organization include an amount on F						=	Y	es 🔀	No
b	If "Yes," explain the arrangement in Part XIII	Check here	if the expl	anation ha	as been provi	ided on	Part XIII			
Part										
	Complete if the organization ansi	wered "Yes"	on Form	990, Pa	rt IV, line 10	)				
		Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	k (e) Fo	our years	back
1a	Beginning of year balance	0		0		0		0		0
b	Contributions									
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					1				
	and programs									
f	Administrative expenses						<del></del> .			
g	End of year balance	0	<u> </u>	0		이		0		0
2	Provide the estimated percentage of the cur	rent year end	balance (	line 1g, co	olumn (a)) he	ld as				
а	Board designated or quasi-endowment	<b>&gt;</b>	·%							
b	Permanent endowment	·%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the d	organizatio	on that are	e held and ad	ministei	red for the		r <del></del>	
	organization by							[	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)	<b> </b>	
b	If "Yes" on line 3a(ii), are the related organiz							3b		
4	Describe in Part XIII the intended uses of th		n's endowr	nent fund	s					
Part			_							
	Complete if the organization ans	wered "Yes"	on Form	1990, Pa	art IV, line 1			art X, Iir	e 10	
	Description of property	(a) Cost or o		, , ,	ost or other	,	Accumulated	(d) B	Book value	е
	<del></del>	(investn		pas	is (other)	1	lepreciation			
1a	Land		0			alk woulder	STATE OF THE STATE			0
b	Buildings		0		0		0			0
C	Leasehold improvements		0	-	0		0			0
ď	Equipment		0		0		0			0
e	Other		U	L	U	<u> </u>	U			0

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (b) Book value (c) Method of Valuation (c) Form of April 12b See Form 990, Part X, line 12 (b) Book value (c) Method of Valuation (c) Form of April 12b See Form 990, Part X, line 12b See Form 990, Part X, line 15 (c) Method of Valuation (c) Form 990, Part X, line 15 (c) Book value (c) Method of Valuation (c)	Part VII	Investments—Other Secur		0.00	000 B 13/1 40
(inclusing name of incurry) (inclusing name of incurry) (i) Financial deviron/levinses (2) Closely-held equity interests (3) Other (A) (B) (B) (C) (C) (D) (D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		Complete if the organization	answered "Yes" on Form 99	· <del></del>	
(2) Closely-held equity interests   0	(a)		(b) Book value		
(3) Other (A) (A) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial of	derivatives	0		
(A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-he	eld equity interests	0		
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other				
(G) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			ſ		
(G) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(B)				
(6) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(C)				
(F) (G) (H)  Total (Column B) must equal Form 990, Part X, (B) Inne 12) ▶ 0    (a) Description of investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, tine 13    (a) Description of investment   (b) Book value   (c) Method of valuation Cost or end-of-year market value					
(5) (14) (15) (16) (17) (18) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	(E)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13		·			
Part VIII   Investments — Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (cost or and-of-year market value)    (1)					
Investments Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of sevestment (b) Book value (c) Method of valuation (c) Cost or end-of-year market value  (1)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part IX  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (b) Book value  (c)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total, (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15  (b) Book value  (c)  (c)  (d)  (d)  (f)  (e)  (f)  (a)  (g)  (g)  (g)  (g)  (g)  (g)  (g		<del></del>	<del></del>		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7) (9) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII			0, Part IV, line 11c See For	m 990, Part X, line 13
(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) kne 13)   (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (9) Total, (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal Income taxes 0 (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (9) (9) (1) (1) (1) (1) (1) (2) (1) (3) (4) (4) (5) (6) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		(a) Description of investment	(b) Book value		
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Schedule D (Form 990)	) 2015 Greater	Philadelphia All	ance for Capital	& Technologie	es	2	3-3036397	Page <b>5</b>
Part XIII S	Supplemental	Information (	continued)					
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## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on 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.

Employer identification number

OMB No 1545-0047

2015

Open to Public Inspection

23-3036397 Greater Philadelphia Alliance for Capital & Technologies **Questions Regarding Compensation** Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 1a 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of The organization? 5a 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a 6b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 7 payments not described on lines 5 and 67 If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2015 Greater Phila

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

908 (F) Compensation in column (B) reported as deferred on prior Form 990 67 Note. The sum of columns (B)(I)—(III) 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 247,180 153,322 455,601 (E) Total of columns (B)(I)–(D) 9,878 32,293 9,526 (D) Nontaxable benefits 5,681 7,957 90.247 (C) Retirement and other deferred compensation 116 76,864 (B) Breakdown of W-2 and/or 1099-MISC compensation (III) Other reportable compensation instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII 56,000 25,000 50,000 (ii) Bonus & incentive compensation 156,930 112,999 222,612 compensation (ı) Base  $\Xi$  $\equiv$  $\Xi$  $\Xi$  $\equiv$  $\Xi$ ≘≘  $\equiv$  $\equiv$  $\in$  $\equiv \Xi$  $\equiv$  $\Xi$ ≘≘  $\Xi$ Vice President, Business Developme (A) Name and Title Director and CEO Dianne Strunk Andrea Allon Dean Miller 3 Director 9 12 3 4 15 9 9 ω თ 4 S 7

Schedule J (Form 990) 2015

Fell	23-3036397	Page 3
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.	Part II Also complete this	part
Part II Line 3 (ii) Director Andrea Allon's compensation was provided by the Greater Philadelpha Chamber of Commerce, the sole		
member of the Greater Philadelphia Alliance for Capital & Technologies, for her service as the Chief Operating Officer of the		1
Greater Philadelphia Chamber of Commerce		
		1
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	Schedule J (Form 990) 2015	90) 2015

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2015
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

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ns is at <i>www.irs.</i>	nov/form990	Open to Public
l information.		

Greater Philadelphia Alliance for Capital & Technologies	23-3036397
Form 990, Part I, Line 1 (continued from Form 990, page 1) clean technology and life sciences	
industries, manifesting in a competitive edge for the Greater Philadelphia region	
Form 990, Part III, Line 1 (continued from Form 990, page 2) corporations to network, develop	
relationships, pursue business opportunitites, and market and prmote their business to foster	
growth and innovation	
Form 990, Part VI, Section A, Line 2 Director Andrea Allon has a business relationship with	
Director Michael Heller	
Form 990, Part VI, Section A, Line 2 Directors Jonathan Brassington, Nate Lentz, Bob Moul and	
RoseAnn Rosenthal all have a business relationship	
Form 990, Part VI, Section A, Line 2 Director Michael Heller has a business relationship with	
Director RoseAnn Rosenthal	
Form 990, Part VI, Section A, Line 2 Director Charles Robins has a business relationship with	·
Director RoseAnn Rosenthal	
Form 990, Part VI, Section A, Line 2 Director Dean Miller has a business relationship with	
Director Jonathan Brassington	·
Form 990, Part VI, Section B, Line 11 The organization's Form 990 is prepared and reviewed by	·
the staff of the Greater Philadelphia Chamber of Commerce In addition it is reviewed by	
PACT's CEO and provided to the Board of Directors prior to filing	
Form 990, Part VI, Section B, Line 15 The compensation of the CEO is determined by the	·
Executive Committee of the Board of Directors	·
Form 990, Part VI, Section B, Line 19 No documents are made available to the Public	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
Greater Philadelphia Alliance for Capital & Technologies	23-3036397
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SCHEDULE R (Form 990)

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

Related Organizations and Unrelated Partnerships

■ Attach to Form 990

**Open to Public** OMB No 1545-0047 2015

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

23-3036397

(f)
Direct controlling
entity Employer identification number Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had (e) End-of-year assets Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c) Legal domicile (state or foreign country) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Greater Philadelphia Alliance for Capital & Technologies Department of the Treasury Internal Revenue Service Name of the organization Part I Part II  $\Xi$ <u>ල</u> € 9 9 3

(g) Section 512(b)(13) controlled entity? Š × × × Yes × GPCC Reg Found (f)
Direct controlling
entity ٧ ۲ Ϋ́ Public charity status (if section 501(c)(3)) **e** 11, Type 1 (d) Exempt Code section 501 (c)(6) 501 (c)(3) 501 (c)(3) 501 (c)(6) Legal domicile (state or foreign country) Α Æ Α A Education and Cultural Legal referral services Promote trade and one or more related tax-exempt organizations during the tax year Primary activity **Business League** Development commerce (1) Greater Philadelphia Chamber of Commerce 23-0969030 (4) Philadelphia Volunteer Lawyers for the Arts 23-2066564 200 South Broad Street, Suite 700 Philadelphia, PA 19102 200 South Broad Street, Suite 700 Philadelphia, PA 19102 200 South Broad Street, Suite 700 Philadelphia, PA 19102 200 South Broad Street, Suite 700 Philadelphia, PA 19102 Name, address, and EIN of related organization (3) GPCC Regional Foundation 23-2653189 (2) GPCC Resources, Inc 23-3097773 3 9 

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

Schedule R (Form 990) 2015

Page 2

(i) Section 512(b)(13) controlled Percentage ownership ٥ 3 Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 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 General or managing partner? ž (h) Percentage ownership Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
allocations? ŝ (f) Share of total Yes псоте Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) <u>(6</u> (f) Share of total because it had one or more related organizations treated as a partnership during the tax year income (d) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (state or foreign country) (c) Legal domicile (d)
Direct controlling | Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a)Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III **3**  $\Xi$ (2) € 3 E 8 **©** 9 Ξ 3 ල 4 9

Schedule R (Form 990) 2015

23-3036397

/, line 34, 35b, or 36	
d "Yes" on Form 990, Part IV, line 34, 35b, or 36	
blete if the organization answere	
ith Related Organizations Complete If	
Transactions Wi	
Part V	

Note	<b>Note</b> . Complete line 1 if any entity is listed in Paris II. III. or IV of this schedule		=	zes Z	0
+	Durno the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	Parts II–IV?			
ro	Receipt of (i) interest, (ii) annuities, (iii) rovalties, or (iv) rent from a controlled entity		1a	×	
q			1b	×	ال
c	Giff grant or contribution from related organization(s)		7	×	
7			2 3	1	.],
8	Loans or loan guarantees to or for related organization(s)		10	<u> </u>	ار
Ð	Loans or loan guarantees by related organization(s)		<b>1e</b>	×	ال
<b>4</b> -	Dividends from related organization(s)		14	×	_
0	Sale of assets to related organization(s)	-	10	×	_
ב מ	Directors of secate from related organization(s)		۽	×	١.
٠.					.].
-	Exchange of assets with related organization(s)		=	<u> </u>	ار
,	Lease of facilities, equipment, or other assets to related organization(s)		=	- L	اٰر
					\$11
*	Lease of facilities, equipment, or other assets from related organization(s)		<del>1</del>	×	
_	Performance of services or membership or fundraising solicitations for related organization(s)		=	×	ار
Ε	Performance of services or membership or fundraising solicitations by related organization(s)		1m	×	<b>~</b>
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n ×	\ \ \	<u> </u>
0	Sharing of paid employees with related organization(s)		10	×	
•			100		
Ω	Reimbursement paid to related organization(s) for expenses		10	×	
. 0	Rempusement paid by related organization(s) for expenses		10	×	_
<b>-</b>			200	THE RESERVE	
_	Other transfer of cash or property to related organization(s)		1-	×	
v	Other transfer of cash or property from related organization(s)		1s	×	Ļ
7	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	lationships and transaction	threshold	S	
			(d)	 	<u> </u>
	Name of related organization  Transaction (type (a-s)	Amount involved	Method of determining amount involved	termining volved	<b></b>
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<u> </u>					
4					1
(2)					
(9)					
		Schedule	Schedule R (Form 990) 2015	2000	<u>ا</u> چ

23-3036397

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 Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

(a) (b) (c) (d) (d) (e) (f) (f) (g) (g) Name, address, and EiN of entity Primary activity (state or foreign country) (related, excluded 501(c)(3) assetion country) (from tax under organizations?	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	ome end	of year ts	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	—UBI box 20 ule K-1 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes No	0		<b>└</b>	Yes	2		Yes	2	
(1)	· · · · · · · · · · · · · · · · · · ·												
(2)				 									,
(3)								-	-				
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Part VII		ental Information		
	Provide a	dditional information for responses to questions on Schedule R (see instruction	ons)	
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