Form

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2018 Open to Public

Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19D Employer identification number C Name of organization CENTER CITY RESIDENTS' ASSOCIATION Check if applicable: OF PHILADELPHIA Address change 23-1430638 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 215-546-6719 1900 MARKET STREET, 8TH FLOOR Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated 150,170 PHILADELPHIA PA 19103 G Gross receipts \$ Amended return Name and address of principal officer: X H(a) Is this a group return for subordinates? Application pending MAGGIE MUND, PRESIDENT SAME H(b) Are all subordinates included? If "No." attach a list. (see instructions) **X** 501(c)(3) 501(c) 4947(a)(1) or Tax-exempt status: CENTERCITYRESIDENTS.ORG Website: H(c) Group exemption number Year of formation: 1947 Form of organization: X Corporation Part I Summary 1 Briefly describe the organization's mission or most significant activities: Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 27 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 1 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 50 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 **Current Year** 94,312 98,753 8 Contributions and grants (Part VIII, line 1h) 57,634 47,160 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 151,972 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 41,128 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 96,642 100,411 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 137,770 145,147 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 14,202 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 169,510 20 Total assets (Part X, line 16) 0 21 Total liabilities (Part X, line 26) 170,317 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign PRESIDENT MAGGIE MUND Here Type or print name and title Print/Type preparer's name Date Preparer's signature X if Check Paid 01/31/20 self-employed P00729505 DAVID G. FAW 23-2701559 Preparer FAW, DAVID G. Firm's EIN ▶ Firm's name **Use Only** 241 EVELYN DRIVE 19406 610-687-8160 KING OF PRUSSIA, PA

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address

orm 990 (2018) CENTER CITY RE		ON 23-1430638	Page
	Service Accomplishments tains a response or note to any	line in this Part III	X
Briefly describe the organization's mission			
SEE SCHEDULE O			
2 Did the organization undertake any signif			Ves V N
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on		anducte any program	
3 Did the organization cease conducting, o services?			Yes X No
If "Yes," describe these changes on Sche	adule O		
4 Describe the organization's program serv		ree largest program services, as measu	red by
expenses. Section 501(c)(3) and 501(c)(4			
the total expenses, and revenue, if any, f		· ·	
4a (Code:) (Expenses \$	119,452 including grants of	\$) (Revenue	ue \$
SEE ATTACHED			
4b (Code:) (Expenses \$ N/A			
	including grants of	f\$) (Reven	ue \$
N/A			
4d Other program services (Describe in Sch (Expenses \$	nedule 0.) including grants of \$ 119 , 452) (Revenue \$	

Form 990 (2018) CENTER CITY RESIDENTS ' ASSOCIATION 23-1430638

Part IV Checklist of Required Schedules

2000-000-	Chookhot of required conceans		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			7.7
	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			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		x
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	********	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а		44-		X
	complete Schedule D, Part VI	11a		A
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		X
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
e	Did the organization report an amount for other habilities in Part X, line 25? If Pes, complete schedule b, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
f	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	0.15 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
12a	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	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 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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
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		X

Form 990 (2018) CENTER CITY RESIDENTS' ASSOCIATION 23-1430638

Pa	THE IX Checklist of Required Schedules (continued)	Т		
			Yes	<u>No</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		
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			X
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		X
	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		
d		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		x
	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			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		_^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	********	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		x
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00.		x
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_^_
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	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₹.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34	-	X
35a		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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38_	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 T	-
	I I -	E	Yes	No
1a				
b				
С			 	
	reportable gaming (gambling) winnings to prize winners?	1c	L	

Form 990 (2018) CENTER CITY RESIDENTS' ASSOCIATION 23-1430638

Statements Regarding Other IRS Filings and Tax Compliance (continued) Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7b If "Yes." did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с required to file Form 8282? d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: 10a Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources h against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? а Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand С X Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O h Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	X	***************************************
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he followii	ng:		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal F	Revenue	Code.)		
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				ŀ	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<i>.</i>		10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	orm?	11a	X	**********
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	ļ <u>.</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b		X
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	X	<u> </u>
13	Did the organization have a written whistleblower policy?			13	ļ	X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official					X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				 	1
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Sec	ection	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 inter	est po	licy, and			
	financial statements available to the public during the tax year.	, .				
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🟲				
	ANAGEMENT AS ADDRESSED	1 2	,)1E_E/	6.	571 O
P	HILADELPHIA PA 1910	<i>,</i> 2		215-54	10-6	<i>) </i> 19

Form 990 (2018) CENTER CITY RESIDENTS' ASSOCIATION 23-1430638

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	(do box offi	o not o c, unle	Pos check ess pe	c) ition more rson i irecto	than or is both or/truste	ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) SEE LIST - 100%	UNPAID '	VOI	'UI	TE	EF	s				
SEE LIST	1.00	x						C	o	0
(2)	0.00	-								
(3)										
(4)								i_		
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
										000

Form 990 (2018) CENTER CITY RESIDENTS' ASSOCIATION 23-1430638

Part VII Section A. Officers (A) Name and title	(B) Average hours per week (list any	(de	o not o	Pos check ess pe	ition more rson i	than o	one an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(=	organization and related organizations
1b Sub-total c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion	Α			> > >			
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not	imite	ed to	thos	se lis	ted	abo	ve) who received more than	1 \$100,000 of	Yes No
 3 Did the organization list any f employee on line 1a? <i>If</i> "Yes, 4 For any individual listed on line 	" complete Sche ne 1a, is the sum	dule of re	J fo.	<i>r suc</i> table	h in con	<i>divid</i> npen	<i>ual</i> sati	on and other compensation	from the	3 X
organization and related organization and related organization and related organization individual 5 Did any person listed on line for services rendered to the control of	1a receive or acc	 crue	com	pens	atio	 n fro	 m a	ny unrelated organization o	or individual	5 X
Section B. Independent Contract 1 Complete this table for your f	ive highest comp	ens	ated	inde	pen	dent	con	tractors that received more	than \$100,000 of	
compensation from the organ	nization. Report o (A) d business address	omp	ensa	ation	for	the c	aler	ndar year ending with or wit Descri	nin the organization's tax (B) ption of services	(C) Compensation
							+			
2 Total number of independent received more than \$100,000	contractors (incl	udin n fro	g bu	t not	limi gani:	ted t	o th n ▶	ose listed above) who	0	- 200

Form	990	(2018) CENTER CITY	RES	IDEN	TS' AS	SSOCIATION	23-1430638		Page 3
Par			enue			or note to any line	in this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	b c d e f f g h c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a Total. Add lines 1a—1f. MEMBERSHIP DUES/ASS	ESSMENT	rs 	23,169 75,584 Busn. Code 519100	98,753 47,160	47,160		
Prog	g	All other program service reversal. Add lines 2a–2f				47,160		I	I
		Investment income (including and other similar amounts) Income from investment of tale Royalties (i) Real Gross rents	x-exempt	bond pr	oceeds >	41			41
	d 7a	Less: rental exps. Rental inc. or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other	s		Other				
ne	d	basis & sales exps. Gain or (loss) Net gain or (loss) Gross income from fundraising ev	ents		>				
Other Revenue		(not including \$ 23, of contributions reported on line 10 See Part IV, line 18 Less: direct expenses Net income or (loss) from fun	c). a b	events .	4,216 4,216				
	b	Gross income from gaming activities See Part IV, line 19 Less: direct expenses Net income or (loss) from games.	a b ming activ	vities					
	b	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sal	a b es of inve	entory					
	11a	Miscellaneous Revenue			Busn. Code				
	b c d	All other revenue							
		Total. Add lines 11a-11d				145,954	47,160		41
- 1	77	LOTAL REVENUE SEE INSTRUCTION	JUS			1 22,00	-, -, ,	· 1	

12 Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must concern Check if Schedule O contains a response	omplete all columns. All oth	ner organizations must con	nplete column (A).	
		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
			СХРОПОСС		
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
•	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4	Compensation of current officers, directors,				
5	trustees, and key employees				
e	Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	41,057	30,795	5,131	5,131
7 8	Pension plan accruals and contributions (include			•	
0	section 401(k) and 403(b) employer contributions				
0	Other employee benefits				
9		3,679	2,759	460	460
10	Payroll taxes Fees for services (non-employees):				
11	· · · · · · · · · · · · · · · · · · ·				
a	Management				
b	Legal	4,250		4,250	
c d	Accounting				
e e	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	6,261	4,695	783	783
14	Information technology				
15	Royalties				
16	Occupancy	21,943	16,457	2,743	2,743
17	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				225
23	Insurance	2,698	2,024	337	337
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SIDEWALK CLEANING	28,800			
b	PROGRAM SUPPLIES	14,198			
С	ZONING	10,997	10,997		
d	NEWSLETTER	8,727	8,727		0.535
е	All other expenses	2,537	440 450	10 504	2,537
25	Total functional expenses. Add lines 1 through 24e	145,147	119,452	13,704	11,991
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

CENTER CITY RESIDENTS' ASSOCIATION 23-1430638

Form 990 (2018) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 124,289 143,527 Cash—non-interest bearing 46,028 25,983 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net _____ 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _______10a 10c b Less: accumulated depreciation 10b 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 170,317 169,510 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 01 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. or Fund Balances 162,441 164,398 27 Unrestricted net assets 7,876 5,112 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

170,317 Form 990 (2018)

170,317

169,510

169,510

32

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

the Single Audit Act and OMB Circular A-133?

Form 990 (2018)

3a

X

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018

Open to Public Inspection

Name of the organization

CENTER CITY RESIDENTS' ASSOCIATION
OF PHILADELPHIA

Employer identification number 23-1430638

P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instructior	ns.
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	heck only	one box.)	
1	\Box			ociation of churches described i				
2	П			A)(ii). (Attach Schedule E (Form				
3	П			e organization described in sec			ii).	
4	Н			I in conjunction with a hospital c				ospital's name,
•		city, and state	a:					
5				f a college or university owned	or operate	ed by a go	overnmental unit described in	
3			b)(1)(A)(iv). (Complete Part			,		
6				overnmental unit described in s	ection 17	0(b)(1)(A)(v).	
7	X			substantial part of its support fro				
•	لت		section 170(b)(1)(A)(vi). (Co					
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	: II.)			
9		An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	x) operate	ed in conj	unction with a land-grant collec	je
		or university	or a non-land-grant college o	of agriculture (see instructions).	Enter the	name, cit	ty, and state of the college or	
		university:						
10		An organizati	ion that normally receives: (1) more than 33 1/3% of its supp	oort from	contribution	ons, membership fees, and gro	SS
		receipts from	activities related to its exem	pt functions—subject to certain d unrelated business taxable in	exceptioi	ns, and (2	2) no more than 33 1/3% of its	
		support from	gross investment income at he organization after June 3	0, 1975. See section 509(a)(2) .	. (Comple	te Part III	.)	
11				exclusively to test for public safe				
12	H	An organizati	ion organized and operated o	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carry out the purpo	ses
	Ш	of one or mor	re publicly supported organiz	ations described in section 509	9(a)(1) or	section 5	509(a)(2). See section 509(a)(3).
		Check the bo	x in lines 12a through 12d th	at describes the type of suppor	ting orgar	nization a	nd complete lines 12e, 12f, and	d 12g.
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its su	pported o	rganization(s), typically by givi	ng
				er to regularly appoint or elect		of the di	rectors or trustees of the	
				omplete Part IV, Sections A a				
	b	Type II.	A supporting organization su	pervised or controlled in connect	ction with	its suppor	rted organization(s), by having	ad
		control of	r management of the suppor tion(s). You must complete	ting organization vested in the s	same pers	ions that	control of manage the support	eu .
	_			upporting organization operated	d in conne	ction with	and functionally integrated w	ith.
	С	its suppo	orted organization(s) (see ins	tructions). You must complete	Part IV,	Sections	A, D, and E.	•••••
	d	Type III i	non-functionally integrated	I. A supporting organization ope	erated in c	onnection	n with its supported organizatio	n(s)
		that is no	ot functionally integrated. The	e organization generally must sa	atisfy a dis	tribution	requirement and an attentiven	ess
				nust complete Part IV, Section				
	е	Check th	is box if the organization rec	eived a written determination fro	om the IR	S that it is	s a Type I, Type II, Type III	
			•	n-functionally integrated support	ung organ	ization.		
	f		mber of supported organizati	e supported organization(s).				
	g		(ii) EIN	(iii) Type of organization	(iv) is the	rganization	(v) Amount of monetary	(vi) Amount of
(•	ne of supported ganization	(II) EIN	(described on lines 1–10	1 ' '	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
						ļ		
(B)								
					 			
(C)								
					1			
(D))							
					-			
(E)								
Tot								

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	99,774	93,804	98,422	94,312	98,753	485,065
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	99,774	93,804	98,422	94,312	98,753	485,065
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						485,065
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	99,774	93,804	98,422	94,312	98,753	485,065
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		4	11	. 26	41	136
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						485,201
12	Gross receipts from related activities, et	c. (see instructions)				12	279,756
13	First five years. If the Form 990 is for the	ne organization's firs	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop he	ere					
Sec	tion C. Computation of Public S	Support Percen	tage				·
14	Public support percentage for 2018 (line	6, column (f) divide	d by line 11, colun	nn (f))			99.97%
15	Public support percentage from 2017 So	chedule A, Part II, lir	ne 14			15	99.98%
16a	33 1/3% support test—2018. If the orga	anization did not che	eck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization qu	alifies as a publicly	supported organiz	ation			 ▶ X
b	33 1/3% support test—2017. If the orga				15 is 33 1/3% or m	ore, check	
	this box and stop here. The organizatio	n qualifies as a publ	icly supported org	anization			▶ ∟
17a	10%-facts-and-circumstances test—2	018. If the organizat	tion did not check	a box on line 13, 1	6a, or 16b, and line	e 14 is	
	10% or more, and if the organization me Part VI how the organization meets the	"facts-and-circumsta	ances" test. The or	rganization qualifie	s as a publicly sup	ported	▶ □
	organization						
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization	on meets the "facts-	and-circumstance	s test, check this	ion qualifice se c.p	ublich	
	Explain in Part VI how the organization						▶ □
	supported organization		an line 12 16a 16	Sh 17a or 17h sh	eck this boy and a		
18	Private foundation. If the organization instructions						> [

Page 3

Schedule A (Form 990 or 990-EZ) 2018

CENTER CITY RESIDENTS' ASSOCIATION

Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support								
		•	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	. [
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9							
3	Gross receipts from activities that are not an unrelated trade or business under section 513	3							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								J
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								4
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from								
500	tion B. Total Support								
		•	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
9	Amounts from line 6		(4) 20 : :	(,					
10a	Gross income from interest, dividends, payments received on securities loans, rents,	,							
b	royalties, and income from similar sources Unrelated business taxable income (lessection 511 taxes) from businesses acquired after June 30, 1975	ss							
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for organization, check this box and stop	the			ourth, or fifth tax ye				
Sec	tion C. Computation of Public							,	
15	Public support percentage for 2018 (lin				mn (f))			15	%
16	Public support percentage from 2017 S			-				16	%
	tion D. Computation of Invest	me	ent Income Pe	rcentage				,	
17	Investment income percentage for 201	8 (line 10c, column (1	f), divided by line 1	13, column (f))			17	%
18	Investment income percentage from 20	017	' Schedule A, Part	: III, line 17				18	%
19a	33 1/3% support tests—2018. If the o	orga	nization did not cl	heck the box on lin	ne 14, and line 15 i	s more than 33 1/3	3%, and line		▶ [
	17 is not more than 33 1/3%, check this								▶ ∟
b	33 1/3% support tests—2017. If the o	orga	nization did not cl	heck a box on line	14 or line 19a, and	d line 16 is more th	nan 33 1/3%,	and	▶ [
	line 18 is not more than 33 1/3%, chec	k ti	nis box and stop l	nere. The organiza	ition qualifies as a	publicly supported	organization	١	
20	Private foundation. If the organization	n di	d not check a box	on line 14, 19a, o	r 19b, check this b	ox and see instruc	tions		▶ ∟

Part IV

Schedule A (Form 990 or 990-EZ) 2018

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No

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Page 4

Schedu	le A (Form 990 or 990-EZ) 2018 CENTER CITY RESIDENTS ASSOCIATION 23-1430	038		Page 5
Par	Supporting Organizations (continued)			
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	440	Yes	No
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	T	Yes	No
			res	INO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
0 4	supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations		Yes	No
	and the discrete state of the discrete state		163	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
0 4	the supported organization(s).			L
Secti	ion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		-	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	***************************************	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	L	L
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ins).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	tructions)		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions).		
			Yes	No
2 /	Activities Test. Answer (a) and (b) below.		163	I NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a	300000000000000000000000000000000000000	***************************************
_	that these activities constituted substantially all of its activities.	20		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		400000000000000000000000000000000000000
	activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	***************************************	400000000000000000000000000000000000000
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	34		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	: 4 0:0000000000000000000000000000000000	·
	of its supported organizations? If Yes, "describe iti Part VI itie fole played by the organization iti this regard."	1 00		

Schedule A (Form 990 or 990-EZ) 2018 CENTER CITY RESIDENTS' ASSO	OCIA!	rion 23-1430	638 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N			
instructions. All other Type III non-functionally integrated supporting organizations m	ust comp	olete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	,	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrate	ed Type I	II supporting organization (see
instructions).			

Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpos				
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organiza	tion is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	1	(i)	(ii)	(iii)	
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable	
			Pre-2018	Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2018				
	From 2013				
b	From 2014				
	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
-	Excess from 2018		l	l	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2018

CENTER CITY RESIDENTS' ASSOCIATION 23-1430638 OF PHILADELPHIA Organization type (check one): Section: Filers of: **X** 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III.
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

totaling \$5,000 or more during the year

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

\$

Name of organization

CENTER CITY RESIDENTS' ASSOCIATION

Employer identification number 23-1430638

Part I	Contributors (see instructions). Use duplicate copies of Pa		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM PENN HOUSE, INC. 453 BALTIMORE PIKE 2ND FLOOR SPRINGFIELD PA 19064	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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.

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

	ection 501(c)(4), (5), or (6) organizations: Complete Part III.				
Name	e of organization CENTER CITY RESIDENT	S' ASSOCIATION		1	ification number
	OF PHILADELPHIA			23-14306	
	t I-A Complete if the organization is exem				n.
1	Provide a description of the organization's direct and indirect	ct political campaign activities	in Part IV. (see ins	tructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶\$	
3	Volunteer hours for political campaign activities (see instruc	ctions)			
Par	t I-B Complete if the organization is exem				
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955			
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	> \$	
3	If the organization incurred a section 4955 tax, did it file For	rm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.		4	= F04(-\(0\)	
Pai	t I-C Complete if the organization is exem			on 501(c)(3).	
1	Enter the amount directly expended by the filing organization				
	activities			▶\$	
2	Enter the amount of the filing organization's funds contribut				
	527 exempt function activities			▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. Ent				
	line 17b			▶\$	
4	Did the filing organization file Form 1120-POL for this year	?			Yes No
5	Enter the names, addresses and employer identification nu				
	organization made payments. For each organization listed,				
	the amount of political contributions received that were pro-				
	as a separate segregated fund or a political action committee				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	promptly and directly
				,	delivered to a separate
					political organization. If none, enter -0
					in items, officer of
(1)					
(2)					
(3)					
(4)					
·=\					
(5)					
(0)					
(6)					
		l .			

	Lobbying Expendit	ures During +- rear	Averaging i chou		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					000 000 E7\ 200

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 CENTER CITY RESIDENTS ' ASSOCIATION 23-1430638

	(election under section 501(h)).	(6	a)		(b)	1	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo		
	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	x					
	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		х				
		1	X			2000000000	200000000
	Media advertisements? Mailings to members, legislators, or the public?		X				
	Publications, or published or broadcast statements?	1	X				
	Grants to other organizations for lobbying purposes?		X				
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
	Other activities?	I	X				
	Total. Add lines 1c through 1i	F000000000					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	,			
	If "Yes," enter the amount of any tax incurred under section 4912	B000000000					
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?						
Pai	Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6).)1(c)(5), 	or s	ection			
						Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ear?			3		
	Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."	," OR (£) Pa	rt III-A	, line	3, is	.
1	Dues, assessments and similar amounts from members			8			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		2a				
	Current year		2b				
	Carryover from last year		2c	 			
2	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
J	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				
Pa	rt IV Supplemental Information						
Prov	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Face instructions); and Part II-B, line 1. Also, complete this part for any additional information.	Part II-A, li	ines 1	and			
	CHEDULE C, PART II-B, LINE 1						
T	HE ASSOCIATION ENGAGES IN A DE MINIMUS AMOUNT OF LOBBY	ING A	ACT	IVIT	IES	WH	ICE
A	RE CONDUCTED BY UNPAID VOLUNTEERS.						
,							

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CENTER CITY RESIDENTS' ASSOCIATION

Employer identification number 23–1430638

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
Indicate whether the organization raised funds throught			ies. C	Check all that apply.		
a Mail solicitations				ernment grants		
b Internet and email solicitations	f Solicitation		-			
c Phone solicitations	g Special fur					
d In-person solicitations2a Did the organization have a written or oral agreement	with any individual (includin	a offi	icers directors truste	es.	
or key employees listed in Form 990, Part VII) or entit	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No					
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) pursua			nents under which the		T
(i) Name and address of individual		(iii) Did t raiser h	ave	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	custody control contributi	of	from activity	fundraiser listed in col. (i)	organization
		Yes	No			
1						
2						
3						
		1 1				
4						
5						
6						
7						
8						
9						
10						
Total			•			
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.						

CENTER CITY RESIDENTS' ASSOCIATION 23-1430638 Schedule G (Form 990 or 990-EZ) 2018

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through NONE CELEBRATION col. (c)) (total number) (event type) (event type) Revenue 27,385 27,385 1 Gross receipts 23,169 23,169 2 Less: Contributions 3 Gross income (line 1 minus 4,216 4,216 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 2,760 2,760 8 Entertainment 1,456 1,456 9 Other direct expenses 4,216 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2018 CENTER CITY RESIDENTS' ASSOCIATION 23-143063	8 Page 3
1	Does the organization conduct gaming activities with nonmembers?	Yes No
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	·
_	formed to administer charitable gaming?	Yes No
3	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility 13a	%
	An outside facility 13b	%
4	Enter the name and address of the person who prepares the organization's gaming/special events books and	
-	records:	
	records.	
	Name ▶	
	Name P	
	Address ▶	
	Audicos P	
150	Does the organization have a contract with a third party from whom the organization receives gaming	
.oa		Yes No
L	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
D		
	amount of gaming revenue retained by the third party \$ 15 "Year" and address of the third party:	
С	If "Yes," enter name and address of the third party:	
	N N	
	Name ▶	
	Address >	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	Director/officer	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
	retain the state gaming license?	les live
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
***	spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	v). and
Рa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (vine Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	n
		11.
	See instructions.	
	Schedule G (Form 99	0 or 990-EZ) 2018

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

CENTER CITY RESIDENTS ' ASSOCIATION

OF PHILADELPHIA

OMB No. 1545-0047
2018

Open to Public Inspection

Employer identification number

OF PHILADELPHIA	23-1430638					
FORM 990 - ORGANIZATION'S MISSION						
CCRA IS DEDICATED TO MAKING THE COMMUNITY A BETTER	PLACE TO					
LIVE, WORK AND PURSUE EDUCATIONAL, CULTURAL AND						
RECREATIONAL ACTIVITIES THROUGH THE COOPERATION OF ITS						
RESIDENTS. ITS MISSION IS TO PRESERVE, ENHANCE, AND	D CELEBRATE URBAN LIVING					
IN CENTER CITY, PHILADELPHIA.						
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR	STOCKHOLDERS					
THE ORGANIZATION HAS DUES PAYING MEMBERS.						
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS A						
CCRA'S OFFICERS AND BOARD MEMBERS ARE ELECTED BY T	HE CCRA MEMBERS ATTENDING					
THE SPRING ANNUAL MEMBERSHIP MEETING.						
	ADDDOVAL OF MEMBERS					
FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO						
MEMBERSHIP APPROVAL IS REQUIRED FOR AMENDMENTS TO	BI LAWS.					
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCE	SS TO REVIEW FORM 990					
THE PRESIDENT AND TREASURER GIVE A THOROUGH REVIEW						
WITH CCRA'S EXTERNAL ACCOUNTANT. A COMPLETE COPY						
THE FULL CCRA BOARD PRIOR TO FILING.						
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFL	ICTS POLICY					
THE PRESIDENT OF THE BOARD OF DIRECTORS PERIODICAL						
MEMBERS OF THEIR OBLIGATION AT MONTHLY BOARD MEETI	INGS.					

Programs and Accomplishments for 2019

CCRA Moved to a New Office

In January CCRA move to Wework at the new Brandywine Building on 1900 Market, which brings us closer to our members. The space has suited our needs and members who've visited the office love the layout and amenities.

CCRA Committees

The Remapping Committee

The Committee was busy preserving locations preserving the existing mix of historic and eclectic buildings on Chestnut, Sansom and Walnut Streets from 15th to 19th Streets and the 1500 block of Locust Street by reducing the skyplane, downzoning and other measures. A historic building designation task force was born out of this work; the task force has already nominated one building for the historic register.

Historic Preservation Committee

The Committee met with City planning staff to figures out ways to merge Citizen Planner efforts and the Task Force. The Committee also participated with Penn Praxis in the development and review of the Preservation Tool Kit. And, the committee disseminated information about historic preservation to 1) keep people abreast of situations (e.g. Task Force updates), 2) increase their knowledge (articles about houses & their history, about preservation concepts such as infill, etc.), 3) recruit new members, and 4) make CCRA membership aware of this committee as a resource for them.

Streets Committee

The Streets Committee worked with oTIS on several issues of neighborhood concern, including bike lanes on Market, JFK, Lombard, South, 22nd, Spruce and Pine Streets, the Chestnut Street Loading Pilot Project, and big belly issues.

Membership Committee

The Committee has been working to change the membership program in order to "get the word out" about CCRA to increase our membership numbers. They've done this by, participating in various events, marketing to our ever-changing demographic, and adding membership benefit packages.

Community Meetings

CCRA hosted two community meetings. On December 2, we have a community meeting regarding the safety of Rittenhouse Square and the neighborhood. Over 200 attendees came to hear representatives from the 9th District Police. From this, CCRA is developing a task force which will have our first meeting to brainstorm ideas in January.

And back in March, we hosted an education forum on programs related to Property Tax Relief/Deferral and the City's Water and Sewer Line Insurance.

Active Board Members

Name	Title	Address
Guy Aiman	Board Member	1900 Market St., FL 8, 19103
Michael Bowman	Board Member	1900 Market St., FL 8, 19103
Pip Campbell	Vice President	1900 Market St., FL 8, 19103
Elena Cappella	Board Member	1900 Market St., FL 8, 19103
Paula C. Buonomo	Board Member	1900 Market St., FL 8, 19103
Donna Cordner	Vice President	1900 Market St., FL 8, 19103
Michele Ettinger	Board Member	1900 Market St., FL 8, 19103
Kate Federico	Board Member	1900 Market St., FL 8, 19103
Richard Frey	Board Member	1900 Market St., FL 8, 19103
Richard Gross	Secretary	1900 Market St., FL 8, 19103
Barbara Halpern	Vice President	1900 Market St., FL 8, 19103
Ayanna Haskins	Board Member	1900 Market St., FL 8, 19103
Amy Jared	Board Member	1900 Market St., FL 8, 19103
Susan Kahn	Board Member	1900 Market St., FL 8, 19103
Douglas Mellor	Board Member	1900 Market St., FL 8, 19103
Maggie Mund	President	1900 Market St., FL 8, 19103
Lauren O'Donnell	Asst. Secretary	1900 Market St., FL 8, 19103
Harvey Ostroff	Board Member	1900 Market St., FL 8, 19103
Nathanial Parks	Board Member	1900 Market St., FL 8, 19103
Paul Rathblott	Asst. Treasurer	1900 Market St., FL 8, 19103
Charles Robin	Vice President	1900 Market St., FL 8, 19103
Nanette Robinson	Board Member	1900 Market St., FL 8, 19103
David Rose	Board Member	1900 Market St., FL 8, 19103
Matthew Schreck	Treasurer	1900 Market St., FL 8, 19103
Robin Sweet	Vice President	1900 Market St., FL 8, 19103
Dawn Willis	Board Member	1900 Market St., FL 8, 19103
Ben Zuckerman	Board Member	1900 Market St., FL 8, 19103