		** PUBLIC DISCLOSURE COPY	* *							
	Ω	<b>ON</b> Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047						
Forr	n J	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundatio							
Deres		Do not enter social security numbers on this form as it n	nay be made public.	Open to Public						
Intern	nal Reve	of the Treasury enue Service Go to www.irs.gov/Form990 for instructions and the la		Inspection						
AF	or th	e 2021 calendar year, or tax year beginning $ m JUL1$ , $2021$ and ending	JUN 30, 2022							
Bc	heck if pplicab		D Employer identifie	cation number						
		CENTER CITY RESIDENTS ASSOCIATION OF								
	Addre chang			2.0						
	_chang	Doing business as	23-14306							
	_returr Final	Number and street (of P.U. box if mail is not delivered to street address) Room/s								
	returr∟ termi		215-546-	290,611.						
	ated ]Amer	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19103	G Gross receipts \$							
	_returr _Appli _tion		H(a) Is this a group re	37						
		SAME AS C ABOVE	for subordinates <b>H(b)</b> Are all subordinates in							
<u> </u>		$\begin{array}{c} \text{ compt status: } \mathbf{X}  501(c)(3)  \boxed{501(c)()}  (\text{ insert no.)}  \boxed{4947(a)(1) \text{ or }}  \boxed{1000}  10$		list. See instructions						
		ite: CENTERCITYRESIDENTS.ORG	H(c) Group exemption							
			Year of formation: 1947							
	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities: <b>PRESERVE</b>	E, ENHANCE AND	CELEBRATE						
Governance	.	URBAN LIVING IN CENTER CITY PHILDELPHIA.	,	-						
rna	2	Check this box      if the organization discontinued its operations or disposed of	more than 25% of its net as	sets.						
ove		-		33						
	4	4 Number of independent voting members of the governing body (Part VI, line 1b) 4								
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		1						
viti		Total number of volunteers (estimate if necessary)		50						
Acti		Total unrelated business revenue from Part VIII, column (C), line 12		750.						
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.						
			Prior Year	Current Year						
e	8	Contributions and grants (Part VIII, line 1h)	152,543.	278,768.						
Revenue		Program service revenue (Part VIII, line 2g)	10,276.	6,590.						
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72.	142.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,860.	-29,370.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	166,751.	256,130.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.						
		Benefits paid to or for members (Part IX, column (A), line 4)	47,894.	52,552.						
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	47,094.	<u> </u>						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 15,830.	0.	0.						
Ă		Total fundraising expenses (Part IX, column (D), line 25)       15,830.         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100,306.	105,136.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	148,200.	157,688.						
		Revenue less expenses. Subtract line 18 from line 12	18,551.	98,442.						
or	13		Beginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	193,199.	282,366.						
Ass J Ba		Total liabilities (Part X, line 26)	9,275.	0.						
Net -unc		Net assets or fund balances. Subtract line 21 from line 20	183,924.	282,366.						
	art II		· · · ·	· · ·						
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my	/ knowledge and belief, it is						
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.							
Sia	n	Signature of officer	Date							

Sign											
Here	RICHARD GROSS, PRESIDE	NT									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature Date	Check PTIN								
Paid	JENNIFER SOLOT	JENNIFER SOLOT 05/13	/23 self-employed P00749373								
Preparer	Firm's name 🕞 BBD , LLP	Firm's EIN ▶ 23-2896692									
Use Only	Firm's address ▶ 1835 MARKET STRE										
	PHILADELPHIA, PA	Phone no.215-567-7770									
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No								
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form <b>990</b> (2021)								

_		Y RESIDENTS' ASSO		
	PHILADELPH rt III   Statement of Program Service		23-1430	1638 Page
		•	I	
1	Briefly describe the organization's mission:			L
	CENTER CITY RESIDENTS'			ATES
	FOR A SAFE, CLEAN, DIVE			
	ACCOUNTABILITY, AND ENC			
	PRESERVING THE NEIGHBOR			
2	Did the organization undertake any significant prior Form 990 or 990-EZ?		Г	Yes X
	If "Yes," describe these new services on Sche	dule O.	L	
3	Did the organization cease conducting, or mak If "Yes," describe these changes on Schedule	ke significant changes in how it co	nducts, any program services?	Yes X
4	Describe the organization's program service ac		ree largest program services, as measured by $\epsilon$	expenses.
	Section 501(c)(3) and 501(c)(4) organizations a	re required to report the amount	of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service repor			
4a	(Code: ) (Expenses \$ 114	,830. including grants of \$		6,590
	CENTER CITY RESIDENTS'		A. AS SUCH, IT REVIEWS A	
			AND PARTICIPATES IN CIVI	
			LADELPHIA. IN DOING THIS	
			COMMUNITY REGARDING DESI	
			ETSCAPE, CONSTRUCTION,	
			, AMONG OTHER ISSUES. CC	
	WORKS WITH PRIVATE DEVE			REEMENT
	DESIGNED TO ADDRESS THE	SAME TYPES OF CO	MMUNITY ISSUES.	
	CONTINUES ON SCHEDULE O			
	CONTINUES ON SCHEDOLLE O	•		
4b	(Code:) (Expenses \$	including grants of \$	) (Bevenue \$	
	(		, (	
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
		33	, , , , , , ,	
4d	Other program services (Describe on Schedule	e O.)		
		ng grants of \$	) (Revenue \$	)
4e	Total program service expenses	114,830.		
32002	2 12-09-21		DR CONTINUATION(S)	Form <b>990</b> (20
		3		
40	513 793760 4567	2021.05080 CENT	ER CITY RESIDENTS' ASSO	4567

PHILADELPHIA

Part IV Checklist of Required Schedules

Form 990 (2021)

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			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	<u> </u>
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 Rev. Proc. 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		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," complete	_		v
•	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 negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "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
	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			v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	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	.5		<u> </u>
	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	Х	
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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	990 (2021) PHILADELPHIA 23-14	30638	F
Par	TIV Checklist of Required Schedules (continued)		Yes
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Tes
	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		
-0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		
		00	
	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 through 24d and complete		
	Schedule K. If "No," go to line 25a	<b>24</b> a	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		
	any tax-exempt bonds?	<b>24c</b>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		
	Schoolula L. Dart I	25b	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26	
-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		
	entity (including an employee thereof) 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 the Schedule L, Part IV,		
	instructions for applicable filing thresholds, conditions, and exceptions):		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		
	"Yes," complete Schedule L, Part IV	<b>28</b> a	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f		
	"Yes," complete Schedule L, Part IV	28c	
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	
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
~		32	
2	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52	
33			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	
84	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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	?	
6		36	
	If "Yes," complete Schedule R, Part V, line 2		
	If "Yes," complete Schedule R, Part V, line 2		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
87	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>		
87	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	x
87 18	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	x
87 18	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O <b>Statements Regarding Other IRS Filings and Tax Compliance</b>	37	
87 18	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	
87 88 Par	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O <b>Statements Regarding Other IRS Filings and Tax Compliance</b> Check if Schedule O contains a response or note to any line in this Part V	37	
87 88 Par	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         Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?         Note: All Form 990 filers are required to complete Schedule O <b>t</b> 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         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	37	
87 88 Par 1a b	Did the organization conduct more than 5% of its activities through an entity that is not a related organization         and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI         Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?         Note: All Form 990 filers are required to complete Schedule O         IV       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable         It       1a         Ib	37	
37 38 Par 1a b	Did the organization conduct more than 5% of its activities through an entity that is not a related organization         and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI         Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?         Note: All Form 990 filers are required to complete Schedule O         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         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable         Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37 38 2 0	Yes
87 88 Par 1a b	Did the organization conduct more than 5% of its activities through an entity that is not a related organization         and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI         Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?         Note: All Form 990 filers are required to complete Schedule O         IV       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable         It       1a         Ib	37 38 2 0	Yes

Par	990 (2021) PHILADELPHIA			23-1430	638	β F	Pag
	t V Statements Regarding Other IRS Filings and Tax Compliance (cont	tinued)					_
						Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statemer			4			
	filed for the calendar year ending with or within the year covered by this return	_	2a	1	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment ta	ax returi	าร?		2b	X	╇
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instru-		•				
	Did the organization have unrelated business gross income of \$1,000 or more during the year				3a		$\downarrow$
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sc	chedule	0		3b		$\downarrow$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or						
	financial account in a foreign country (such as a bank account, securities account, or other fin	nancial a	ccour	nt)?	4a		∔
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fina						ł
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax				5a	<u> </u>	4
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter				5b	<u> </u>	4
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c	<u> </u>	4
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and						
	any contributions that were not tax deductible as charitable contributions?				6a		4
b	If "Yes," did the organization include with every solicitation an express statement that such co						
	were not tax deductible?				6b		4
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				7a	X	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	X	4
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for whi	nich it wa	ıs req	uired			
	to file Form 8282?				7c		4
	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	enefit co	ontrac	t?	7e		_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef				7f	17	,
-	If the organization received a contribution of qualified intellectual property, did the organization				7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the c	-			7h	N/	4
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main			/ -			
	sponsoring organization have excess business holdings at any time during the year?			N/A	8		4
	Sponsoring organizations maintaining donor advised funds.			NT / 7	_		ł
	Did the sponsoring organization make any taxable distributions under section 4966?			<b>AT / A</b>	9a	<u> </u>	4
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related perso	on?		N/A	9b		4
	Section 501(c)(7) organizations. Enter:	/ <b>7</b>					
a	Initiation fees and capital contributions included on Part VIII, line 12	/ A	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	L	10b		-		
	Section 501(c)(12) organizations. Enter:	/ <b>7</b>	1				
		/A	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)		11b				ł
_					1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form			12a		┥
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\dots$ N/	of Form	1041? <b>12b</b>		12a		
ь 3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\dots N/2$ Section 501(c)(29) qualified nonprofit health insurance issuers.	of Form /A	12b	27.(2)			
ь 3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form /A	12b		12a 13a		
b 3 a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\dots N/S$ Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule	of Form / A e O.	12b				
b 3 a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $N/$ Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule Enter the amount of reserves the organization is required to maintain by the states in which the	of Form / <u>/ A</u> [ e O. ne	12b				
b 3 a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form / A e O. ne	12b				
b 3 a b c	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule 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	of Form / A   e O. ne	12b 13b 13c	N/A	13a		
b 3 b c 4a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form / A	12b 13b 13c	N/A	13a 13a 14a		
b 3 b 4a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form / A e O. ne Schedul	12b 13b 13c ₽ 0	N/A	13a		
b 3 b c 4a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form / A	<b>12b</b> <b>13b</b> <b>13c</b> e O ration	N/A or	13a 14a 14b		
b 3 b 4a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form / A	<b>12b</b> <b>13b</b> <b>13c</b> e O ration	N/A or	13a 13a 14a		
b 3 b 4a 5	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form / A	<b>12b</b> <b>13b</b> <b>13c</b> e O ration	N/A or	13a 14a 14b 15		
b 3 b 4a 5	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form / A	<b>12b</b> <b>13b</b> <b>13c</b> e O ration	N/A or	13a 14a 14b		
b  3 a b c  4a b  5	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form / A	<b>12b</b> <b>13b</b> <b>13c</b> e O ration t incor	N/A or	13a 14a 14b 15		
b  3 a b c  4a b  5	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form / A e O. ne Schedula remunea	12b 13b 13c e O ration	N/A or ne?	13a 14a 14b 15 16		
b 3 a b 4a 5 5 6	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form / A e O. ne Schedula remunea	12b 13b 13c e O ration	N/A or ne?	13a 14a 14b 15		

## CENTER CITY RESIDENTS' ASSOCIATION OF PHILADELPHIA

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

Form 990 (2021)

	tion A. Governing Body and Management				-
		~ <b>—</b>	_	Yes	1
<b>1</b> a		33			
	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 on Schedule 0.				
		33			
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	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		-		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		_		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		-	37	
6	Did the organization have members or stockholders?	. 6	3	Х	
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?	. 7	a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	. 7	b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	. 8	a	Х	
b	Each committee with authority to act on behalf of the governing body?	. 8	b	Х	
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 on Schedule O	. 9	)		
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?	10	)a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	ю		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		la	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	2a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	2b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done	12	2c	Х	
3	Did the organization have a written whistleblower policy?	1	_		
4	Did the organization have a written document retention and destruction policy?		4	Х	
5	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	15	5a		
	Other officers or key employees of the organization		_		
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		~		
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
ou		16	<b>`</b> 2		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	. –			
D					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10	<b>.</b>		
		16	ממ		
<u></u>					
	tion C. Disclosure				
7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$	(0)			
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	)(3)s o	nly)	avail	ak
7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) for public inspection. Indicate how you made these available. Check all that apply.	)(3)s o	nly)	avail	ak
7  8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       Upon request       Other (explain on Schedule O)				at
7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				ab
7  8  9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year.				ab
7  8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records ▶				ab
7  8  9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records ▶				ab
7  8  9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records ▶	and fi	nan		

Form 990 (2	2021)	PHILADEI	LPHIA					2	23-1
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Em	nployees,	Highest	Compen	sated
	Employees, an	d Independe	ent Contrac	ctors					

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

PHILADELPHIA

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	l			C)	npo	iout	(D)	(E)	(F)
Name and title	Average			Pos		ı		Reportable	Reportable	Estimated
Name and the	hours per		not c , unle					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	'u stee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	ц	lns	9f	, Ke	≞,≞	P0			
(1) RICHARD GROSS	20.00	.,							0	0
PRESIDENT	00.00	X		X				0.	0.	0.
(2) RICHARD SPEIZMAN	20.00								0	0
EXECUTIVE VICE PRESIDENT & TREASURER	10.00	х		Х				0.	0.	0.
(3) MICHELE ETTINGER	10.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(4) BARBARA HALPERN	10.00								_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) CHARLES ROBIN	10.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) DAVID ROSE	10.00									
VICE PRESIDENT		X		X				0.	0.	0.
(7) SUSAN KAHN	10.00									
SECRETARY		X		X				0.	0.	0.
(8) NATHANIEL PARKS	10.00									
ASSISTANT SECRETARY		X		X				0.	0.	0.
(9) MATTHEW FONTANA	10.00									
ASSISTANT TREASURER		x		x				0.	0.	0.
(10) JUDITH AXLER	5.00									
DIRECTOR		x						0.	0.	0.
(11) TINA BRESLOW	5.00									
DIRECTOR		x						0.	0.	0.
(12) JEFF BRAFF	5.00									
DIRECTOR		x						0.	0.	0.
(13) ELENA CAPPELLA	5.00							-		
DIRECTOR		x						0.	0.	0.
(14) JIM DUFFIN	5.00							•		
DIRECTOR		x						0.	0.	0.
(15) KATE FEDERICO	5.00							•••		
DIRECTOR		x						0.	0.	0.
(16) GIL FEINBERG	5.00									
DIRECTOR		x						0.	0.	0.
(17) JARED GLUSKIN	5.00	<u> </u>							••	
DIRECTOR		x						0.	0.	0.
	1	1 27	I	I		I	I		0.	Form <b>990</b> (2021)
132007 12-09-21						~				FORM <b>330</b> (2021)

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8 2021.05080 CENTER CITY RESIDENTS' ASSO 4567\_\_\_1

PHILADELPHIA

Form 990 (2021)

23-1430638 Page 8

(A)       (B)       (C)       (D)       (D)       (E)	Part VII Section	on A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d H	ighe	st C	Compensated Employe	es (continued)			
Name     Notice     Pour pare     Pour to the X-rank that any to X-rank that X-rank that any to X-rank that A - X-rank - X-rank that A - X-rank that A - X-rank that A - X-ran													(F)	
Notify Ber     Bits and selection is back provided and the interview of the inter	I	Name and title	Average	(do	not c	Pos		<b>n</b> a than	one	Reportable	Reportable	Es	stimate	ed
Image: start of the start				box	, unle	ss pe	erson	is bot	h an	compensation	•			
hours for granizations into)     is granizations granizations granizations granizations granizations     is granization granizations granizations     is granization granizations     is granizations       (18) LINERCE 00LDBERG     5.00     X     0.     0.     0.     0.     0.       DIRECTOR     5.00     X     0.     0.     0.     0.     0.       C121     TOTERTOR     5.00     X     0.     0.     0.     0.       C123     TOTERTOR     5.00     X     0.     0.     0.     0.       C124     TOTERTOR     0.     0.     0.     0.     0.     0.       C124     Toter Inform onfinuation heets to Part														
Instructions box         Image of box         Image of				irecto							<b>v</b>		•	
(14) CERALES GOONUN       5.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				e or d	tee			sated		5	•			
(14) CERALES GOONUN       5.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			organizations	truste	al trus		/ee	mpen			1000 (120)			
(14) CERALES GOONUN       5.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			below	id ual	ution	5	mplo	est co o yee	er	,		orga	anizati	ions
(14) CERALES GOONUN       5.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			,	Indiv	Instit	Office	Key e	High empl	Form					
(19) LAWEENCE GOLDBERG       5.00       X       0.00000000000000000000000000000000000	(18) CHARLES	GOODWIN	5.00											
DIRECTOR Call MILLIAM GOLDSTEIN S.00 X Call RICCAR Call RICCA	DIRECTOR			Х						0.	0.			0.
(20) #TILLIAM GOLDSTEIN       5.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(19) LAWRENCE	GOLDBERG	5.00								_			
DIRECTOR X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			<b>_</b>	X						0.	0.			0.
(21) RICHARD HUFTMAN       5.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		GOLDSTEIN	5.00								0			•
DIRECTOR       X       0.       0.       0.       0.         (22) STEPHEN HUNTINGTON       5.00       X       0.       0.       0.       0.         (23) WAYNE MACPADDEN       5.00       X       0.       0.       0.       0.       0.         (24) DOUGLAS MELLOR       5.00       X       0.       0.       0.       0.       0.         (24) DOUGLAS MELLOR       5.00       X       0.       0.       0.       0.       0.         (24) DOUGLAS MELLOR       5.00       X       0.       0				X				-		0.	0.	<u> </u>		0.
(22) STEPHEN HUNTINGTON       5.00       x       0.       0.       0.       0.         DIRECTOR       5.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0. </td <td></td> <td>HUFFMAN</td> <td>5.00</td> <td>v</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>Δ</td>		HUFFMAN	5.00	v						0	0			Δ
DIRECTOR       X       0.       0.       0.       0.         (23) KAYNE MACPADDEN       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       0.			5 00	<u>^</u>				+		0.	0.	<u> </u>		0.
(13) HAYNE MACFADDEN       5.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		HONTINGTON	5.00	x						0.	0.			0.
DIRECTOR 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		CFADDEN	5.00				+	+		0.	••	<u> </u>		<u> </u>
(24) DOUGLAS MELLOR       5.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			5.00	x						0.	0.			0.
(25) HYAN MULHOLLAND       5.00       X       0.00000000000000000000000000000000000		MELLOR	5.00											
DIRECTOR       X       0.       0.       0.       0.         (26) MAGGTE MUND       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0	DIRECTOR			x						0.	0.			Ο.
(26) MAGGIE MUND       5.00       x       0.00       0.00         DIRECTOR       0.00       0.00       0.00       0.00         1b Subtotal       0.000       0.000       0.000       0.000         c Total from continuation sheets to Part VII, Section A       0.000       0.0000       0.0000         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0       0.0000         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual       0       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual       4       X         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       4       X         Section B. Independent Contractors       (G)       (C)       (C)         Name and business address       NONE       Description of services       Compensation from the organization of services         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of	(25) RYAN MUL	HOLLAND	5.00											
DIRECTOR       X       0.	DIRECTOR			X						0.	0.			0.
1b       Subtotal       0       0       0       0       0         c       Total from continuation sheets to Part VII, Section A       0       <	(26) MAGGIE M	UND	5.00											
c       Total from continuation sheets to Part VII, Section A       0	DIRECTOR			Х										
d Total (add lines 1b and 1c)       ▶       0.0										-	-			
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         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       4       X         5       Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such individual for services       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       Compensation         1       Complete this table for your five highest complete Schedule J or such individu											-	<u> </u>		
compensation from the organization       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         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       4       X         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       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       Complete this table for your five highest address         NONE       Description of services       Compensation         2       O       None       0       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who recei										•••	_			0.
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? /f 'Yes, " complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization? /f "Yes," complete Schedule J for such individual       4       X         6       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the calendar year ending with or within the organization's tax year.         (A)       None       Description of services       Compensation         (B)       (C)       Compensation       Compensation         (A)       None       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 0       Form 990 (2021)         2       Total number of independent contractors (including but not limited to th			ot limited to th	lose	liste	ed a	lbov	e) wl	no r	eceived more than \$100	0,000 of reportable			٥
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         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       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       5       X         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       5       5       2       5       5	compensati	on from the organization										,	Voc	
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         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       4       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization?       (C)         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0         SEE PART VII, SECTION & CONTINUATION SHEETS	2 Did the orac	prization list any <b>formor</b> officer	director truct	00 1		h		~ ~	r hic	shoet componented omr			100	
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         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       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       6       CO         1       Complete this table for your five highest compensates address       NONE       Description of services       Compensation         1       Name and business address       NONE       Description of services       Compensation         2       Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       0       Form 990 (2021)         2       Total number of independent contractors (including but not limited to those listed	•	•	-		•	•	•				-	3		x
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		· ·												
5       Did any person listed on line 1 a 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       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation         Name and business address       NONE       Description of services       Compensation         0       Image: Compensation from the organization provides address       Compensation       Image: Compensation         1       Construction of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization p       Image: Compensation from the organization from the organizat												4		Х
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       0       0       0       Compensation       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization b       0       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization b       0       Form 990 (2021)														
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       0       0       0       0       0         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       0       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)       0	rendered to	the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son		-		5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of the organization is tax year.       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation from the organization is tax year.         Image: Compensation from the organization is tax year.       Image: Compensation from the organization is tax year.       Image: Compensation from the organization is tax year.         Image: Compensation from the organization is tax year.       Image: Compensation from the organization is tax year.       Image: Compensation from the organization is tax year.         Image: Compensation from the organization is tax year.       Image: Compensation from the organization is tax year.	Section B. Indep	pendent Contractors												
(A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of services       Compensation       Compensation         Image: Compensation from the organization of services       Compensation       Compensation         Image: Compensation from the organization of the organizati	1 Complete th	his table for your five highest co	mpensated in	depe	ende	ent d	cont	racto	ors 1	that received more than	\$100,000 of compens	ation f	rom	
Name and business address       NONE       Description of services       Compensation	the organiza	ation. Report compensation for	the calendar y	ear	endi	ng ۱	with	or w	ithi	n the organization's tax	year.			
2       Total number of independent contractors (including but not limited to those listed above) who received more than         \$100,000 of compensation from the organization ▶ 0         SEE PART VII, SECTION A CONTINUATION SHEETS    Form 990 (2021)			addrosa	<b>N</b> T/	<b>~</b> ***	7								
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)		Name and business	address	NC		5			_	Description of s	ervices C	Joinpe		
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2021)			-	ot li	mite	d to	o tho	ose li	stec	d above) who received m	nore than			
				ידח	TT T 7	<u>, m</u>	TO		777			_	000	(225.1)
		ANI VII, SECTIU	N A CON.	LTI	NUF	<b>л</b> Г.	TO	TN 3	חכ.	Q I LI		⊢orm	<b>390</b> (	(2021)

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CENTER	CITY	RESIDENTS'	ASSOCIATION	OF						
PHILADELPHIA										

### 23-1430638

Form 990 PHILADELI					-			SIMILON OI	23-143	0638
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	(0)		Pos < all 1			5.0	Reportable compensation	Reportable compensation	Estimated amount of
	per		lecr	(an)	linat	app I	iy)	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em plo		organization	(W-2/1099-MISC)	from the
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	mpen				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer			5
		Indiv	Insti	Officer	Key	High	Former			
(27) LAUREN O'DONNELL	5.00									
DIRECTOR		X						0.	0.	0.
(28) HARVEY OSTROFF	5.00	37						0	0	0
DIRECTOR	5.00	Х						0.	0.	0.
(29) NAN ROBINSON	5.00	x						0.	0.	0.
DIRECTOR (30) RICHARD VAUGHN	5.00	^						0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(31) BENJAMIN WEINRAUB	5.00									
DIRECTOR		х						0.	0.	0.
(32) IRENA WIGHT	5.00									
DIRECTOR		х						0.	0.	0.
(33) BEN ZUCKERMAN	5.00									
DIRECTOR		Х						0.	0.	0.
		I			L		I			
Total to Part VII, Section A, line 1c										
								I		

132201 04-01-21

CENTER CITY RESIDENTS' ASSOCIATION OF PHILADELPHIA

Ра	rτ	/11	Check if Schedule O contains a response	or note to any lin	e in this Part \/III			
			Check in Schedule O Contains a response		(A) Total revenue	(B) Related or exempt function revenue	(C)	<b>(D)</b> Revenue excluded from tax under
s, Grants Amounts	1	b	Federated campaigns1aMembership dues1bFundraising events1c	67,435. 125,625.				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		d e	Related organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and	9,275. 76,433.				
Contrib and Oth		g h	similar amounts not included above 1f Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f		278,768.			
_				Business Code				
e	2	а	COMMUNITY GARDEN	900099	5,840.	5,840.		
vic	2	b	NEWSLETTER (ADS)	900099	750.		750.	
Ser				500055	7501		,	
e ver		C						
Program Service Revenue		d						
Pro		e						
-		f	All other program service revenue		6,590.			
		g	Total. Add lines 2a-2f		0,590.			
	3		Investment income (including dividends, intere		142.			142.
			other similar amounts)		142.			142.
	4		Income from investment of tax-exempt bond p	-				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)	▶				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
en			and sales expenses 7b					
en		c	Gain or (loss)					
Revenue			Net gain or (loss)					
erF	~		Gross income from fundraising events (not					
Oth	ð	а	including \$ 125,625. of contributions reported on line 1c). See					
			Part IV, line 18 8a	4,575.				
		b	Less: direct expenses 8b	34,481.				
		С	Net income or (loss) from fundraising events	►	-29,906.			-29,906.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	►				
<i>"</i>				Business Code				
no €	11	а	OTHER INCOME	900099	536.			536.
nu		b						
ella		c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		536.			
	12		Total revenue. See instructions		256,130.	5,840.	750.	-29,228.
13200						2,010	, , , , , , , , , , , , , , , , , , , ,	Form <b>990</b> (2021)

Form 990 (2021)

11

### CENTER CITY RESIDENTS' ASSOCIATION OF PHILADELPHIA

Sector S01(c)(3) <i>ed 501</i> (c)(4) organizations must complete all columns. All other organizations must complete column (A): Check if Schedule Constants encodes on role to any line in this Part IX. Check if Schedule Constants encodes on role to any line in this Part IX. Total expension Porganizations Porganization Porganization Porganization Porganizations Porganizations Porganiza		990 (2021) PHILADELPHIZ t IX Statement of Functional Expense			23-14	30638 Page 10
Check if Schweite Q contains an angenese on note to any line in this Part IX.         IX           78. 88. 98. and 106 of Part VIII.         Total expenses         Program service expenses         Program service expenses         Fund Addition (and check to gainziden)         Fund Addition (and check the check to gainziden)         Fund Addition (and check the c				ner organizations must co	mplete column (A).	
De not hackde amounte reported on times 60, 70, 80, 80, and 100 or fart vit.       Total exponses       Maragement and general exponses       Program service bargement and general exponses         1       Grants and other assistance to demestic optimizes       Imagement and general exponses       Program service bargement and general exponses         2       Grants and other assistance to demestic optimizes       Imagement and general exponses       Program service bargement and general exponses         3       Grants and other assistance to foreign ergenzations, foreign governments, and foreign individuals. See Part M. Ime 25       Imagement and general exponses       Imagement and general exponses         6       Comportation of current officers. directors, trustees, and key employees       Imagement and general exponses       Imagement and general exponses         6       Comportation acids and advertification (signalined general exponses) is defined under exponse barefits       Imagement and general exponses       Imagement and general exponses         9       Protect fills acids and 30(3(2)(3))       Imagement and general exponses       Imagement and general exponses         9       Protect fills acids and 30(3(2)(3))       Imagement and general exponses       Imagement and general exponses         9       Other exponses in non-exponses       Imagement and general exponses       Imagement and general exponses         9       Other exponses in non-exponses       Imagement and general exponse				-		X
1     Grants and other assistance to domestic organization and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and Toreign individuals. See Part IV, line 21 Compensation of current officers, directors, trustees, and key employees.     Image: Compensation of current officers individuals. See Part IV, line 21 Compensation of current officers, directors, trustees, and key employees.     Image: Compensation of current officers individuals. See Part IV, line 21 Compensation of current officers, directors, trustees, and key employees.     Image: Compensation of current officers individuals. See Part IV, line 21 Compensation of current officers (include section 4010; and 420) employees.     Image: Compensation of current officers individuals. See Part IV, line 17 Fore self and addirect individuals. (include section 4010; and 420) employees.     Image: Compensation of current officers individuals.       0     Cher employee benefits.     Image: Compensation and contributions. (include section 4010; and 420) employees.     Image: Compensation and contributions. (include section 4010; and 4200; employees).       1     Fees for services (comerployees): and Management line 17 for investment management line 12, cohern (I, mount, list line progenese on Schol, 22, 2900.     14, 738.     5, 706.     2, 456.       2     Compensation interview of employees for any federal, state, or local public officials.     Image: Compensation interview of employees for any federal, state, or local public officials.     Image: Compensation interview of and the assistance of the 24.       1     Travel     Zitter, Compensation interview of an		not include amounts reported on lines 6b,	(A)	<b>(B)</b> Program service	(C) Management and	(D) Fundraising
and demestic governments. See Part IV, Ine 21 Caracts and other assistance to domestic Garacts and other assistance to foreign organizations, foreign comments, and foreign individuals. See Part IV, Ine 22 Grants and other assistance to foreign organizations, foreign comments, and foreign individuals. See Part IV, Ine 25 and 16 Benefts part of tor for members Compensation of unrent officers, directors, trustee, and key employees Gompensation of unrent officers, directors, trustee, and key employees Gompensation of unrent officers, directors, trustee, and key employees Gompensation of unrent officers, directors, trustee, and key employees Gompensation of unrent officers, directors, trustee, and key employees Gompensation of unrent officers, directors, trustee, and and contributions (fieldual section officer) Gompensation and trustees (file appress on Sci) Conternel, Amount, lettin tell appresses Gompensation and meetings Conternels, convections, and meetings Conternels, and anontation Conternels, convections, and meetings Conternels, and anontation Conternels, convections, and meetings Conternels, and meetings Conternels, and anontation Conternels, convections, and meetings Conternels, convections, and meetings Contern				expenses	general expenses	expenses
2       Grants and other assistance to domestic individuals. See Part V. line 22         3       Grants and other assistance to foreign organizations. foreign governments, and foreign individuals. See Part V. lines 5 and 16         4       Benefits paid to or for members Compensation of functed fabres desputilised escion of functed fabres desputilised persons (as defined under section 4908(1/11) and persons described in section 4908(8)(3)(8)         7       Other analysis contributions (fieldual persons described in section 4908(8)(3)(8)         8       Person gina acruits and contributions (fieldual persons described in section 4908(8)(3)(8)         9       Other analysis contributions (fieldual persons described in section 4908(8)(3)(8)         9       Other analysis contributions (fieldual persons described in section 4908(8)(3)(8)         9       Other analysis contributions (fieldual persons described in section 4908(1)(3) and 493(5) employee contributions)         9       Other analysis contributions (fieldual persons described in section 4908(1)(3) and 493(5) employee contributions)         9       Describe acruits and contributions (fieldual persons described in section 4908(1)(3) and 493(5) employee contributions)         10       Legal       4,171.         11       Fields for services (field field f	•					
individuals. See Part IV, line 12       individuals. See Part IV, line 15 and 16         3 Grants and other assistance to foreign organizations, foreign program. The set of the	2					
3         Garts and other assistance to foreign organizations foreign governmets, and foreign individuals. See Part IV, lines 15 and 16 Compared and to or former theres, directors, trustees, and key employees Compared and how to disqualified persons (as defined under section 4588(1/1) and persons discribed in the section 4588(1/1) and persons discribed in the 4588(1/1) and persons discribed in the 4588(1/1) and persons discribed in the 4588(1/1) and discribed in the	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3					
individuals. See Part IV, lines 15 and 16	U	c c				
4         Benefits paid to of or members           5         Compensation of current officers, directors, firstees, and key employees						
6       Compensation of current officers, directors, trustees, and key employees       Image: Compensation not included above to disgualified persons (as defined under section 495(8)(19) and persons factored in section 495(8)(19) and persons factored in section 495(8)(20) employer contributions (include section 495(8)(20) employer contributions)       Image: Compensation not included above to disgualified persons (as defined under section 495(8)(20) employer contributions)         7       Other employee benefits       Image: Compensation not included above to disgualified persons factored not include above to disgualified persons factored not incled above to disgualified persons factored not incled ab	4	F				
tustees. and key employees		F				
6       Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and approximate the section 4018(c)(3)(8)       48,381.36,285.6,048.6,048.6,048.         7       Other salaries and wages       48,381.36,285.6,048.6,048.6,048.         9       Other employee benefits       44,171.3,129.521.521.         10       Payoid tases       4,171.3,129.521.521.         11       Fees for services (nonemployees):       44,171.3,129.521.521.         12       Adventing and undrains services. See Pati IV. line 17       1         11       Investment management fees       22,900.14,738.5,706.2,456.         12       Adventing and promotion       7,402.5,553.927.922.         13       Office expenses       7,402.5,553.927.922.         14       Information technology       17,395.13,046.2,174.2,175.         13       Other entertainment expenses for any feedenal, state, or cloar public officials       2         14       Information cechnology       17,395.13,046.2,174.2,175.         13       Other explanse and amortization and amortization for the relapingenes on the days and amortization and	•	-				
persons (ac defined under section 4958(0(1))) and persons described in section 4958(0(3)(8)       48,381.       36,285.       6,048.       6,048.         Pension plan accrutas and contributions action 40(8) and 40(3) employee contributions)       48,381.       36,285.       6,048.       6,048.         Pension plan accrutas and contributions of there employee benefits       4,171.       3,129.       521.       521.         10       Payroll taxes       4,171.       3,129.       521.       521.         11       Fees for services (non-employee) set intuitions)       4,171.       3,129.       521.       521.         11       Fees for services (non-employee):       4,171.       3,129.       521.       521.         12       Advances (non-employee):       4,171.       3,129.       521.       521.         12       Advances (non-employee):       4,171.       3,129.       521.       521.         13       Management (less)       22,900.       14,738.       5,706.       2,456.         13       Office expenses       7,402.       5,553.       927.       922.         14       Information technology       17,395.       13,046.       2,174.       2,175.         16       Occupancy       17,395.       13,046.       2,770. <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td>	6					
persons described in section 4958(c)(3)(B)         48 , 381.         36 , 285.         6 , 048.           7 Other salaries and vages         48 , 381.         36 , 285.         6 , 048.           9 Persion ployee banefits         9 (014) (3 ad 43(b) employer contributions)         9         9         9           10 Payroli taxes         4 , 171.         3 , 129.         521.         521.           11 Fees for services (nonemployees):         4 , 171.         3 , 129.         521.         521.           12 Adventing         1	-					
7       Other statifies and vages       48, 381.       36, 285.       6, 048.       6, 048.         8       Persion plan accruals and contributions;       9       10       9       10       9       10       9       10       9       10						
8       Persion plan accruals and contributions (include section 40 (k) and 40(b) employe contributions)         9       Other employee benefits         10       Payrolit taxes         4       ,171.         11       Fees for services (nonemployees):         11       Amagement         12       Lobbying         12       Person funditional funditions genices. See Part IV, line 17         13       Other employee control         14       Lobbying         15       Investment management fees         16       Octourning         17       Investment management fees         18       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g express on Sch O.)         13       Office expenses         7       , 402.         16       Occupancy         17       Travel         18       Payments of travel or entertainment express for any federal, state, or local public officials         19       Payments to affiliates         19       Payments to affiliates         10       Deprecision, depletion, and amortization         18       Payments to affiliates         19       Payments to affiliates         10       Payments to affiliates	7	F	48,381.	36,285.	6,048.	6,048.
section 401(k) and 403(b) employer contributions)			· ·			<u> </u>
9       Other employee benefits       4,171.       3,129.       521.       521.         10       Payrolitaxes       4,171.       3,129.       521.       521.         11       Fees for services (nonemployees):       4,171.       3,129.       521.       521.         12       Accounting       1	-					
10       Payroll taxes       4,171.       3,129.       521.       521.         11       Fees for services (nonemployees):       a       a       a         a Management       b       Legal       c       Accounting         b Legal       c       a       a       a         c Accounting       c       a       a       a         d Lobbying       c       a       a       a         e Professional fundralsing services. See Part IV, line 17       c       a       a       a         f Investment management fees       g       c       a       a       a       a         g Other, (Iline 11g anount sceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.       22, 900.       14, 738.       5, 706.       2, 456.         12       Advertsing and promotion       a	9					
11 Fees for services (nonemployees):	10		4,171.	3,129.	521.	521.
b Legal	11					
b Legal	а					
c Accounting	b					
d       Lobbying	с					
e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other. (If line 11g anount exceeds 10% of line 25, column (A), anount, list line 11g expenses on Sch O.)       22,900.       14,738.       5,706.       2,456.         12       Advertising and promotion						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       22,900.       14,738.       5,706.       2,456.         12 Advertising and promotion       7,402.       5,553.       927.       922.         14 Information technology       7,402.       5,553.       927.       922.         14 Information technology       17,395.       13,046.       2,174.       2,175.         15 Royatties       17,395.       13,046.       2,174.       2,175.         16 Occupancy       17,395.       13,046.       2,174.       2,175.         17 Travel       1       13,046.       2,174.       2,175.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       1       1       1         19 Conferences, conventions, and meetings       2,770.       2,078.       346.       346.         21 Payments to affiliates       2,770.       2,078.       346.       346.         22 other expenses. Itemize expenses not covered above. (List miscellaneous expenses on Schedule 0.)       28,800.       28,800.       14,830.       3,362.         c NEWSLETTER       5,100.       5,100.       3,362.       2,272.       2,272.       2,272.       2,277.         2 Joint costs. Complete this						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       22,900.       14,738.       5,706.       2,456.         12 Advertising and promotion       7,402.       5,553.       927.       922.         14 Information technology       7,402.       5,553.       927.       922.         14 Information technology       17,395.       13,046.       2,174.       2,175.         15 Royatties       17,395.       13,046.       2,174.       2,175.         16 Occupancy       17,395.       13,046.       2,174.       2,175.         17 Travel       1       13,046.       2,174.       2,175.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       1       1       1         19 Conferences, conventions, and meetings       2,770.       2,078.       346.       346.         21 Payments to affiliates       2,770.       2,078.       346.       346.         22 other expenses. Itemize expenses not covered above. (List miscellaneous expenses on Schedule 0.)       28,800.       28,800.       14,830.       3,362.         c NEWSLETTER       5,100.       5,100.       3,362.       2,272.       2,272.       2,272.       2,277.         2 Joint costs. Complete this	f	Investment management fees				
12       Advertising and promotion         13       Office expenses         14       Information technology         15       Royatties         16       Occupancy         17       7.395.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization         23       Insurance         24       Differences, conventions, and meetings         25       Interest         26       MI SCELLANEOUS         27       770         28       800         28       800         28       800         29       Conterences, convention (A), amount, list line 24e expenses on Schedule (C), a SIDEWALK CLEANING         b       MI SCELLANEOUS         c       NEWSLETTER         5       7.100         5       7.010.5         6       Alother expenses         25       Total functional expenses. Add lines 1 through 24e         26       Joint costs. Complete this line only if the organization	g					
13       Office expenses       7,402.       5,553.       927.       922.         14       Information technology       17,395.       13,046.       2,174.       2,175.         16       Occupancy       17,395.       13,046.       2,174.       2,175.         17       Travel       17,395.       13,046.       2,174.       2,175.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       17       17395.       13,046.       2,174.       2,175.         19       Conferences, conventions, and meetings       17       2,177.       2,078.       346.       346.         20       Interest       2       2,770.       2,078.       346.       346.         21       Payments to affiliates       2       2,770.       2,078.       346.       346.         24       Other expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appresses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appresses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appresses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appresses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appresses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list lin		column (A), amount, list line 11g expenses on Sch 0.)	22,900.	14,738.	5,706.	2,456.
14       Information technology         15       Royatties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization         23       Insurance         24       Above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e expenses on Schedule 0.)         a       SIDEWALK CLEANING         b       MISCELLANEOUS         c       NEWSLETTER         d       GARDEN MAINTENANCE         e       All other expenses         25       Total functional expenses. Add lines 1 through 24e         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 b       It following GOP 94-2 (ASC 958-720)	12	Advertising and promotion				
15       Royatties       17,395.       13,046.       2,174.       2,175.         16       Occupancy       17,395.       13,046.       2,174.       2,175.         17       Travel       17,395.       13,046.       2,174.       2,175.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1	13	Office expenses	7,402.	5,553.	927.	922.
16       Occupancy       17,395.       13,046.       2,174.       2,175.         17       Travel       17,395.       13,046.       2,174.       2,175.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1 <td>14</td> <td>Information technology</td> <td></td> <td></td> <td></td> <td></td>	14	Information technology				
17       Travel	15	Royalties				
18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization         23       Insurance         24       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e anount exceeds 10% of line 25, column (A), amount (Ist line 24e expenses on Schedule 0.)         a       SIDEWALK CLEANING         b       MISCELLANEOUS         c       NEWSLETTER         d       GARDEN MAINTENANCE         e       All other expenses. Add lines 1 through 24e         25       Total functional expenses. Add lines 1 through 24e         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          c       If tolowing SOP 98-2 (ASC 958-720)	16	Occupancy	17,395.	13,046.	2,174.	2,175.
for any federal, state, or local public officials   19   Conferences, conventions, and meetings   20   Interest   21   Payments to affiliates   22   Depreciation, depletion, and amortization   23   Insurance   24   Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.)   a   SIDEWALK CLEANING   b   MISCELLANEOUS   c   NEWSLETTER   d   d   GARDEN MAINTENANCE   e   All other expenses. Add lines 1 through 24e   25   Total functional expenses. Add lines 1 through 24e   25   Total functional expenses. Add lines 1 through 24e   26   Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here implicit in following SOP 98-2 (ASC 958-720)	17	Travel				
19       Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses				
20       Interest						
21       Payments to affiliates	19	Conferences, conventions, and meetings				
22       Depreciation, depletion, and amortization       2,770.       2,078.       346.         23       Insurance       2,770.       2,078.       346.       346.         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       28,800.       28,800.       346.       346.         3       SIDEWALK CLEANING       28,800.       28,800.       3,362.         b       MISCELLANEOUS       18,497.       3,829.       11,306.       3,362.         c       NEWSLETTER       5,100.       5,100.       3.       362.         d       GARDEN MAINTENANCE       2,272.       2,272.       2.       27,028.       15,830.         25       Total functional expenses. Add lines 1 through 24e       157,688.       114,830.       27,028.       15,830.         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 tollowing SOP 98-2 (ASC 958-720)       if tollowing SOP 98-2 (ASC 958-720)       if tollowing SOP 98-2 (ASC 958-720)						
23       Insurance       2,770.       2,078.       346.       346.         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       28,800.       28,800.       28,800.         a       SIDEWALK CLEANING       28,800.       28,800.       346.       346.         b       MISCELLANEOUS       28,800.       28,800.       3829.       11,306.       3,362.         c       NEWSLETTER       5,100.       5,100.       3,362.       3,362.       3,362.         d       GARDEN MAINTENANCE       2,272.       2,272.       2,272.       2,272.       2,272.       3,362.         25       Total functional expenses. Add lines 1 through 24e       157,688.       114,830.       27,028.       15,830.       15,830.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here        if following SOP 98-2 (ASC 958-720)       if following SOP 98-2 (ASC 958-720)       if following SOP 98-2 (ASC 958-720)						
24       Other expenses. Itemize expenses on covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       28,800.       28,800.         a       SIDEWALK CLEANING       28,800.       28,800.         b       MISCELLANEOUS       18,497.       3,829.       11,306.       3,362.         c       NEWSLETTER       5,100.       5,100.       3 <td></td> <td>F</td> <td>2 777</td> <td>2 070</td> <td>246</td> <td>240</td>		F	2 777	2 070	246	240
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)         a       SIDEWALK CLEANING         b       MISCELLANEOUS         c       NEWSLETTER         d       GARDEN MAINTENANCE         e       All other expenses         25       Total functional expenses. Add lines 1 through 24e         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here        If following SOP 98-2 (ASC 958-720)			۷,//۵۰	2,0/8.	340.	340.
a       SIDEWALK CLEANING       28,800.       28,800.         b       MISCELLANEOUS       18,497.       3,829.       11,306.       3,362.         c       NEWSLETTER       5,100.       5,100.       3,362.         d       GARDEN MAINTENANCE       2,272.       2,272.       3,829.       11,306.       3,362.         e       All other expenses       2,272.       2,272.       2,272.       3,829.       15,830.         25       Total functional expenses. Add lines 1 through 24e       157,688.       114,830.       27,028.       15,830.         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	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b       MISCELLANEOUS       18,497.       3,829.       11,306.       3,362.         c       NEWSLETTER       5,100.       5,100.       5,100.         d       GARDEN MAINTENANCE       2,272.       2,272.       2,272.         e       All other expenses	а		28,800.	28,800.		
c       NEWSLETTER       5,100.       5,100.         d       GARDEN MAINTENANCE       2,272.       2,272.         e       All other expenses       2,272.       2,272.         25       Total functional expenses. Add lines 1 through 24e       157,688.       114,830.       27,028.       15,830.         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					11,306.	3,362.
d       GARDEN MAINTENANCE       2,272.       2,272.         e       All other expenses       2       272.       2,272.         25       Total functional expenses. Add lines 1 through 24e       157,688.       114,830.       27,028.       15,830.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	-				· · ·	<u> </u>
e       All other expenses         25       Total functional expenses. Add lines 1 through 24e         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)	-	GARDEN MAINTENANCE				
25       Total functional expenses. Add lines 1 through 24e       157,688.       114,830.       27,028.       15,830.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)       157,688.       114,830.       27,028.       15,830.	е	All other expenses				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	25	· · · · · · · · · · · · · · · · · · ·	157,688.	114,830.	27,028.	15,830.
educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720)						
Check here Fillowing SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				
		Check here tild if following SOP 98-2 (ASC 958-720)				

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Form **990** (2021)

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## CENTER CITY RESIDENTS' ASSOCIATION OF PHILADELPHIA

23-1430638 Page 11

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		193,199.	1	121,089.
	2	Savings and temporary cash investments			2	161,277.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs	stantial contributor, or 35%			
		controlled entity or family member of any of the	se persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe		6		
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ÿ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ		193,199.	16	282,366.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete			21	
S	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, subs	stantial contributor, or 35%			
abi		controlled entity or family member of any of the	se persons		22	
	23	Secured mortgages and notes payable to unre	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third parties	9,275.	24	
	25	Other liabilities (including federal income tax, page	ayables to related third			
		parties, and other liabilities not included on line	s 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		9,275.	26	0.
		Organizations that follow FASB ASC 958, ch	eck here 🕨 🔀			
čě		and complete lines 27, 28, 32, and 33.				
llan	27	Net assets without donor restrictions		181,924.	27	263,787.
ЯВ	28	Net assets with donor restrictions		2,000.	28	18,579.
nuc		Organizations that do not follow FASB ASC	958, check here 🕨 🛄			
Ē		and complete lines 29 through 33.				
ts o	29	Capital stock or trust principal, or current funds	\$		29	
sel	30	Paid-in or capital surplus, or land, building, or e	quipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	ncome, or other funds		31	
Nei	32	Total net assets or fund balances		183,924.	32	282,366.
	33	Total liabilities and net assets/fund balances		193,199.	33	282,366.
						Form <b>990</b> (2021)

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CENTER	CITY	RESIDENTS'	ASSOCIATION	$\mathbf{OF}$
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Form	1 990 (2021) PHILADELPHIA	23-1430	638	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			30.
2	Total expenses (must equal Part IX, column (A), line 25)	2			88.
3	Revenue less expenses. Subtract line 2 from line 1	3			42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18:	3,9	24.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	282	2,3	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X 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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	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 requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

SCHEDULE A						OMB No. 1545-0047				
(Form 990)					narity Status					2021
(		,0,	Co	omplete if the or	ganization is a secti			or a section		ZUZ I
Dana	transt a	of the Treesury			4947(a)(1) nonexem					Open to Public
		of the Treasury nue Service			Attach to Form 99 .gov/Form990 for ins			nformation		Inspection
Nan	ne of	the organizati			RESIDENTS'				Employer	identification number
Itan				ADELPHIA		ADDOCIAI	ION O	-		3-1430638
Pa	rt I	Reason			IS. (All organizations I	must complete t	his part ) S	See instruction		5 1450050
					is: (For lines 1 throug				10.	
1 <b>1</b>	lorgai		•							
	H				iation of churches de			I)(A)(I)-		
2	H				ii). (Attach Schedule E					
3	H	•	•	•	organization describe				VIII) Entor	the beenitel's name
4			-	ation operated in	n conjunction with a h	ospital describe	u in sectio		Juni). Enter	the hospital's hame,
-		city, and state							unit de neuil	a al in
5		-	-		a college or university	owned or opera	ited by a g	overnmental	unit descrit	beain
•				Complete Part II.)						
6	X				ernmental unit describ					
7	Δ	-		-	ostantial part of its su	oport from a gov	/ernmenta	i unit or from t	ine general	public described in
~		•		omplete Part II.)						
8	H				D(b)(1)(A)(vi). (Comple					
9					bed in section 170(b)					
			or a non-land-o	grant college of a	griculture (see instruc	tions). Enter the	e name, cit	y, and state o	f the colleg	le or
		university:								
10										nd gross receipts from
				-	-					from gross investment
					ome (less section 511	tax) from busine	esses acqu	uired by the o	rganization	after June 30, 1975.
				mplete Part III.)						
11	$\square$	-	•	-	clusively to test for pu	-				
12		-	•	-	clusively for the benef				•	
				-	ribed in section 509(					Sheck the box on
_			•		be of supporting orga		-		-	
а				-	d, supervised, or con					
			-		o regularly appoint or	elect a majority	or the dire	clors or truste	ees or the s	supporting
b		¬ -		-	7, Sections A and B. ised or controlled in c	opposion with i	to ourport	od organizati	on(o) by be	wing
U	L				organization vested in					
			-		IV, Sections A and C	-	Uns that co		age the sup	ported
с		7 <sup>°</sup>	. ,	•	orting organization ope		tion with	and functions	lly integrat	ed with
U			-	• •	ions). <b>You must com</b>				iny integrat	ed with,
d			0	.,.	upporting organizatio			-	rted organi	ization(s)
ŭ		••			anization generally m	•			•	
				0 0	complete Part IV, Se	,		•	u an attern	
е					d a written determinat				II Type III	
Ŭ			•		ctionally integrated su			a type 1, type	, n, rype m	
f	Ente	•	-	••						
g					orted organization(s).					·
		i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organiz	in your dover	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization	I		(described on lines above (see instruct	1-10 <b>X</b> aa	No	support (see ir	nstructions)	support (see instructions)
										ļ
Tota	al									1

## CENTER CITY RESIDENTS' ASSOCIATION OF PHILADELPHIA

23-1430638 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2021

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	94,312.	98,753.	86,116.	152,543.	278,768.	710,492.
2	Tax revenues levied for the organ-						
	ization'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	94,312.	98,753.	86,116.	152,543.	278,768.	710,492.
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,						F1 000
_	column (f)						51,922. 658,570.
	Public support. Subtract line 5 from line 4.						058,570.
	ction B. Total Support	() 00/7	(1) 00 (0	( ) 00 ( 0	( 1) 0000	( ) 000 (	
	ndar year (or fiscal year beginning in) 🕨	(a)2017 94,312.	(b) 2018 98,753.	(c) 2019 86,116.	(d) 2020 152,543.	(e) 2021 278,768.	(f) Total 710,492.
-	Amounts from line 4	94,JIZ.	90,755.	00,110.	152,545.	270,700.	110,492.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	26.	41.		72.	142.	281.
•	and income from similar sources	20.	±1•		14.	142.	201.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	•					536.	536.
44	assets (Explain in Part VI.)						711,309.
	Gross receipts from related activities,	etc. (see instructio	one)			12	24,451.
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax	vear as a section f		
10	organization, check this box and stop	-			•		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (I			column (f))		14	92.59 %
	Public support percentage from 2020					15	92.54 %
	<b>33 1/3% support test - 2021.</b> If the c						,-
	stop here. The organization qualifies	-					
Ł	<b>33 1/3% support test - 2020.</b> If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	0 10% -facts-and-circumstances tes	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, <u>16</u>	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s 🕨 🗌
						Schedule A	(Form 990) 2021

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## CENTER CITY RESIDENTS' ASSOCIATION OF PHILADELPHIA

Schedule A (Form 990) 2021
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

	ction A. Public Support ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e	) 2021	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
-	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
•	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
J	furnished by a governmental unit to								
~	the organization without charge								
	Total. Add lines 1 through 5								
7 a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
D	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								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support		•	•					
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e	) 2021	(f) Total	
	Amounts from line 6 Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b								
	Net income from unrelated business activities not included on line 10b, whether or not the business is requilarly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
12	assets (Explain in Part VI.)			1					
	-	o organization's f	I	fourth or fifth toy	I	1 501(a)/9	a) organizati		
14	<b>First 5 years.</b> If the Form 990 is for the	-			-				
201	check this box and stop here						<u></u>	<u> </u>	
	Public support percentage for 2021 (I			oolump (f)		15			0/
									%
16 20/	Public support percentage from 2020 ction D. Computation of Invest					16			%
	•								
	Investment income percentage for 20					17			%
	Investment income percentage from 2					18			%
19a	33 1/3% support tests - 2021. If the						, and line 1	7 is not	
	more than 33 1/3%, check this box a							▶∟	
b	33 1/3% support tests - 2020. If the								
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins				
3202	23 01-04-22			1 🗖		5	Schedule A	(Form 990) 20	021
				17				4565	
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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?
- 6 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.
- 7 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.**
- **10a** 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 line 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.)

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Schedule A (Form 990) 2021

18

	dule A (Form 990) 2021 PHILADELPHIA	23-143063	8 Pa	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
<u> </u>	tion B. Type I Supporting Organizations		Vee	Na
	Did the seven is hody, manching of the seven is hody, officers onling is their official consolity, or manch while of		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	incoro,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	g the		
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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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			
	the supported organization(s).	1		
Sec	tion 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			
	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 on line 2, above, 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		
Sec	tion 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 yea(see inst	ructions).		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		)	
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity.	ity (see instruction		NI -
2	Activities Test. Answer lines 2a and 2b below.		Yes	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 <b>Part VI identify</b>			
	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			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
b	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 been engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
13202		Schedule A (Forr	n 990)	2021
	10			

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### CENTER CITY RESIDENTS' ASSOCIATION OF PHILADELPHIA

23-1430638 Page 6

Sche	dule A (Form 990) 2021 PHILADELPHIA			23-1430638 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

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	dule A (Form 990) 2021 PHILADELPHIA		·	2	3-1430638 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Form 990) 2021	PHILADE	LPHIA		ASSOCIAT		23-1430638 Pa
Supplemental Int Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a (See instructions.)	es 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b art IV, Section E	, 9c, 11a, 11b, a E, lines 1c, 2a, 2	and 11c; Part IV, \$ b, 3a, and 3b; Pa	Section B, lines ` rt V, line 1; Part `	l and 2; Part IV, Section C /, Section B, line 1e; Part \
2						Schedule A (Form 990)

* *	PUBLIC	DISCLOSURE	COPY	* *	

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

## Schedule B

(Form 990)

Department of the Treasury

#### Internal Revenue Service Name of the organization

Organization type (check one):

CENTER CITY RESIDENTS'

Employer identification number

OMB No. 1545-0047

**202**<sup>-</sup>

PHILADELPHIA

S	ASSOCIATION	OF	

23-1430638

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	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), 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 exclusively 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 exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... 🕨 \$ \_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

### Schedule B (Form 990) (2021)

Name of organization CENTER CITY RESIDENTS' ASSOCIATION OF PHILADELPHIA

Employer identification number

23 - 1430638

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$14,800.	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
2		\$9,800.	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
3		\$9,800.	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
4		\$24,800.	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
5		\$9,275.	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.)
123452 11-11	<sup>1-21</sup> <b>24</b>		Schedule B (Form 990) (2021

12440513 793760 4567

2021.05080 CENTER CITY RESIDENTS' ASSO 4567\_\_\_1

Schedule I	B (Form 990) (2021)		Page <b>3</b>
Name of o	rganization		Employer identification number
CENTE	R CITY RESIDENTS' ASSOCIATION OF		
PHILA	DELPHIA		23-1430638
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is neede	d.
(a)		(c)	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		[	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
(a)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(,	
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-11-21		\$	Schedule B (Form 990)
	25 3760 4567 2021.05080 CEN	5 NTER CITY RESIDENTS'	

ame of orgar				Employer identification nu			
	CITY RESIDENTS' ASSOCIA	ATION OF					
HILADE				23-1430638			
fi	Exclusively religious, charitable, etc., contribution rom any one contributor. Complete columns (a) th	rough (a) and the following line	entry For organizatio	ns			
C	ompleting Part III, enter the total of exclusively religious, cha	itable, etc., contributions of \$1,000	or less for the year. (Ente	er this info. once.) 🕨 \$			
a) No.	Jse duplicate copies of Part III if additional sp	ace is needed.	1				
from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
	-						
-	-						
		(e) Transfer of	aift				
			gin				
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of transferor to transferee			
	· · · · · · · · · · · · · · · · · · ·						
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I		(0) 030 01 gift		(a) Description of now girt is field			
_	-						
	-						
—	-						
		(e) Transfer of	aift				
		(e) transfer of	gin				
	Transferee's name, address, and	7IP + 4	Relations	nip of transferor to transferee			
	Transfer eo e harrey dual coop and		Tolutionol				
-							
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I		(0) 030 01 gift		(a) Description of now girl is need			
_	-						
	-						
	-						
		(a) Transfer of					
	(e) Transfer of gift						
	Transferee's name, address, and	7IP + 4	Relations	nip of transferor to transferee			
	Transfer eo e harrey dual coop and		Tolutionol				
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I	(,	(-,		· · · · · · · · · · · · · · · · · · ·			
_	-						
	-						
	-						
		aift					
		(e) Transfer of	3				
	Transferee's name, address, and	<b>ZIP</b> + 4	Relationsh	nip of transferor to transferee			
-							
3454 11-11-21				Schedule B (Form 990			
		26					

SCHEDULE C (Form 990)	Po	olitical Campaign	and Lobbyir	ng Activities		OMB No. 1545-0047
(1 0111 000)		anizations Exempt From Incor				<b>ZUZ I</b>
Department of the Treasury	Complete	if the organization is describe	ed below. 🕨 Attach t	o Form 990 or Form 9	90-EZ.	Open to Public
Internal Revenue Service		to to www.irs.gov/Form990 for	r instructions and the	latest information.		Inspection
<ul> <li>Section 501(c)(3) or</li> <li>Section 501(c) (other</li> <li>Section 527 organiz</li> <li>If the organization ans</li> <li>Section 501(c)(3) or</li> <li>Section 501(c)(3) or</li> <li>If the organization ans</li> <li>Tax) (See separate ins</li> <li>Section 501(c)(4), (5</li> <li>Name of organization</li> </ul>	wered "Yes," or ganizations: Com- er than section 50 ations: Complete wered "Yes," or ganizations that ganizations that wered "Yes," or tructions), then i), or (6) organizat CENTER PHILADE	Form 990, Part IV, line 3, or F nplete Parts I-A and B. Do not co 01(c)(3)) organizations: Complete Part I-A only. Form 990, Part IV, line 4, or F have filed Form 5768 (election u have NOT filed Form 5768 (elect Form 990, Part IV, line 5 (Pro- tions: Complete Part III. CITY RESIDENTS ' LPHIA	orm 990-EZ, Part V, I omplete Part I-C. e Parts I-A and C below form 990-EZ, Part VI, under section 501(h)): C tion under section 501 xy Tax) (See separate ASSOCIATION	ine 46 (Political Camp v. Do not complete Par line 47 (Lobbying Acti Complete Part II-A. Do r (h)): Complete Part II-B instructions) or Form	t I-B. vities), th not comple . Do not c 990-EZ, Employer 2	en ete Part II-B. omplete Part II-A. Part V, line 35c (Proxy identification number 3-1430638
Part I-A Compl	ete if the org	anization is exempt und	der section 501(c)	or is a section 5	27 orga	nization.
2 Political campaign	activity expendit	ation's direct and indirect politic ures gn activities			▶\$	
Part I-B Compl	ete if the org	anization is exempt und	der section 501(c)	(3).		
•		incurred by the organization un			►\$	
2 Enter the amount of	of any excise tax	incurred by organization manag	ers under section 495	5	▶\$	
		n 4955 tax, did it file Form 4720				Yes No
						Yes No
b If "Yes," describe i	n Part IV.					<u></u>
		anization is exempt und		-		).
	of the filing organ	by the filing organization for se ization's funds contributed to of	ther organizations for s	section 527	►\$ ►\$	
line 17b		Add lines 1 and 2. Enter here a			▶\$	
00						
made payments. F contributions recei	or each organiza ved that were pr	nployer identification number (E tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	id from the filing organ a separate political org	ization's funds. Also en ganization, such as a se	ter the an	nount of political
<b>(a)</b> Nam	e	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's cor er-0 I d	e) Amount of political htributions received and promptly and directly elivered to a separate political organization. If none, enter -0
For Paperwork Reduct	tion Act Notice,	see the Instructions for Form	990 or 990-EZ.		Sche	dule C (Form 990) 2021

132041 11-03-21

	CENTER CITY PHILADELPHI		ASSOCIATIO		.430638 Page 2
Part II-A Complete if the organization 501(h)).			on 501(c)(3) and file		
	ion belonas to an affi	liated group (and list i	n Part IV each affiliated	group member's nan	ne. address. EIN.
	e of excess lobbying			5 P	,,,,
B Check 🕨 🔲 if the filing organizat	ion checked box A ar	nd "limited control" pro	ovisions apply.		
Limit (The term "expend	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals			
1a Total lobbying expenditures to influ	ence public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	ence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
<b>d</b> Other exempt purpose expenditure					
e Total exempt purpose expenditures			F		
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) or		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000	, , , , , , , , , , , , , , , , , , , ,	0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0		0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,0	JUU.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	,		••••••		
i Subtract line 1f from line 1c. If zero			•••••		
j If there is an amount other than zer			-		
reporting section 4911 tax for this y	ear?			[	Yes No
(Some organizations th	at made a section 5	raging Period Under 01(h) election do not ate instructions for li	have to complete all o	of the five columns b	pelow.
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) Total
2a Lobbying nontaxable amount					
<b>b</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))					ļ
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

132042 11-03-21

### PHILADELPHIA Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(	b)
of th	e lobbying activity.	Yes	Νο	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:	37			
а	Volunteers?	X	77		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? $\dots$		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	77		0.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		Х		
	Total. Add lines 1c through 1i		77		0.
	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				
	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?	<b>501</b> (-)	(5)	- 12	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ie 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
Pa	t IV Supplemental Information				
Prov	de 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); Part II	-A, lines 1 a	and 2 (See	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PA	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
TH	E ASSOCIATION ENGAGES IN A DE MINIMUS AMOUNT OF LOB	BYING	ACTIV	ITIES	

### WHICH ARE CONDUCTED BY UNPAID VOLUNTEERS.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19	, or if the	2021	
Department of the Treasury		Attach to Form 990						Open to Public	
Internal Revenue Service Name of the organization		Employer id	Inspection entification number						
	PHILADE	CITY RESIDENTS' AS LPHIA	500	IAI	TON OF		23-143		
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions l email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	f ☐ Solicitat g ☐ Special or oral agreement with any individual 'art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Ye:		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No					
								<u> </u>	
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	oution	s or has been notified	d it is	exempt from	registration	
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.		Schedul	e G (Form 990) 2021	

132081 10-21-21

Sch	odul	le G (Form 990) 2021 CENTER PHILADE		TS' ASSOCIAT		1430638 Page 2
	rt l			1 "Yes" on Form 990 Par		
		of fundraising event contributions and gr	-			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	130,200.			130,200.
	2	Less: Contributions	125,625.			125,625.
	3	Gross income (line 1 minus line 2)	4,575.			4,575.
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs	400.			400.
Direct Expenses	7	Food and beverages	13,369.			13,369.
	8	Entertainment	262.			262.
	9	Other direct expenses				20,450.
	10	Direct expense summary. Add lines 4 through			►	34,481.
_	11	Net income summary. Subtract line 10 from li				-29,906.
Pa	ητι	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 off Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
leve						
ш	1	Gross revenue				
	_					
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes%	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a No," explain:		states?		Yes No
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	vear?	Yes No
		Yes," explain:				
1200	20 10	0-21-21				dule G (Form 990) 2021
10200	<i></i> 1				SCHE	

12440513 793760 4567 2021.05080 CENTER CITY RESIDENTS' ASSO 4567\_\_\_1

Sob	adula G (Earm 000) 2021	CENTER CITY PHILADELPHIA			22	1430638	Dogo 2
	edule G (Form 990) 2021						No Page 3
	Does the organization conduct gar					Ves	
12	Is the organization a grantor, benefit						
40	to administer charitable gaming?					Ves	└── No
	Indicate the percentage of gaming					120	0/
	The organization's facility						<u>%</u>
	An outside facility					13b	%
14	Enter the name and address of the				DOKS and records:		
	Name						
	Address						
15a	Does the organization have a contr	ract with a third party from	m whom the organiza	tion receives gaming	revenue?	Yes	└── No
b	If "Yes," enter the amount of gamir	ng revenue received by th	he organization <b>&gt;</b> \$		and the amount		
	of gaming revenue retained by the				-		
С	If "Yes," enter name and address of						
	Name 🕨						
	Address 🕨						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	▶ \$	-				
	Description of services provided	•					
	Director/officer	Employee	Independent	contractor			
17	Mandatory distributions:						
	Is the organization required under	atata law ta maka abarita	bla distributions from	the coming process	la ta		
d	retain the state gaming license?					Yes	
h	Enter the amount of distributions re	aguirad undar atata law t					
U		-		her exempt organiza	tions of spent in the		
Pa	rt IV Supplemental Inform 5b, 15c, 16, and 17b, as a	nation. Provide the exp	planations required by			art III, lines 9,	9b, 10b,
	150, 150, 16, and 170, as a	applicable. Also provide a	any additional morma	alion. See Instruction	5.		
1320	83 10-21-21		32		Scheo	dule G (Form	990) 2021

		CITY RESIDE	ENTS' AS	SSOCIA	TION OF	23-1430638	Deres
Schedule G (Form 990) Part IV Supplemental Info	prmation (continu	ued)				23-1430030	Page 4
2008/ 11 19 21						Schedule G (F	orm 99
32084 11-18-21			33				
40513 793760 4567		2021.05080	CENTER	CITY	RESIDENTS	s' asso 4567	1

SCHEDULE O	Supplem
(Form 990)	Complet

Department of the Treasury Internal Revenue Service Name of the organization



FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PHILADELPHIA

CCRA ADVOCATES ON BEHALF OF THE COMMUNITY ON ISSUES SUCH AS ZONING AND

HISTORIC PRESERVATION, SAFE STREETS AND SIDEWALKS FOR BICYCLISTS AND

PEDESTRIANS, CRIME, NOISE, TRASH, THE ENVIRONMENT, DEIJ, AND GOOD

GOVERNMENT.

CCRA HELPS THE COMMUNITY STAY INFORMED AND EDUCATED ON LOCAL ISSUES

THROUGH ITS WEBSITE, WEEKLY AND QUARTERLY NEWSLETTERS AND SOCIAL MEDIA.

IT ALSO HOSTS FORUMS AND OTHER GATHERINGS ON ISSUES OF INTEREST TO THE

COMMUNITY.

CCRA PROVIDES SIDEWALK CLEANING IN THE COMMUNITY AND OPERATES A

COMMUNITY GARDEN.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS MEMBERS WHO HAVE THE POWER TO ELECT OR APPOINT ONE OR

MORE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

GOVERNANCE DECISIONS OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY

MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2										
Name of the organization	CENTER CITY R PHILADELPHIA	RESIDENTS'	ASSOCIATION	OF	Employer identification number 23-1430638					

FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE

IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS MUST SIGN THE WRITTEN CONFLICTS POLICY AS THEY ASSUME SERVICE

AND ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

CCRA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

**PROFESSIONAL FEES:** 

PROGRAM SERVICE EXPENSES	14,738.
MANAGEMENT AND GENERAL EXPENSES	5,706.
FUNDRAISING EXPENSES	2,456.
TOTAL EXPENSES	22,900.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	22,900.

132212 11-11-21

		** PUBLIC DISCLOSURE COPY **		
Form <b>990-T</b>	l E	Exempt Organization Business Income Tax Retur	n I	OMB No. 1545-0047
	-	(and proxy tax under section 6033(e))	L	0004
	For ca	lendar year 2021 or other tax year beginning $JUL$ 1, 2021 , and ending $JUN$ 30, 20	22	2021
Department of the Treesury		► Go to www.irs.gov/Form990T for instructions and the latest information.	_	
Department of the Treasury Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmplo	over identification number
	4	CENTER CITY RESIDENTS' ASSOCIATION OF		2 1 4 2 0 6 2 0
B Exempt under section	Print	PHILADELPHIA		3-1430638 exemption number
<b>X</b> 501( <b>C</b> )( <b>3</b> )	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.	(see in	structions)
408(e) 220(e)		1900 MARKET ST, 8TH FLOOR	_	
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19103		1
529(a) 529A			_F└_	Check box if
		<b>,</b>		an amended return.
v		X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
		ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u> </u>
		ed Schedules A (Form 990-T)		Yes X No
• •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
		d identifying number of the parent corporation. ► • THE ORGANIZATION Telephone number ►	215-	546-6719
		d Business Taxable Income	215	540 0715
		ss taxable income computed from all unrelated trades or businesses (see		
			1	0.
,			2	
3 Add lines 1 and 2				
•		(see instructions for limitation rules)		0.
		taxable income before net operating losses. Subtract line 4 from line 3		
		ng loss. See instructions	6	
		ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro		-	7	
		rally \$1,000, but see instructions for exceptions)		1,000.
		duction. See instructions	9	
10 Total deductions	. Add li		10	1,000.
11 Unrelated busine	ess tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero		-	11	0.
Part II Tax Com	putat	ion		
1 Organizations ta:	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	0.
2 Trusts taxable at	t trust r	ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from	n: L	Tax rate schedule or Schedule D (Form 1041)	▶ 2	
3 Proxy tax. See ins	structio	ns	▶ 3	
4 Other tax amounts	s. See i	nstructions	4	
5 Alternative minimu	um tax	(trusts only)	5	
6 Tax on noncomp	liant fa	cility income. See instructions		
		h 6 to line 1 or 2, whichever applies	7	0.
LHA For Paperwork I	Reduct	ion Act Notice, see instructions.		Form <b>990-T</b> (2021)

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	90-T (2021)				P	2 age
Part	III Tax and Payments		_			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	_ 1a				
b	Other credits (see instructions)	<b>1</b> b				
с	General business credit. Attach Form 3800 (see instructions)	1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits. Add lines 1a through 1d			1e		
2				2		0.
3	Subtract line 1e from Part II, line 7         Other amounts due. Check if from:         Form 4255         Form 8611         Other (attach statement)			3		
4	Total tax. Add lines 2 and 3 (see instructions).					
	section 1294. Enter tax amount here	. ►		4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),	line 4		5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a				
b	2021 estimated tax payments. Check if section 643(g) election applies	6b				
с	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)	6e				
f	Credit for small employer health insurance premiums (attach Form 8941)	6f				
g	Other credits, adjustments, and payments: Form 2439 Form 4136 Total D	▶ 6g				
7	Total payments. Add lines 6a through 6g			7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp			10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax		Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information	<b>tion</b> (se	ee instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-		•	Yes	No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th	e name	of the foreign country	/		
	here					X
2	During the tax year, did the organization receive a distribution from, or was it the gran foreign trust?					x
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year		▶ \$			
4	Enter available pre-2018 NOL carryovers here <b>&gt;</b> \$ Do not i			arryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any dec	duction reported on Pa	art I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NO	OL carry	vovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo					
	Business Activity Code	Ava	ilable post-2017 NOL	carryover	7	
	511120	6		695.	-	
	9	6				
6a	Did the organization change its method of accounting? (see instructions)					X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-	PF, or F	orm 1128? If "No,"			
<b>.</b> .	explain in Part V					<u> </u>

### Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

		I have examined this return, including accompanying sch eparer (other than taxpayer) is based on all information of Date		edge.	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
<b>-</b>	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Paid				self- employe	d
Preparer	JENNIFER SOLOT	JENNIFER SOLOT	05/13/23		P00749373
Use Only	Firm's name ▶ BBD , I	Firm's EIN	> 23-2896692		
OSC Only	1835				
	Firm's address 🕨 PHII	ADELPHIA, PA 19103		Phone no.	215-567-7770
123711 01-31-2	22				Form <b>990-T</b> (2021)
		39			
440513	793760 4567	2021.05080 CENT	TER CITY RES	SIDENTS	' ASSO 45671

1	21	1 4	05	13	793	760	4567
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### SCHEDULE A (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

1

Department of the Treasury
Internal Revenue Service

Α

Name of the organization

CENTER CITY RESIDENTS' ASSOCIATION OF

B Employer identification number 23-1430638

D Sequence:

1

of

PHILADELPHIA	

511120 Unrelated business activity code (see instructions) С

#### Describe the unrelated trade or business **NEWSLETTER** ADVERTISING Е

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance >	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	750.	765.	-15.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	750.	765.	-15.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages	2			
3	Repairs and maintenance			3	
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	-15.
17	Deduction for net operating loss. See instructions			17	0.
	Unrelated business taxable income. Subtract line 17 from line 16			18	-15.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	Ile A (Form 990-T) 2021

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	lule A (Form 990-T) 2021					Page 4
Part						
1	Name(s) of periodical(s). Check box if reporti	ing two or r	nore periodicals on a	consolidated ba	sis.	
	ANEWSLETTER					
	B					
	c 🔄					
	D []					
Enter	amounts for each periodical listed above in the	e correspor	iding column.			
		Ļ	A	В	C	D
2	Gross advertising income		750.			
	Add columns A through D. Enter here and or	n Part I, line	e 11, column (A)		▶	750.
а		г	765			
3	Direct advertising costs by periodical		765.			
а	Add columns A through D. Enter here and or	n Part I, line	e 11, column (B)		▶	765.
		. г				
4	Advertising gain (loss). Subtract line 3 from li	ine				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column					
	line 4 showing a loss or zero, do not complet		-15.			
_	lines 5 through 7, and enter zero on line 8	F	• כד-			
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
-	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	-				0.
Part	Part II, line 13         X       Compensation of Officers, D	irootoro	and Trustage (-	······································	·····	0.
Fail	Compensation of Officers, D		and musices (se	ee instructions)	2 Deveenteere	1 Componention
	1. Name		<b>2.</b> Title		<b>3.</b> Percentage of time devoted	<ol> <li>Compensation attributable to</li> </ol>
	I. Name		<b>Z.</b> Hue		to business	unrelated business
(1)					%	unielated business
<u>(1)</u> (2)					%	
<u>(2)</u> (3)					%	
( <u>3)</u> (4)					/0	
<u>(+)</u>					/0	
Total	. Enter here and on Part II, line 1					0.
Part	, , , , , , , , , , , , , , , , , , , ,				·····	
i uit			0113)			

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990-T SCH A	POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	695.	0.	695.	695.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	695.	695.