Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

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

Open to Public

A		o 2016 oo	lander year or toy year beginning. 7/4/0040				
A B		applicable	lendar year, or tax year beginning 7/1/2016, and end C Name of organization Greater Philadelphia Alliance for Capital & Technologies		6/30 Employer		ification number
Ľ,	Address		C Name of organization Greater Philadelphia Alliance for Capital & Technologies Doing business as	S	Employer	uenu	incation number
느	Addiess	Change	Number and street (or PO box if mail is not delivered to street address) Room/suite		3-3036397		
	Name ch	ange	200 South Broad Street 700		Telephone	numb	er
	Initial retu	urn	City or town State ZIP code		•		
$\overline{\Box}$	Coal roturn	/tormunated	Philadelphia PA 19102-3896	(2	215) 790-36	346	
님	rillal letuli	n/terminated	Foreign country name Foreign province/state/county Foreign postal co	ode			
	Amended	d return		G	Gross rece	pts \$	2,173,735
\Box	Application	on pending	F Name and address of principal officer	H(a) is this a	a group return fo	r subo	ordinates? Yes X No
			Door Millor 200 Courth Broad Otrock Philadelphia Dt. 40400		II subordinates		= =
	fax-exem	nt status	501(c)(3) X 501(c) (6) ◀ (insert no) 4947(a)(1) or 622 p		," attach a list		
			and the deleter of the second	•			•
				H(c) Group	exemption nu	umber	<u> </u>
		rganization		of formatio	n 2000	M	State of legal domicile PA
	art I		mmary				<u>-</u>
	1					nce	for Capital &
Ę			ogies (PACT)'s mission is to create a strategic Hub for the region's emerging	g growth	<u> </u>		
Ĕ			ies in the information technology, (continued on Schedule O)				
Š	2		his box • If the organization discontinued its operations or disposed o	of more th	han 25% o	fitsi	net assets
<u>ن</u> مع	3		of voting members of the governing body (Part VI, line 1a)		_	3	30
Se Se	4		of independent voting members of the governing body (Part VI, line 1b)		L	4	28
¥	5		mber of individuals employed in calendar year 2016 (Part V, line 2a)		<u> </u>	5	9
Activities & Governance	6		mber of volunteers (estimate if necessary)		-	6	208
⋖	7a		related business revenue from Part VIII, oblumn (R) The Taylor		L	7a	0
	b	Net unre	elated business taxable income from Form 990-1, line 34			7b	0
en.	8	Contribu	itions and grants (Part VIII, line 1h)	Pi	rior Year		Current Year
	9		itions and grants (Part VIII, line 1h) on service revenue (Part VIII, line 2g)		2.004	0	2 472 470
Revenue	10	Investme	ent income (Part VIII, column (A), lines 8, 4, and 70)		2,001,		2,172,470
8	11	Other re	venue (Part VIII, column (A), lines 5, 6d-8c-9c-10c and 11e)		·	919	1,265
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line=2)			549	0 172 72F
_	13		and similar amounts paid (Part IX, column (A), lines 1–3)		2,006,	203 0	2,173,735
	14		paid to or for members (Part IX, column (A), line 4)			0	25,000
un	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		756		858,273
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	756,101			030,273
per	b		idraising expenses (Part IX, column (D), line 25)			픳	0
Ä	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,200,	246	1,191,321
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,956,	_	
	19		e less expenses Subtract line 18 from line 12			936	99,141
P 8				Beginning	of Current Y		End of Year
sets alan	20	Total ass	sets (Part X, line 16)		779,	744	970,208
t As d Bu	21	Total liab	pilities (Part X, line 26)		228,	813	320,136
Net Assets or Fund Balances	22	Net asse	ets or fund balances Subtract line 21 from line 20		550,	931	650,072
Pa	ırt II		nature Block	-			
Unde	er penalti	es of perjury	, I declare that I have examined this return, including accompanying schedules and statements, at	ind to the b	est of my kno	wledg	e
and	pelier, it is	s true, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which p	oreparer ha	is any knowled	dge	11114
Sig	jn –	│	Sunday of the second of the se			αţ	10/10
He	re		Signature of officer Doop Miller		Date	•	
		•	· · · · · · · · · · · · · · · · · · ·	ent and	CEO	_	
		Print	Type or print name and title /Type preparer's name Preparer's signature	Date			PTIN
Pai	id		Troparot o signaturo	Date	Che	eck [m if f in
	eparer				sel	f-emp	loyed
	e Only		's name •	Fir	rm's EIN 🕨		
_	- y	1	's address ▶		one no		" -
Mav	the IR		s this return with the preparer shown above? (see instructions)	1 ''			Yes No
			action Act Notice, see the separate instructions.				5 000 (2010)
HTA	. aperv	TOIN INBUL	iction Act Notice, see the separate instructions.		/	r 3	Form 990 (2016)

Form 9	90 (2016)	Greater P	hiladelphia Alliance f	or Capital & T	echnologies			23-3036397	Page 2
Pai	rt illj 🤚		of Program Servi			-	_	. 	
•		Check if Sc	hedule O contains	a response	or note to an	y line in this Pa	rt III		X
1 •	Briefly d	escribe the orga	anization's mission			-			
	Greater	Philadelphia All	iance for Capital and	Technologies	s (PACT)'s visioi	n is to be a			
			nerging growth compa			ology ologn			
	technolo	gy, and life scie	ences industries PAC	T connects e	merging growth	companies, vent	ure		
	investor	s, professional a	advisors, and technol	ogy-focused	(continued on S	chedule O)			
2		_	dertake any significar	nt program se	rvices during the	e year which wer	e not listed on		
		Form 990 or 99						Yes	X No
			new services on Sch						
3			ase conducting, or ma	ake significan	t changes in ho	wit conducts, an	y program		_
	services							Yes	X No
			changes on Schedul						
4			on's program service						
			c)(3) and 501(c)(4) o				of grants and all	ocations to others	1
	the total	expenses, and	revenue, if any, for e	ach program	service reported	1			
	<u> </u>		\ / E						
4a	(Code) (Expenses \$						
			ce - Unites the key pl						·-
	to omore	neunai comminui	nities This day-and-a	a-naii event oi	iers both spons	ors and altendee	s access		
	chakere	from our comm	from the Mid-Atlantic unity, and educations	region, new	content session	illes with the mov	most		
			iference in the Northe				_		
			ed to have been the						
			cess in the region						
	una ona								
			**-*						
4b	(Code) (Expenses \$		including grants	of\$) (Revenu	e\$)
		nterprise Awards	s Gala - One of the re	egion's most p	orestigious busii	ness honors for,			
	Healthca	ire, MedTech ar	nd CleanTech compa	nies, leaders,	and entreprene	urs Attracting m	ore than		
	1,200 pr	ominent busines	ss leaders, the PACT	Enterprise A	wards black-tie	gala celebrates			
	achievei	nent, innovation	n, and success in the	Greater Phila	adelphia region				
									
				· • • • • • • • • • • • • • • • • • • •					
				••••					
									-
4c	(Code) (Expenses \$		including grants	of \$) (Pevenu		<u> </u>
70	•		nce - This full-day cor					ΕΨ	
			nd exhibits in technol						
			es and related best p						
	ioudiiig_	Jugo toomologi	oo ana rolatea boot p	ordonoco drig	in picinontation	oli di egico			
4d	Other pr	ogram services	(Describe in Schedu	ule O)					
	(Expens	-		g grants of \$		0) (Revenue	· \$	0)	
4e		gram service ex	·		0				

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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		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		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		X.
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	Ì		
	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 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	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		_X_
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		V
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		X
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
42-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
ıza	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? <i>If</i> "Yes,"	. <u> a</u>		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	3 3 3			
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
4-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
13	If "Yes," complete Schedule G, Part III	19		Х

Part IV Checklist of Required Schedules (continued)

	,		Yes	No
20a [、]	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			-
	domestic government on Part IX, column (A), line 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		_ <u>X</u> _
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	ſ	Ì	
	employees? If "Yes," complete Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	l	1	
	\$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		<u> </u>
	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	24-	1	
	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	ľ	
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ZJa		
U	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		ł	
	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	ļ		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	l	Х
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		ı	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		- 1	
,	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ <u>X_</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		.	
	Schedule L, Part IV	28b	_ <u>X</u>	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		V
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	-29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	1	X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	_55		
•	Part I	31		Х
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		Χ
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		Χ_
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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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	_	ļ	v
	VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	2042;
		rorm	990 (ZU16)

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				L	
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4	- 1	Ì	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	이		ł	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable		_		
	gaming (gambling) winnings to prize winners?		[_1	1c	<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1		1	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		2	2b	Х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction 1) and 1 and 2 are represented to e-file (see instruction 2).	ons)	-	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-10	_	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu		<u> </u>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other over, a financial account in a foreign country (such as a bank account, securities account, or other		ĺ	1	Ì	
	account)?	iiriariciai	ر ا	1a	ĺ	Х
b	If "Yes," enter the name of the foreign country		<u> </u>	+a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	l Accounts		Ī	l	
	(FBAR)	Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?)	-	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	odolion ·	_ 	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the	F	+		
	organization solicit any contributions that were not tax deductible as charitable contributions?		Ιe	Sa		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or				
	gifts were not tax deductible?		lε	3b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods	_			
	and services provided to the payor?		7	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was	-			
	required to file Form 8282?		7	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_ _	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		_	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor		—	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	•		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of		+	/h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	nea by the		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		-	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?		-	Эа	}	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		-	b b		
10	Section 501(c)(7) organizations. Enter		F	"		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		- 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		ŀ		
11	Section 501(c)(12) organizations. Enter		\exists			
а	Gross income from members or shareholders	11a		- 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources		\neg			
	against amounts due or received from them)	11b		- 1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 1041?	1:	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L			
а	Is the organization licensed to issue qualified health plans in more than one state?		1	3a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b	_)	
С	Enter the amount of reserves on hand	13c		_		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		1	4a		Χ
h	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an explanation in School	ulo ()	1	ani		

Part VIº

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	<u> </u>							
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a _ 3	2						
	If there are material differences in voting rights among members of the governing body, or			i					
	if the governing body delegated broad authority to an executive committee or similar		1						
	committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent	1b 2	3	İ					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	<u> </u>	<u> </u>	<u> </u>				
	any other officer, director, trustee, or key employee?		2	X	<u> </u>				
3	Did the organization delegate control over management duties customarily performed by or under			Į					
	supervision of officers, directors, or trustees, or key employees to a management company or other		3_		<u> </u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5	<u> </u>	X				
6	•								
7a									
	one or more members of the governing body?		7a_		<u>×</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	1							
	stockholders, or persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during	1	}					
2	the year by the following The governing body?		8a	X					
a h		1	8b	X					
9	b Each committee with authority to act on behalf of the governing body? 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	caorica	9		х				
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue)					
	The content of the co	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters,							
	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	Χ					
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		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						
13	Did the organization have a written whistleblower policy?		13	X					
14	Did the organization have a written document retention and destruction policy?		14	X	ļ				
15	Did the process for determining compensation of the following persons include a review and appro								
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation.	and decision?	150	X					
a	The organization's CEO, Executive Director, or top management official		15a 15b		Х				
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		130		 ^- -				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement							
IVa	with a taxable entity during the year?	Cilicin	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	100						
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safe								
	the organization's exempt status with respect to such arrangements?	y	16b		J				
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► PA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	O-T (Section 501(c)(3)s only	/)					
	available for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X 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 po	lıcy, ar	nd					
	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 be		•						
	David Hepburn	215-790-3644			-				
	200 South Broad St , Suite 700, Philadelphia, PA 19102-3896								

Form 990 (2016)	Greater Philadelphia Alliance for C									23-30363	97 Page 7
Part VII c	Compensation of Officers, Dire		es, K	Cey	Em	plq	oyee	s, ŀ	lighest Comp	ensated	
•	Employees, and Independent C							_			F1
	Check if Schedule O contains a re				<u> </u>				· · · · · · · · · · · · · · · · · · ·		
Section A.	Officers, Directors, Trustees, Key E	mployees, and	Highe	est	Con	npe	nsate	ed E	mployees		
1a Complete t	his table for all persons required to be l	isted Report co	mpen	ısat	ion f	for t	he ca	lend	dar year ending v	with or within the	
organization's	tax year										
of compensati	of the organization's current officers, di on Enter -0- in columns (D), (E), and (I of the organization's current key emplo	F) if no compens	ation	wa	s pa	aid			-		unt
 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 											
	of the organization's former directors o										the
organization, r	more than \$10,000 of reportable compe	ensation from the	e orga	anız	atıor	n ar	nd any	/ rei	ated organizatio	ns	
	the following order individual trustees employees, and former such persons	or directors, ins	titutic	nal	trus	tee	s, offi	cers	s, key employees	s, highest	
Check this	s box if neither the organization nor any	related organiz	ation	cor	npe	nsa	ted a	пу с	urrent officer, dır	ector, or trustee	
(C)											
						ition					
	(A) Name and Title	(B) Average					than one the		(D) Reportable	(E) Reportable	(F) Estimated
	Hame and Thie	hours per					or/trust	ee)	compensation	compensation	amount of
		week (list any hours for	우夏	ᇙ	Officer	<u>\$</u>	em Hg	Former	from the	from related organizations	other compensation
		related	Individual trustee or director	Institutional trustee	夏	Key employee	Highest ∝ employee	mer	organization	(W-2/1099-MISC)	from the
		organizations below dotted	힞뺼	na		흥	8 8		(W-2/1099-MISC)		organization and related
		line)	l ste	<u>\$</u>		è	nper				organizations
			ď	ě			Highest compensated employee	İ			
			-	ļ			8	_			
(1) Dean M		40 00									
Director and C	· · · · · · · · · · · · · · · · · · ·	0 00	X	_	Х				241,421	_0	42,641
(2) Andrea	Allon	1 00	,						_	050.745	00.400
Director		40 00		-		_		<u> </u>	0	356,715	89,426
(3) Saul Be	nar	1 00		:					_		0
Director	n Danasa dan	0 00		-		_		_	0	0	0
	ın Brassıngton	1 00 0 00							0	ol	o
(5) Dave B	urkayaga	1 00		-						- 0	
Director	uravage	0 00							0	٥	0
(6) Andrew	Cherry	1 00		\vdash		\vdash				0	
Director	Official	0 00						l	0	o	0
(7) Sean D	enham	1 00		\vdash		<u> </u>					<u>~</u>
Director	<u> </u>	0 00							0	o	0
(8) David E	gan	1 00						\vdash			<u>-</u>
Director											
	(9) Guy Fardone 1 00										
Director											
(10) Robert	Fesnak	1 00									
Director		0 00	Х	L	L	<u> </u>		L_	0	0	0
(11) Andrew	Hamilton	1 00									
Director		0 00	X						0	0	0

1 00 0 00 X

1 00 0 00 X

1 00

0 00

(12) Dennis Hancock

(13) Michael Harrington

(14) Michael Heller

Director

Director

Director

0

0

0

0

Part Vil Section A. Officers, Directors, Tru	ustees, Key Em _l	ploye	es,	and	j Hi	ghes	t Co	ompensated Em	ployees (contin	ued)		
(A) Name and title	(B) Average hours per week (list any	box, office	unle: er an	Pos neck ss pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate Imount o other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or aı	mpensar from the ganization d relate ganization	e on ed
(15) Ryan Hicke	1 00				•							
Director	0 00							0	0			
(16) Heather Hunter	1 00	ı										
Director	0 00	X	<u> </u>					0	0			<u>C</u>
(17) Marc Lederman	1 00											
Director	0 00	_	_					0	0			
(18) Nate Lentz	1 00	1										
Director	0 00	X						0	0			C
(19) Brian Lobley	1 00											
Director	0 00	Х						0	0			C
(20) Lisa McCann	1 00											
Director	0 00	Х						0	0			C
(21) Vince Menichelli	1 00											
Director	0 00	Х						0	0			С
(22) Chistopher Miller	1 00											
Director	0 00	Х						0	o			C
(23) Bob Moul	1 00											
Director	0 00	X						o	0			C
(24) RoseAnn Rosenthal	1 00											
Director	0 00	Х						o	o			C
(25) Dave Spencer	1 00											
Director	0 00	Х						o	ol			O
1b Sub-total							•	241,421	356,715		132	2,067
c Total from continuation sheets to Part VII, Se	ection A						•	139,323	0		21	,047
d Total (add lines 1b and 1c)							▶	380,744	356,715		153	3,114
2 Total number of individuals (including but not lir	mited to those lis	ted a	bov	е) v	/ho	recei	ved	more than \$100	,000 of			
reportable compensation from the organization	•			2								
	•										Yes	No
3 Did the organization list any former officer, dire	ctor, or trustee, I	key e	mpl	oye	e, o	r high	nest	compensated				
employee on line 1a? If "Yes," complete Sched						_		·		3		Х
4 For any individual listed on line 1a, is the sum of	of reportable com	nens	satio	n a	nd d	other	con	nensation from				
the organization and related organizations grea	•							•	,			i
individual 4								X				
		,				4. 1					 ^	
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												
	es, complete Sc	neau	ie J	тоr	suc	n per	son			5	L l	Х
Section B. Independent Contractors		dan (4L - 1			2400.000 5			
1 Complete this table for your five highest compe compensation from the organization Report co	•									ΩV		
vear	inpensation of t	ile Ca	aiei i	udi	yea	ena	iriy	WHILE OF WHILEHER	organizations t	αX		

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

(A)

Name and business address

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

(B)

Description of services

Compensation from the organization is tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
		0
		0
		0
Total number of independent contractors (including but not limited to those listed a more than \$100,000 of compensation from the organization ▶	bove) who received 0	

23-3036397

Statement of Revenue
Check if Schedule O contain Part VIIIº

	•	Check if Schedule O contains	s a response	or r	lote to any line in	this Part VIII				J
	·					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under section 512-514	
~ ~	1a	Federated campaigns		1a	0					
まる	b	Membership dues	T T	1b	0					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	-	1c	0		İ			
	d	Related organizations	<u>-</u>	1d	0				1	
		Government grants (contribution	-	1 <u>u</u> 1e	0					
	e			16	ļ. — — <u>U</u>		·			
莫莫	f	All other contributions, gifts, gran	I	4.						
풀		similar amounts not included abo	L	<u>1f</u>	0				1	
a c	g	Noncash contributions included in I	ines 1a-1f	\$	0				Ì	
	h	Total. Add lines 1a-1f			<u> </u>	0				
9					Business Code				-l	
Program Service Revenue	2a	Programs and Events			561499	1,800,240	1,800,240		<u> </u>	
8	b	Membership Dues			561499	372,230	372,230		<u> </u>	
흔	С					0				
5	d					0				
E	е					0.				
g	f	All other program service revenu				0				
5	a	Total. Add lines 2a–2f			•	2,172,470				
-	3	Investment income (including div	udends intere	est	and	2,772,770			†	
		other similar amounts)		,	>	1,265			1 13	265
	4	Income from investment of tax-ex	epads •	1,200			1,4	-00		
	5	Royalties	Acript borid p	100		0			 	
	,	Noyaliles	(ı) Real		(ii) Personal				 	
	6-	Cross roots	(1) 1.02.		() : 5:561141					
	6a	Gross rents							}	
	b	Less rental expenses								
	C	Rental income or (loss)		0	0					
	d	Net rental income or (loss)			_	0			ļ	
	7a	Gross amount from sales of	(i) Securities		(II) Other					
		assets other than inventory		_0	0					
	b	Less cost or other basis								
		and sales expenses		0	0					
	С	Gain or (loss)		0	0					
	ď	Net gain or (loss)				0]	
ne l	8a	Gross income from fundraising								
9		events (not including \$	0			Ì			1	
ě		of contributions reported on line	1c)						İ	
8		See Part IV, line 18	/	а	o				į	
Other Revenu	b	Less direct expenses		b	0					
ŏ	c	Net income or (loss) from fundral	eina events	~	<u>~</u>	0				
		Gross income from gaming activi							 	_
	Ja	See Part IV, line 19	iues	_	ا	1				
				a	0				1	
	b	Less direct expenses		b	0					
	С	Net income or (loss) from gaming	g activities			0			 	
	10a	Gross sales of inventory, less								
		returns and allowances		а	0					
	b	Less cost of goods sold		b	0	·				
	С	Net income or (loss) from sales of	of inventory		>	0			ļ	
		Miscellaneous Revenue			Business Code					
	11a	Miscellaneous			561499	0				
	b					0				
	С					0				
	d	All other revenue			,	0			Ţ	
	е	Total. Add lines 11a-11d		·	•	0			1	
	12	Total revenue See instructions			•	2 173 735	2 172 470		1:	265

Part IX Statement of Functional Expenses

<u> </u>		
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete	maioto ooluma (A)	
-Secrion Softicity) and Softicity) organizations most complete all columns. All other organizations must cor	noiele commin (A)	
Cookiest Cortostos and Cortostos and Control of the Cartostos and Control of the Cartostos and Cortostos and Corto		

•	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
	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	25,000			
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,		İ	~	
	trustees, and key employees	447,332		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)	0			
7	Other salaries and wages	308,870			
8	Pension plan accruals and contributions (include	40.070			
_	section 401(k) and 403(b) employer contributions)	10,370			
9	Other employee benefits	43,226			
10	Payroll taxes	48,475			
11	Fees for services (non-employees)				
a	Management	0			·
b	Legal Accounting	17,506			·
c C	Lobbying	49,342	·		
d e	Professional fundraising services See Part IV, line 17	49,542			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	83,920		İ	
12	Advertising and promotion	4,785			
13	Office expenses	11,427			
14	Information technology	15,933			
15	Royalties	o			
16	Occupancy	17,256			
17	Travel	18,149			
18	Payments of travel or entertainment expenses		-		···
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	933,308			
20	Interest	0			<u></u>
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,252	0	0	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e lf				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a	Bank and credit card fees	20,567			<u> </u>
b	Dues and subscriptions	4,282			
C		0			_
d	All other expenses Managuers	0			
e 25	All other expenses Miscellaneous	5,594			
25	Total functional expenses. Add lines 1 through 24e	2,074,594	0	0	<u> </u>
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				
	following SOP 98-2 (ASC 958-720)				
	Tollowing OOF 30-2 (AOC 300-120)	<u> </u>			Form 990 (2016)

		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year	_	(B) End of year
	1	Cash—non-interest-bearing		51,669	1	74,359
	2	Savings and temporary cash investments		524,546	2	775,701
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	172,380	4	98,295	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation				
		Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified person	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	ind contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary			
ş		organizations (see instructions) Complete Part II of Sche	dule L	0	6	0
Assets	7	Notes and loans receivable, net		0	7	0
Ä	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		31,149	9	21,853
	10a	Land, buildings, and equipment cost or]			
		other basis Complete Part VI of Schedule D	10a 0			
	b	Less accumulated depreciation	10b 0	0.	10c	0
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line	11	0	12	0
	13	Investments—program-related See Part IV, line	e 11	0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	779,744	16	970,208
	17	Accounts payable and accrued expenses		161,015	17	253,836
	18	Grants payable		0	18	0
	19	Deferred revenue		67,798	19	66,300
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D	0	21	0
8	22	Loans and other payables to current and former				
Liabilities		trustees, key employees, highest compensated	employees, and			
ğ		disqualified persons Complete Part II of Schedu		0	22	0
Ë	23	Secured mortgages and notes payable to unrela	ated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated	d third parties	0	24	0
	25	Other liabilities (including federal income tax, pa	yables to related third			
	ļ	parties, and other liabilities not included on lines	17-24) Complete			
		Part X of Schedule D		oi	25	0
	26	Total liabilities. Add lines 17 through 25		228,813	26	320,136
	-	Organizations that follow SFAS 117 (ASC 958	s), check here > X and			
es		complete lines 27 through 29, and lines 33 ar				
Ë	27	Unrestricted net assets		550,931	27	650,072
ala	28	Temporarily restricted net assets		0	28	000,072
8	29	Permanently restricted net assets		0	29	0
Š		·				
Ų.		Organizations that do not follow SFAS 117 (ASC958),	check here in and			
Ö		complete lines 30 through 34.				
iet	30	Capital stock or trust principal, or current funds	_	0	30	0
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed	• •	0	31	0
et/	32	Retained earnings, endowment, accumulated in	come, or other funds	0	32	0
Ž	33	Total net assets or fund balances		550,931	33	650,072
	34	Total liabilities and net assets/fund balances		779,744	34	970,208

Form 9	990 (2016) Greater Philadelphia Alliance for Capital & Technologies	2	3-3036397	Pag	ge 12
Part	t XI a 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		2,173	3,735
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,074	1,594
3	Revenue less expenses Subtract line 2 from line 1				9,141
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			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		650	0,072
Part	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		·		
	Schedule O				
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		1 1		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis] [
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		1		
	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	f	į [
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		-		
	Schedule O				
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	(2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2016

2016

Department of the Treasury Internal Revenue Service

Name of organization

To Organizations Exempt From Income Tax Order Section 501(c) and Section 521

► 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.

Open to Public Inspection

Employer identification number

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			23-3036397
		the organization is exempt unc	der section 501	(c) or is a section 527	organization.
1	·	he organization's direct and indirect p	political campaign	activities in Part IV (see in	structions for
_	definition of "political cam	, ,			
2	· -	y expenditures (see instructions)		▶ \$	
3	Volunteer hours	ha annonimation is assemble as	d	(-)(2)	
		the organization is exempt und excise tax incurred by the organization			
1	-			etion 4055	
2 3		excise tax incurred by organization med a section 4955 tax, did it file Form		Cuon 4955 > \$	Yes No
3 4a	Was a correction made?	ed a section 4955 tax, did it life Form	4720 for this year	<i>,</i>	Yes No
	If "Yes," describe in Part	11/			∐ res ∐ No
		the organization is exempt und	ter section 501	(c) except section 501	1(c)(3)
1		expended by the filing organization			1(0)(0).
•	activities	experied by the ming organization	101 30011011 027 020	▶ \$	
2	Enter the amount of the f	iling organization's funds contributed	to other organizat	• •	
	527 exempt function activ		J	▶ \$	
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	nere and on Form	1120-POL,	
	line 17b			▶ \$	0
4	Did the filing organization	file Form 1120-POL for this year?			Yes No
5		ses and employer identification numb			
		ents For each organization listed, en			
		ntributions received that were promp d fund or a political action committee			
	as a separate segregated	I did of a political action committee	(FAC) II additiona	Space is needed, provide	THOMASON IN PARTY
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds if none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
			 	<u> </u>	
(1)			1		
(2)					
- 					ļ
(3)			-		
					
(4)					
- (5)					
(6)			ŀ		_

Sch	edule C-(Form 990 or 990-EZ) 2016					Page 2
Р	art II-A Complete if the organiz	ation is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction
	under section 501(h)).	-			·	
A	Check ▶ If the filing organization	n belongs to an	affiliated group (a	nd list in Part IV	each affiliated gro	up member's
	name, address, EIN, e	•	•		•	•
В	Check ▶ ☐ If the filing organization					
	_ 	_obbying Expendi			(a) Filing	(b) Affiliated
	(The term "expenditures				organization's totals	group totals
1a	Total lobbying expenditures to influence					0
b	Total lobbying expenditures to influence					0
c	Total lobbying expenditures (add lines 1	-	(0	0
d	Other exempt purpose expenditures	,				0
e	Total exempt purpose expenditures (ad-	d lines 1c and 1d)			0	0
f	Lobbying nontaxable amount Enter the	•	ollowing table in bot	h		
	columns		J		0	0
[If the amount on line 1e, column (a) or (b) is: The lobbyi	ng nontaxable amou	ınt is:		
[Not over \$500,000	20% of the	amount on line 1e			
	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			
ŀ	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 2	•			0	0
h	Subtract line 1g from line 1a If zero or I				0	0
1	Subtract line 1f from line 1c If zero or le	•		61- F 470	0	0
j	If there is an amount other than zero on	either line 1n or lir	ie 11, did the organi	zation file Form 4/2	υ reporting	□ von □ No
	section 4911 tax for this year?					Yes No
	(0		g Period Under sec		e along etc.	to all according
	(Some organizations that made				of the five columns	below.
	Se	e the separate ins	tructions for lines	za through zr.)		
	Loh	hving Expenditur	es During 4-Year A	veraging Period		
			Daning 4 Year A	Trendging Ferrod	<u> </u>	
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)					
						
2a	Lobbying nontaxable amount	0	O	0	0	0
	Lobbying ceiling amount					
~	(150% of line 2a, column(e))					0
	T-A-II-bb and the second					
	Total lobbying expenditures	0	0	0	0	0
 d	Grassroots nontaxable amount					
	Grassioots nontaxable amount	0	0	0	0	0
е	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) 2016

Schedule C (Form 990 or 990-EZ) 2016

	(election under section 501(h)).	(8	a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed enption of the lobbying activity	Yes	No	A	moun	 !
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	1				
_	referendum, through the use of Volunteers?					
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?	-				
d	Mailings to members, legislators, or the public?	-				
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
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)?					
b	If "Yes," enter the amount of any tax incurred under section 4912	1				
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?					
ari	Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5),	, or s	ection	l	
	501(c)(6).					
	N				Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	X
?	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		_ X
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior Complete if the organization is exempt under section 501(c)(4), section 50				<u> </u>	
-11	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,					3, is
	answered "Yes."	Oit (L) Pai	t III-A	•	
	answered "Yes.") Pai	t III-A		2,230
	answered "Yes." Dues, assessments and similar amounts from members	7) 710		T III-A		2,230
	answered "Yes."	7,70				2,230
	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	ON (L		t III-A	37	2,230 9,342
	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).) NO	1	t III-A	37	
2 a	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	OK (L	1 2a	t III-A	37	9,342
a b c	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year		1 2a 2b	t III-A	37 4 4	9,342 0
a b c	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total		1 2a 2b 2c	t III-A	37 4 4	9,342 0 9,342
a b c	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1 2a 2b 2c	t III-A	37 4 4	9,342 0 9,342
a b c	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		1 2a 2b 2c	t III-A	37 4 4	9,342 0 9,342
2 a b c	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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		2a 2b 2c 3	t III-A	4 9	9,342 0 9,342 3,058
2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		2a 2b 2c 3		4 9	9,342 0 9,342 3,058 3,716
c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 lobbying and political expenditure next year?		2a 2b 2c 3	t III-A	4 9	9,:

(Greater Philadelphia Alliance for Capital & Technologies e G (Form 990 or 990-EZ) 2016	23-3036397
Part	V Supplemental Information (continued)	
,		
	······································	
		•

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. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Employer identification number
Great	er Philadelphia Alliance for Capital & Technolo	ogies	23-3036397
Pari		or Advised Funds or Other Similar	
_		ered "Yes" on Form 990, Part IV, line	
		(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 do	nor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject	to the organization's exclusive legal control	ol? Yes No
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that gran	t funds can be
	used only for charitable purposes and not for	the benefit of the donor or donor advisor, or	or for any other
	purpose conferring impermissible private ben	efit?	Yes No
Part	I Conservation Easements.		
	Complete if the organization answ	rered "Yes" on Form 990, Part IV, line	7
1	Purpose(s) of conservation easements held be	by the organization (check all that apply)	
	Preservation of land for public use (e g , recr	eation or education) Preservatio	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contributi	on in the form of a conservation
-	easement on the last day of the tax year	ion neid a qualified conscivation continuati	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease	ements	2b
c	Number of conservation easements on a cert		2c
ď	Number of conservation easements included	, ,	
-	historic structure listed in the National Registe		2d
3	Number of conservation easements modified		rminated by the organization during
	the tax year ▶		, ,
4	Number of states where property subject to c	onservation easement is located	
5	Does the organization have a written policy re	egarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation	on easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, and enforcing	g conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing con	servation easements during the year
	> \$		of alice 470/EV/4V/DV/v
8	Does each conservation easement reported of	on line 2(a) above satisfy the requirements	
9	and section 170(h)(4)(B)(II)?	ports consequation opposite to the target	Yes No
J	In Part XIII, describe how the organization rep balance sheet, and include, if applicable, the		
	the organization's accounting for conservation		ianoidi statements that ueschbes
Part		ections of Art, Historical Treasures,	or Other Similar Assets
		ered "Yes" on Form 990, Part IV, line	
	If the organization elected, as permitted unde		
Ia	works of art, historical treasures, or other sim		
	of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted unde		
D	works of art, historical treasures, or other sim		
	of public service, provide the following amour		anon, or research in future affec
	(i) Revenue included on Form 990, Part VIII,		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of a	art historical treasures, or other similar ass	
-	following amounts required to be reported une		y ,
а	Revenue included on Form 990, Part VIII, line		
b	Assets included in Form 990, Part X		► \$

	ule D (Form 990) 2016 Greater Philadelphi						23-303		Page Z
Par									nued)
3	Using the organization's acquisition, ac	cession, and other	records,	check any	of the follow	ing that a	re a significant	t use of its	
	*collection items (check all that apply)			1					
а	Public exhibition		d	Loan	or exchange	programs	3		
b	Scholarly research		е	Other					
С	Preservation for future generation	ns							
4	Provide a description of the organization XIII	n's collections and	explain h	ow they fu	urther the org	anızatıon'	's exempt purp	ose in Par	t
5	During the year, did the organization so assets to be sold to raise funds rather t							Yes	No_
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21	_	on Form	1990, Pa	ırt IV, lıne 9,	or repo	rted an amou	ınt on For	rm
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?	ustodian or other in	termediar	y for cont	ributions or o	ther asse	ts not	Yes	No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	the follow	wing table					
								Amount	
C	Beginning balance					1c			0
d	Additions during the year					1d			
е	Distributions during the year					1e_	<u> </u>		
f	Ending balance					1 <u>f</u>	<u> </u>		0
2a	Did the organization include an amount	on Form 990, Part	X, line 2	1, for escr	ow or custodi	ial accoui	nt liability?	Yes	X No
b	If "Yes," explain the arrangement in Pai	t XIII Check here i	f the expl	anation ha	as been provi	ded on P	art XIII		
Part	V Endowment Funds.					-			
	Complete if the organization	answered "Yes"	on Form	990, Pa	rt IV, line 10)			
		(a) Current year		or year	(c) Two years		d) Three years bac	k (e) Four	years back
1a	Beginning of year balance	0	-	0		0		0	0
b	Contributions								_
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								-
е	Other expenditures for facilities				,				
_	and programs								
Ţ	Administrative expenses		-						
g	End of year balance	0		0		0		0	0
2	Provide the estimated percentage of the Board designated or quasi-endowment		balance (I	line 1g, co	numn (a)) nei	a as			
a b	Permanent endowment	%	70_						
C	Temporarily restricted endowment	• %							
C	The percentages on lines 2a, 2b, and 2		1%						
3a	Are there endowment funds not in the p	•		n that are	held and adr	ministere	d for the		
-	organization by		. 3				- 107 11.10	[·	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related org	ganizations listed a	s required	d on Sche	dule R?			3b	
4	Describe in Part XIII the intended uses								
Part				-					
	Complete if the organization		on Form	990. Pa	rt IV. line 11	a See I	Form 990, Pa	art X. line	10
	Description of property	(a) Cost or oth			st or other		cumulated	(d) Boo	
		(investm			s (other)		reciation		
1a	Land		0		0				0
b	Buildings		0		0		0		0
С	Leasehold improvements		0		0		0		0
d	Equipment		0		0		0		0
<u>e</u> _	Other		0		0		0		0
Total	. Add lines 1a through 1e (Column (d) n	nust equal Form 99	0, Part X,	column (l	B), line 10c)		<u> </u>		<u> </u>

(1) Financial de (2) Closely-held	(including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(2) Closely-held	erivatives	0	<u> </u>	
· ·	d equity interests	0.		
(3) Other				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	ust equal Form 990, Part X, col (B) line 12)	▶ 0		
Part VIII	Investments—Program Re			
	Complete if the organization		0, Part IV, line 11c See For	m 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va	aluation
			Cost or end-of-year i	market value
(1)				
(2)				
(3)				
(4)		-		
(5) (6)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
(7)				
(8)				
(9)				
Total (Column (b) mu	ust equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.			
	Complete if the organization		0, Part IV, line 11d See Fori	
		(a) Description		(b) Book value
(1)				<u></u>
(2)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X,	col (B) line 15)	•	<u></u>
Part X	Other Liabilities.			
	Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 11e or 11f Se	ee Form 990, Part X,
	line 25			· · · · · - · · · - · · · · - · · · · - · · · · - · · · · · - ·
1.	(a) Description of liability	(b) Book value		
(1) Federal in	come taxes	0		
(2)				
(4)				
(5)				
	· · · · · · · · · · · · · · · · · · ·			
(5) (6)				
(5) (6) (7)				
(5) (6) (7) (8) (9) Total (Column (b) musi	st equal Form 990, Part X, col (B) line 25) ncertain tax positions In Part XIII, pro	• 0		

	m 990) 2016 Greater Philadelphia Alliance for Capital & Technolog	ies	23-3036397	Page
art XI	Reconciliation of Revenue per Audited Financial St	atements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a		
	evenue, gains, and other support per audited financial statements		1	
	nts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
	realized gains (losses) on investments	2a		
	ed services and use of facilities	_2b		
	eries of prior year grants	_2c		
	(Describe in Part XIII)	_2d		
	es 2a through 2d		2e	
	ct line 2e from line 1	1 1	3	
	nts included on Form 990, Part VIII, line 12, but not on line 1			
	ment expenses not included on Form 990, Part VIII, line 7b	4a		
	(Describe in Part XIII)	4b		
	res 4a and 4b	(0)	4c	
	evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
art XII	Reconciliation of Expenses per Audited Financial S		enses per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a		
	xpenses and losses per audited financial statements		1	
	its included on line 1 but not on Form 990, Part IX, line 25	1 1	1	
	ed services and use of facilities	2a		
	ear adjustments	2b		
Other I		2c		
	Describe in Part XIII)	2d		
	es 2a through 2d		2e	
	ct line 2e from line 1	1 1	3	
	its included on Form 990, Part IX, line 25, but not on line 1			
	nent expenses not included on Form 990, Part VIII, line 7b	4a		
	Describe in Part XIII)	4b		
	es 4a and 4b		4c	
rt XIII	xpenses Add lines 3 and 4c. (This must equal Form 990, Part I, lii	ne 18)	5	
	O I 4 - I I - f 4 - 1			
	Supplemental Information.	14 5 4 5 4 4	101 5 1111 1 5 1	
vide the d	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a			X, line
vide the d Part XI, line	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a aes 2d and 4b, and Part XII, lines 2d and 4b Also complete this par	t to provide any addition		X, line
vide the d Part XI, line	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	t to provide any addition		X, line
vide the d Part XI, line t VIII Line	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a es 2d and 4b, and Part XII, lines 2d and 4b Also complete this par 2 CCGP, Regional Foundation, PVLA and PACT (collectively known	t to provide any addition wn as "The		X, line
vide the d Part XI, line t VIII Line	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a aes 2d and 4b, and Part XII, lines 2d and 4b Also complete this par	t to provide any addition wn as "The 		
vide the d Part XI, line t VIII Line amber") gu	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a es 2d and 4b, and Part XII, lines 2d and 4b Also complete this par 2 CCGP, Regional Foundation, PVLA and PACT (collectively known alify as tax-exempt organizations under the existing provisions of	t to provide any addition wn as "The the	al information	
vide the d Part XI, line t VIII Line amber") qu	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a es 2d and 4b, and Part XII, lines 2d and 4b Also complete this par 2 CCGP, Regional Foundation, PVLA and PACT (collectively known	t to provide any addition wn as "The the	al information	
vide the d Part XI, line t VIII Line amber") qu ernal Reve	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a es 2d and 4b, and Part XII, lines 2d and 4b Also complete this par 2 CCGP, Regional Foundation, PVLA and PACT (collectively knownalify as tax-exempt organizations under the existing provisions of the code and their income is not subject to state or federal income.	t to provide any addition wn as "The the ie taxes	al information	
ovide the d Part XI, line rt VIII Line amber") qu	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a es 2d and 4b, and Part XII, lines 2d and 4b Also complete this par 2 CCGP, Regional Foundation, PVLA and PACT (collectively known alify as tax-exempt organizations under the existing provisions of	t to provide any addition wn as "The the ie taxes	al information	
ovide the d Part XI, line rt VIII Line amber") qu ernal Reve	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a es 2d and 4b, and Part XII, lines 2d and 4b Also complete this part 2 CCGP, Regional Foundation, PVLA and PACT (collectively knownalify as tax-exempt organizations under the existing provisions of the Code and their income is not subject to state or federal income files Federal Form 990 and, when necessary, From 990-T The Code and their income is not subject to state or federal income files Federal Form 990 and, when necessary, From 990-T The Code and the code	t to provide any addition wn as "The the le taxes hamber believes	al information	
ovide the d Part XI, line rt VIII Line amber") qu ernal Reve	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a es 2d and 4b, and Part XII, lines 2d and 4b Also complete this par 2 CCGP, Regional Foundation, PVLA and PACT (collectively knownalify as tax-exempt organizations under the existing provisions of the code and their income is not subject to state or federal income.	t to provide any addition wn as "The the le taxes hamber believes	al information	
ovide the d Part XI, line rt VIII Line amber") qu ernal Reve e Chamber s no longer	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a es 2d and 4b, and Part XII, lines 2d and 4b Also complete this par 2 CCGP, Regional Foundation, PVLA and PACT (collectively knownality as tax-exempt organizations under the existing provisions of the code and their income is not subject to state or federal income files Federal Form 990 and, when necessary, From 990-T The Couplect to U.S. federal, state or local income tax examinations by	t to provide any addition wn as "The the le taxes hamber believes	al information	
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Schedule D (Form	990) 2016	Greater Philadelphia Alliance for Capital & Technologies	23-3036397	Page_ 5
Part°XIII	Supple	emental Information (continued)		
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•				
		•••••		
				
			•	

SCHEDULE 1 (Form 990)

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

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

▶ Attach to Form 990.

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

Greater Philadelphia Alliance for Capital & Technologies

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 23-3036397

	assistance, and	X Yes No	! -
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	the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Par	~		7

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on 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

	.d			מולדה סמון מס מקבונה	י מיליו ליים מעליים מעמווטוומו טלמלט וז וויכלמלמ		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ETC Foundation 200 S Broad St, 7th FI Philadelphia, F	23-2976799	501 (c) (3)	25,000				see part IV
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	501(c)(3) and go	vernment organiza	tions listed in the line 1	table		A 4	← C
ľ							

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) Part II Line 1 PACT Supports the ETC Foundation with annual contributions to support the Foundation's efforts in STEM education, Part I Line 2 The organization keeps a record of all grants and assistance and also of all requests. Requests are reviewed by the (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed President and a decision is made based on the intended use of the funds (b) Number of recipients workforce development and female entrepreneurship (a) Type of grant or assistance Part III c) 8 က 4 9

Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Compensation InformationFor 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.

OMB No 1545-0047

Open to Public Inspection

23-3036397

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Greater Philadelphia Alliance for Capital & Technologies

Par	t I Questions Regarding Compensation			
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	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		
	ехріані	10		
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 on line			
	1a?	2		
3	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			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	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			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		<u>X</u>
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III	40		
	and the same of the second same provide the approaches announce for each team in a cash			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III			
6	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			
а	The organization?	6a_		
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III	_6b_		 -i
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
В	payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was	7		
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
				[
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		ļ	
	Regulations section 53 4958-6(c)?	9		

Schedule J (Form 990) 2016 Greater Philadelphia Alliance for Capital & Technologies

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

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 instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)−(iii) for each listed individual must equal the total amount of Form 990. Dart VII. Section Δ. line 1s

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	isted	individual must equal t	he total amount of Fo	rm 990, Part VII, Sec	tion A, line 1a, applica	ble column (D) and (I	E) amounts for that in	ividual
		(b) Breakdown of	(b) Breakdown of VV-2 and/or 1099-MISC compensation	SC compensation	(C) Retrement and	oly Nontaxable		(5)
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
Dianne Strunk	Ξ	114.265	25.000	58	5 840	16.072	161 235	
1 Vice President, Business Developme		0		0	0	100	0.0	0 0
Dean Miller		191,421	50.000	0	9.678	34 275	285.374	
2 Director and CEO	≘	0	0	0	C	1	C	
Andrea Allon	€	0	0	0	0	0	0	
3 Director	(ii)	221,582	54,000	81,133	80,529	10,492	447.736	70.243
	Ξ	1						
4	Ξ							
	Ξ							
5	<u>(ii</u>				1			
	(E)							
9	€							
	Ξ							
7	(E)				1			
	Ξ							
8	<u>(ii</u>							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(I)							
6	(ii)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	(ı)							
10	(ii)				1	 		
	Ξ							
11	Ξ					1		
	Ξ							
12	Ξ							
	(i)							
13	€					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Ξ							
14	(II)					1		
	Ξ							
15	Ξ							
	Ξ							
16	(ii)				i			

Schedule J (Form 990) 2016

SCHEDULE_L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

2016

Department of the Treasury Internal Revenue Service

Part II

► 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

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Open To Public Inspection

Name of the organization

Greater Philadelphia Alliance for Capital & Technologies

Employer identification number

23-3036397

	Complete if the organization	n answered "Yes" on Form 990, Part IV, line 25a	or 25b, or Form 990-EZ, Part V, line	40b	
	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rrected?
<u> </u>	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
	Control the control of the control of	h. H	1		

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) in o	default?	by bo	proved ard or uttee?	(i) Waagreei	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)	_											
(9)	1											
(10)												
Total					▶ \$	C						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	<u> </u>			
(9)				
(10)	<u> </u>			

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	zatio nues
Dianne Strunk	Director	1 014	Employed Family Member	Yes	N ₀
	Birotor	1,014	Employed Family Wember	 	 ^
				 	
					_
					-
				- -	-
V Supplemental Information	on for responses to questions on	• •			

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.

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990 Internal Revenue Service

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number 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 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 Chamber of Commerce for Greater Philadelphia. 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) (2016)	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)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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(2)

Greater Philadelphia Alliance for Capital & Technologies

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

Open to Public 2016

Employer identification number

23-3036397

(f)
Direct controlling
entity (e) End-of-year assets Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c)
Legal domicile (state
or foreign country) (b)
Primary activity (a)
Name, address, and EIN (if applicable) of disregarded 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 Part II

(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13 ed
						Yes	Š
(1) Chamber of Commerce for Greater Philadelphia 23-0969030	Business League						
200 South Broad Street, Suite 700 Philadelphia, PA 19102		PA	501 (c)(6)		N/A		×
(2) GPCC Resources, Inc 23-3097773	Promote trade and						
200 South Broad Street, Suite 700 Philadelphia, PA 19102	commerce	PA	501 (c)(6)		N/A		×
(3) GPCC Regional Foundation 23-2653189	Education and Cultural						
200 South Broad Street, Suite 700 Philadelphia, PA 19102	Development	PA	501 (c)(3)	11, Type 1	N/A		×
(4) Philadelphia Volunteer Lawyers for the Arts 23-2066564	Legal referral services						
200 South Broad Street, Suite 700 Philadelphia, PA 19102		PA	501 (c)(3)	7	GPCC Reg Found	×	
(5) Techonology Council Foundation 23-2976799	Education and						
200 South Broad Street, Suite 700 Philadelphia, PA 19102	workforce development pA	PA	501 (c)(3)	PF	A/N		×
(9)							
(7)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	90.				Schedule R (Form 990) 2016	rm 990)	201

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

(I) Section 512(b)(13) controlled Percentage ownership Schedule R (Form 990) 2016 ž 3 Yes identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part General or managing partner? Yes No (h) Percentage ownership Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
allocations? Ŷ (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Share of end-of-year assets (e)
Type of entity
(C corp., S corp, or trust) 6 (f) Share of total income (d)
| Direct controlling | entity Predominant income (related, unrelated, sections 512-514) excluded from tax under (c)
Legal domicile
(state or foreign counity) (d)
Direct controlling lentity (b) Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a)
Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV 9 2 2 ල 3 0 Ξ <u>ල</u> 4 9 9 Ξ 4

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23-3036397

23-30	or 36
	Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
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9	Transactions With Related O
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Schedule R (Form 990) 2016	<u>۲</u>
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Note	Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule			Yes	<u> </u>	2
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	tions listed in Part	S II–IV		\vdash	,
a			•	1 a	^	×
Ω				1b	_	×
U	_		•	10	$\hat{-}$	$ _{\times} $
ס				19	$\hat{-}$	×
Φ			,	1e	_	×
	Dividends from related organization(s)			11		×
O)	Sale of assets to related organization(s)			1g		×
.				1h	_	×
	Exchange of assets with related organization(s)			1i	_	×
	Lease of facilities, equipment, or other assets to related organization(s)			Ė		\times
*	t Lease of facilities, equipment, or other assets from related organization(s)			ᆠ	$\hat{+}$	\times
-	Performance of services or membership or fundraising solicitations for related organization(s)			=	7	\times
Ε	n Performance of services or membership or fundraising solicitations by related organization(s)		_	Jm T	$\widehat{+}$	\times
_	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n ×		
0	Sharing of paid employees with related organization(s)			10	4	\times
				1		
<u>a</u>	 Reimbursement paid to related organization(s) for expenses 			ر م	+	
σ	y Reimbursement paid by related organization(s) for expenses			19	$\hat{+}$	\times
					1	
-				-		$ \mathbf{x} $
S	 Other transfer of cash or property from related organization(s) 			JS.	$\widehat{-}$	$_{\times} $
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	ig covered relation	ships and transaction	thresholds	S	
	(a)	(p)	(c)	(g		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	erminin olved	٥٦
;						
Ξ						
(2)						
;						
<u>e</u>		<u></u>				
<u>4</u>						
(2)						
<u></u>			Schedule	Schedule R (Form 990) 2016	990) 2(016

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

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

200000000000000000000000000000000000000	o 3a:=acioi		95000 61000			macounity in particular in po	24.10.0				
(a) Name address and FIN of entity	(b)	(c)	(d) Predominant	(e)) arthers	(f) Share of		(h)	(E)		
		(state or foreign country)	_ B . 3	section 501(c)(3) organizations?	ations?	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 312-314)	Yes	2			Yes	T	Yes	
(1)					-			 			
(2)											
(3)											
(4)											
(5)											
(9)											
(7)											
(8)											
(6)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R See Instruct	ions	
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