

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

		the Treasury ue Service	► Go to www.irs.gov/Form99	0 for instructions an	d the latest in	nformation.		Inspection
Α		_	endar year, or tax year beginning		, and en	ding		
<u>B</u>	Check if a	applicable	C Name of organization PIDC- Local Devel	opment Corporation		D Em	oloyer identific	cation number
Address change Doing business as					T			
П	Name ch	ange	Number and street (or P O box if mail is not delive	ered to street address)	Room/suite	30-059		
_		-	1500 Market Street	81-1-	2600W	E lele	phone number	•
Initial return		nu.	City or town Philadelphia	State PA	ZIP code 19102	215-49	6-8020	
\Box	Final return	/terminated		nce/state/county	Foreign postal of	code		
П	Amended	d return	,, ,				ss receipts \$	20,049,691
	A 1 1 -		F Name and address of principal officer			H(a) Is this a group		inates? Yes X No
ш	Application	on pending	John Grady 1500 Market Street- Suite 26	:00 West Philadelph				
		:			// \	H(b) Are all subo		
	Fax-exem	<u>`</u>	501(c)(3) X 501(c) (4) ◀ (ins	ert no) 4947(a)(1)	or 527	ii No, alla	chalist (see in	istructions)
<u>J</u>	Website	e: ▶ ww	v pidcphila com		L	H(c) Group exem	ption number	<u> </u>
K	orm of o	rganization	X Corporation Trust Association	Other ▶	L Year	of formation	977 MS	tate of legal domicile PA
F	art I	Sui	nmary		•			
	1		escribe the organization's mission or mos	t significant activities	s PIDC-	-LDC adminis	ters, as a s	ubrecipient of
92		-	of Philadelphia, various federally funded of	- '		assist in		
Activities & Governance			notion of economic development initiative			EIVED-		
V	2	Check tl	nis box 🕨 if the organization discont	nued its operations	or-disposed-	of more than-	5% of its n	et assets
Ĝ	3		of voting members of the governing body		ດ .		ിഗ്∥ാി	28
9	4	Number	of independent voting members of the go	verning body (Part		1 9 2018	RS-0- 4 5	28
ies	5	Total nu	mber of individuals employed in calendar	vear 2017 (Part V.)	me 2a) .	- 0 20.0	S 5	0
₹	6		mber of volunteers (estimate if necessary			W= 0 1 1 T		
Act	7a		related business revenue from Part VIII, o		OGD	EN, UT	7a	-74,250
	b		elated business taxable income from Form				7b	0
	<u> </u>					Prior Y	ear	Current Year
7 a 5	8	Contribu	itions and grants (Part VIII, line 1h)				0	0
길	9		service revenue (Part VIII, line 2g)			2	5,706,423	19,805,284
- Revenue	10	-	ent income (Part VIII, column (A), lines 3,	4. and 7d)	ŀ		69,114	244,407
~	11		venue (Part VIII, column (A), lines 5, 6d,	· ·) . [0	0
1	12		enue—add lines 8 through 11 (must equal P			2	5,775,537	20,049,691
	13		and similar amounts paid (Part IX, column				1,482,827	16,162,884
ì	14	Benefits	paid to or for members (Part IX, column	A), line 4)	Γ		0	0
S	15		other compensation, employee benefits (Pa		s 5–10) .		0	0
Expenses	16a		onal fundraising fees (Part IX, column (A)	• •			0	0
e e	Ь		ndraising expenses (Part IX, column (D), I		o[
) û	17	Other ex	penses (Part IX, column (A), lines 11a-1	1d, 11f–24e)			5,586,882	7,841,907
)	18	Total ex	penses Add lines 13-17 (must equal Par	t IX, column (A), line	25)	1	7,069,709	24,004,791
	19	Revenu	e less expenses Subtract line 18 from line	e 12			8,705,828	-3,955,100
50	3					Beginning of C	urrent Year	End of Year
sets	20	Total as	sets (Part X, line 16)		Ļ		8,665,935	225,666,569
Net Assets or	21		bilities (Part X, line 26)		ļ		2,168,570	153,124,304
ž	22	Net ass	ets or fund balances Subtract line 21 fron	n line 20		7	6,497,365	72,542,265
	art II		nature Block					
			y, I declare that) have examined this return, including ct, and complete Docaration of preparer (other than					е
and	beller, it	is tibe, cone	ct, and comprete Decraration of preparer (office than	onicer) is based on all lind	mation of which	preparer nas any	/// O/	10
Si	gn		Signature of officer	/	· · · ·	L		/ /
Here			7 ' /	•	Senic	or Vice Presid	7 /	
			Tiffany Canady		Senic	Vice Fresia	ent	
_		Pan	Type or print name and title VType preparer's name Pre	parer's signature		Date		PTIN
p-	iid	1 "		ssleeLamstrong			Check [
	iiu eparei	Rus	sslee Armstrong	were unstrong	<i>.</i>	11/8/1	8 self-empl	oyed P00288383
			o's name ► Grant Thornton			Firm's 8	IN ► 36-60	055558
Firm's name ► Grant Thornton Firm's name ► Grant Thornton Firm's name ► Grant Thornton Firm's name ► Grant Thornton					9103	Phone		556-3042
NA-	w tha II		s this return with the preparer shown abo			1		X Yes No
_	<u> </u>			•	3)			
Fo	r Paper	work Red	uction Act Notice, see the separate instru	ctions.			_	Form 990 (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 9	90 (2017) PIDC- Local Development Corporation	30-0598934	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
1	Briefly describe the organization's mission		
	DIDO I DO administra an a subranguant of the City of Philadelphia various federally		
	funded grant programs including Community Development Block Grants, Urban Action		••••
	Development Grants, and Economic Development Administration grants These programs assist	,	
	in the promotion of economic development initiatives of the City Philadelphia		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		Ш.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services?	Yes	X No
	If "Yes," describe these changes on Schedule O		٠٠٠ س
4	Describe the organization's program service accomplishments for each of its three largest program service	es as measured by	
4	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a		
	the total expenses, and revenue, if any, for each program service reported	anocations to others,	
	the total expenses, and revenue, if any, for each program service reported		
	/O-d- \/Figures 6 0.630.360 including greats of 6 1.451.426 \/Poyo		267 \
4a	(Code) (Expenses \$ 8,630,369 including grants of \$ 1,451,436) (Reverselow Market Rate Lending Provide subordinated debt with below market interest rates and		
	investment capital to projects that retain and grow employment in the City of Philadelphia During		
			-
			 -
	(Code) (Expenses \$ 15,376,255 including grants of \$ 14,711,448) (Reve	nuo \$ 12.647	017)
4b			
•	Philadelphia, Commonwealth of Pennsylvania, and/or federal agencies that serve to retain and grow		
	employment in the City of Philadelphia		
	•		
4c	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
70	/ (Code / (Cxperiode + material grante et + / (code		/
		•••••	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ► 24,006,624		

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

PIDC- Local Development Corporation Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х 2 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 Х 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, 5 Х 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 6 Х "Yes," complete Schedule D, Part I . . . Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. Х 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Χ Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 11e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a 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 Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV ... Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х 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 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Х

Х

Part IV Checklist of Required Schedules (continued) Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Х employees? If "Yes." complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? . . . 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 Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Х 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c Х Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Х 35a 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 35b entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017)	PIDC- Local Development Corporation	30	-0598934	Pa	ige 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. [
				Yes '	No
1a Enter th	ne number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	15		

				162	140
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	15		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	1b	<u></u> 0 *=;		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable		J. Ž	
	gaming (gambling) winnings to prize winners?	F 1	1c	1 X 1	19748×81
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		2b 號別	4 J. 377	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction Did the organization have unrelated business gross income of \$1,000 or more during the year?	ons)	3a	1 3 3 3 3 3 3 3	X
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu	ule O	3b	1	 ^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		155	╁	\vdash
70	over, a financial account in a foreign country (such as a bank account, securities account, or other	-			
	account)?		4a		Ιx
b	If "Yes," enter the name of the foreign country			1.87	317
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Accounts			
	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	? .	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	ــــــ	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	\vdash	X
Ь	.lf "Yes," did the organization include with every solicitation an express statement that such contribution	utions or	۱.,		1
_	gifts were not tax deductible?		6b	1 653843	EDEL
7	Organizations that may receive deductible contributions under section 170(c).	or goods			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor?	or goods	7a		E SEEL
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?.	•	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was ·	<u>'``</u>	1	
·	required to file Form 8282?		7c		ł
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			I GARA
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	t contract?	7e	_	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by the			
	sponsoring organization have excess business holdings at any time during the year?.		8 8e£.75U	Grand Street	RPIBFAR
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	+	\vdash
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter		9b	1 31.99	
10	• • • •	10a			
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	100			
	Gross income from members or shareholders	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	73.1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 1041? .	128	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13	3 / / / / /	a dame -
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which	Land I			
	the organization is licensed to issue qualified health plans	13b	一個		
C	Enter the amount of reserves on hand	13c	320b	出 総数線	· BEE
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report those neumonts? If "No." provide an explanation in School	lula O	148	! -	+^

Pa	art	VI	I

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

0 4	A. Comming Dady and Management	 			
Sect	ion A. Governing Body and Management			V	Na
	E (() (()	4 -	00 833.55	Yes	No *s.decad
та	Enter the number of voting members of the governing body at the end of the tax year		28		
	If there are material differences in voting rights among members of the governing body, or		ari	ME	
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
р	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u>	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with			ZŽŽ
	any other officer, director, trustee, or key employee? .		2		_X
3	Did the organization delegate control over management duties customarily performed by or under	the direct			ĺ
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		Χ_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	annoint			
	one or more members of the governing body?	с рропп	7a		х
L	Are any governance decisions of the organization reserved to (or subject to approval by) members	•	1,4		<u> </u>
b		,	7	· · l	1
_	stockholders, or persons other than the governing body?		7b	X WXXX	ree clad
8	Did the organization contemporaneously document the meetings held or written actions undertake	n auring			
	the year by the following				
a	The governing body?		8a	<u> </u>	
þ	Each committee with authority to act on behalf of the governing body?		8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	·	9		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>ınternai Revenu</u>	e Code		
			40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?		10a		 ^-
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filling the form?.	11a	Jenials	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		[?] 12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	4.0	v	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	1 1 1 1 1 1 1 1 1 1
15	Did the process for determining compensation of the following persons include a review and appro	val by			LA.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	122E	bea"	rits
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b	*****	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			34.E	·新新
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	jement	\$186.73	1 1 1 1	الكند
	with a taxable entity during the year?		16a	X	. 19-1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		132 G		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	<u> </u>	-11-	4
	the organization's exempt status with respect to such arrangements?		16b	Х	
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed PA	O.T (Section 501/s	1/3\c cal		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-1 (3800011301(0	النان فرد)ر،	1)	
	available for public inspection. Indicate how you made these available. Check all that apply	unlain in Cahadiila	O)		
40		opflict of interest	-	d	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	commercial interest	policy, ar	u	
20	financial statements available to the public during the tax year	and racerda			
20	State the name, address, and telephone number of the person who possesses the organization's in Tiffony Canady	215-496-81:			
	Tiffany Canady 1500 Market Street- Suite 2600 West, Philadelphia, PA 19102	Z10-490-61.			
	1300 Warket Otreet- Guite 2000 West, Filliadelphia, FA 13102				

Form 990 (2017)	PIDC- Local Development Corpora	tion								30-05989	34	Page 7
Part VII	Compensation of Officers, Dire		es, K	ey	Em	plo	yee	s, ŀ	lighest Comp	ensated		
	Employees, and Independent Contractors											
	Check if Schedule O contains a response or note to any line in this Part VII											
Section A.	Officers, Directors, Trustees, Key Er	mployees, and	Highe	est	Con	npe	nsate	d E	mployees			
1a Complete 1	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the											
organization's	•		•						, ,			
List all controls	of the organization's current officers, di	rectors, trustees	(whe	the	r inc	livid	luals (or o	rganizations), re	gardless of amor	unt	
	ion Enter -0- in columns (D), (E), and (F											
	of the organization's <mark>current</mark> key emplo											
List the	organization's five current highest com	pensated emplo	yees	(ot	her	thar	n an c	ffic	er, director, trust	ee, or key emplo	yee)	
	reportable compensation (Box 5 of Form and any related organizations	n vv-2 and/or Bo)X / 0	T FC	orm	109	9-10113	SC)	or more than \$11	UU,UUU trom the		
_	of the organization's former officers, ke	v amploveas ar	d bia	hoc	t co	mne	aneat	ad c	mployees who r	aceived more th	an	
	eportable compensation from the organi								imployees who i	eccived more un	211	
	of the organization's former directors o	-						ity a	as a former direc	tor or trustee of	the	
	more than \$10,000 of reportable compe											
List persons ii	n.the following order individual trustees	or directors, ins	titutio	nal	trus	tee	s, offi	cers	s, key employees	s, highest		
compensated	employees, and former such persons											
Check the	s box if neither the organization nor any	related organiz	atıon	con	npe	nsat	ted ar	ту с	urrent officer, dır	ector, or trustee		
					((C)	•					
		15)				ition			(5)	(E)	,,	٠,
	(A) Name and Title	(B) Average					than c is both		(D) Reportable	(E) Reportable	Estin	iated
		hours per week (list any		$\overline{}$			or/trust		compensation from	compensation from related	amou oth	
		hours for	입	Insti	Officer	ξ ey	dig.	Former	the	organizations	compe	nsation
		related organizations	rect	E	역	§	est c	횩	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organi	
		below dotted	ਵ	nal t		employee	l ag		[`			elated
		line)	Individual trustee or director	Institutional trustee		P	Highest compensated employee			'	Urgani.	Lations
				Ö			ated					
(1) M WA	LTER D'ALESSIO	0 30										
Chairman		1 02	Х		Х							
(2) ANDRE	A ALLON	0 30	ı	1								
Vice Chairma		1 02	_	_	X	_	ļ —	<u> </u>				
(3) TERRY	' BOOKER	0 30	ı									
Director	DADLE JANUAR DI AGIGARIA	1 03		╀	├	\vdash		<u> </u>	· · · · · ·			
	RABLE JANNIE BLACKWELL	0 30 0 42	ı									
Director (5) MICHA	ELA BROWN	0 42	† 		┢	\vdash		\vdash	<u> </u>			
Director	LLA BROWN	0 09						1			ļ	
	CARNAROLI	0.30	-	 	I^-	t						
Director		0 42				ŀ						
(7) CHRIS	TINA CAVALIERI	0 05										
Director		0 09	X	L_		<u> </u>						
(8) FRED	COSENZA	0 05							1			
Director		0 09		_	_	<u> </u>	<u> </u>	<u> </u>			<u> </u>	
	EL DIBERARDINIS	0 30	1		1						ľ	
Director	LIBOIA	0 42	1		┢	<u> </u>		┝				
(10) ROB D	UBOW	0 30	1				ļ					
Director HAROI	D EBBS	0 42 0 30		+	+	\vdash	+				 	
(11) HAROI Director	LU EFFO	0 30			1							
(12) ANNE	FADULLON	0 42	$\overline{}$	t	\vdash	\vdash	t	\vdash		1	<u> </u>	
Director		0 42	·I						1	1		
			+	+-	+	-	+	•	* · · · · · · · · · · · · · · · · · · ·	1	-	

(13) JAY GOLDSTEIN
Director

Director

(14) HONORABLE KENYATTA JOHNSON

Section B	. Independent	Contractors

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

_	(A) Name and business address	(B) Description of services	(C) Compensation
			0
			0
			0
			0
			0
2	Total number of independent contractors (including but not limited to those listed about more than \$100,000 of compensation from the organization	ove) who received	ن پريد

30-0598934

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections .512-514
ts ts	1a	Federated campaigns .	1:					
ran	b	Membership dues .	11	b (<u>l</u>			
S, G	С	Fundraising events	10					
Sifts lar/	d	Related organizations .	. <u>1</u>	d (
ns, (Government grants (contributions		e (
er S	f	All other contributions, gifts, gran	ts, and					
를 함		similar amounts not included abo	<u> </u>	f (
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in li	nes 1a-1f \$	6				
	h	Total. Add lines 1a-1f		<u> </u>	0			
ē				Business Code				
ven	2a	Below Market Rate Lending		900099	7,157,367	7,231,617	-74,250	
ž	b	Contract Management		900099	12,647,917	12,647,917		
Š	С			 	0			
Sei	d				0			
E E	е				0			
Program Service Revenue	1	All other program service revenu	е.		10,005,004		ale alian e aliante e antigen.	PR. 2000 0.850 1.841.892 1914 027
	9	Total. Add lines 2a–2f		<u> </u>	19,805,284			STOPERSONAL AND S
	3	Investment income (including div other similar amounts)	idenas, interes	st, and	244,407			244,407
	۱,	Income from investment of tax-ex	Kompt bond pr	occode -	244,407			244,407
	4 5	Royalties	kempt bond pro	oceeus -	0			
	"	Royalles	(ı) Real	(II) Personal		Banking PC		27CMCHEAD
	6a	Gross rents .	(,,					
	Ь	Less rental expenses			Testale it is			
	c	Rental income or (loss) .		0 (
	اً	Net rental income or (loss)		<u> </u>	1 0	SECTION AND LANGUAGE AND		Jacobsen Office de Contra Carestonius
	7a	Gross amount from sales of	(i) Secunties	(ii) Other	THE STICKE			SWANNIE PROGRAMIE
	-	assets other than inventory		0 (
	b	Less cost or other basis						
		and sales expenses		0				
	С	Gain or (loss)		0 (
	d	Net gain or (loss)			0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18		a .				
ŧ	b	Less direct expenses	k	o	O STATE SALES			
O	С	Net income or (loss) from fundra	sing events		0	PRACTERA		
	9a	Gross income from gaming activ	ties					
		See Part IV, line 19		·			的工作来或此识	
	b	Less direct expenses				ESTEVEN PRO		
	C	Net income or (loss) from gaming	g activities		Commence is a self-com-	States Charles of Market Herricans - In	Cinthe the samuel of security	A PA PRO SER OFFICE MANAGEMENTS
	10a	•		-				
		returns and allowances						
	b	Less cost of goods sold		b			全套的 经股份的	TIPMENO CONTROL
	С	Net income or (loss) from sales of	of inventory		U mariamenta en anti-en		dalmaksen, roshki "A	ST CROSCATO FIRST CAUSES
	4.	Miscellaneous Revenue		Business Code			BEAT DELEMENT	ARPHREA
	11a						-	
	b					+	-	1
	C	All other revenue				 	 	
	d	All other revenue Total. Add lines 11a-11d				nero de la la	I GOGGERHOUSE MAR	
	'e	Total revenue See instructions		>	20 049 691		-74 250	244 407

Form 9	90 (2017) PIDC- Local Development Corporation			30-059	98934 Page 10
Par	Statement of Functional Expenses				
	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganızatıons must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	16,162,884	16,162,884		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign	•			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16 .	0		F53134398555	
4	Benefits paid to or for members .	0			
5	Compensation of current officers, directors,				
	trustees, and key employees .	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	850,000	850,000		
ь	Legal	0			
С	Accounting	0			
d	Lobbying	0	nikadioilleillianik PA 1948-1919	nessa	
е	Professional fundraising services. See Part IV, line 17		TARBURE TARRE		
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0		0	
12	Advertising and promotion .	0			
13	Office expenses .	0			
14	Information technology .	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	, 0			
20	Interest	2,328,909	2,328,909		İ
21	Payments to affiliates .	0			
22	Depreciation, depletion, and amortization	35,396	35,396	0	0
23	Insurance	0	1 "		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Direct contract expense	740,825	740,825		
b	Provision (recovery) for loan losses	3,851,280	3,851,280		
c	Impairment on investments	29.595	29,595	1	1

d

25

e All other expenses

All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

7,735

24,006,624

5,902

24,004,791

-1,833

-1,833

Part X Balance Sheet

	ı	Check if Schedule O contains a response or note to any line in this Part X	+		
,		•	(A)		(B) · ·
			Beginning of year		End of year
	1	Cash—non-interest-bearing .	26,326,963	1	31,139,385
	2	Savings and temporary cash investments .	52,610,622	2	52,138,375
	3	Pledges and grants receivable, net	0	3.	がパジ 0
	4	Accounts receivable, net	3,597,591	4	်1,777,374
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	0	5	The same of the second state of the second s
•	6	Loans and other receivables from other disqualified persons (as defined under section			
•		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	٠, ٠	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets		organizations (see instructions) Complete Part II of Schedule L	' 0	6	
, SS	7	Notes and loans receivable, net	137,198,355	7	119,567,037
•	8	Inventories for sale or use	. 0	8	
	9	Prepaid expenses and deferred charges	, O	49	TO STREET HERE OF THE STREET STREET, BOX 150
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 0			
		Less accumulated depreciation . 10b 0	. 0	10c	. 0
	11	Investments—publicly traded securities	- 0	11	0
	12	Investments—other securities See Part IV, line 11		12 13	1 404 701
	13	Investments—program-related. See Part IV, line 11 Intangible assets	1,221,090	14	1,404,701
	1 1	Other assets See Part IV, line 11	17,711,314		.19,639,697
	15 %	Total assets. Add lines 1 through 15 (must equal line 34)	238,665,935	16	-225,666,569
	17 1	Accounts payable and accrued expenses	791,478	_	792,696
	18	Grants payable and accided expenses	. 0	18	7 32,030
	19	Deferred revenue	15,665,261	·19	14,949,424
	20	Tax-exempt bond liabilities	0	20	,
		Escrow or custodial account liability Complete Part IV of Schedule D	4 0	21	
S)	22	Loans and other payables to current and former officers, directors,		777.24	
ij	ì	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	80,686,768	23	4 77,971,000
	24	Unsecured notes and loans payable to unrelated third parties	. 0	24	0
	25	Other liabilities (including federal income tax, payables to related third			1
		parties, and other liabilities not included on lines 17-24) Complete			1
,		Part X of Schedule D .	65,025,063	25	59,411,184
	26	Total liabilities. Add lines 17 through 25	162,168,570	26	153,124,304
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
ces		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	76,497,365	27	72,542,265
Ва	28	Temporarily restricted net assets	.0	28	
or Fund Balances	29	Permanently restricted net assets	O	29	todoccidele ¹⁰ . hip?. hiprois . *2584/12 This *10********* is 1.0 in a w
Ŀ		Organizations that do not follow SFAS 117 (ASC958), check here			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	٠ ٠ ٥	31	
≥t A	32	Retained earnings, endowment, accumulated income, or other funds	0		
ž	33	Total net assets or fund balances	76,497,365		72,542,265
	34	Total liabilities and net assets/fund balances	238,665,935	34	225,666,569

Form 9	990 (2017) PIDC- Local Development Corporation	3	30-0598934	Pag	_{je} 12
Part	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	20	0,049	,691
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	4,004	,791
3	Revenue less expenses Subtract line 2 from line 1	3	-:	3,955	,100
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7.0	6,497	,365
5	Net unrealized gains (losses) on investments	5		<i>^</i>	
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7:	2,542	2,265
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Diff.		13
	reviewed on a separate basis, consolidated basis, or both			18.3	
	Separate basis Consolidated basis Both consolidated and separate basis			110	
h	Were the organization's financial statements audited by an independent accountant?		2b	X بىرىتىرىن	ALE SE
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	•	NEW Y	- Imp	7. 5 + 31/1 kg
•	separate basis, consolidated basis, or both			* - [
	Separate basis X Consolidated basis Both consolidated and separate basis				
C,	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ľ			38-1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	95854M939
	If the organization changed either its oversight process or selection process during the tax year, explain in			4 1 1 1 2	
	Schedule O		AF CAR	ALL PRINCIPLE	SVERTE L
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?	•	3a	Х	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	<u> </u>

Form 990 (2017

a del

SCHEDULE D (Form 990)

Department of the Treasure

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

20**17**

Open to Public Inspection

Employer identification number Name of the organization PIDC- Local Development Corporation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (dunng year) . . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes purpose conferring impermissible private benefit? . . . Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements b 2c ²Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedu	ule D (Form 990) 2017 PIDC- Local De	<u>vel</u> opmen	t Corporation	n				30-059	3934	F	age 2
Part	Organizations Maintaining	g Collec	tions of A	rt, Histor	rical Tre	asures, or (Other	Similar Asset	s (contii	าued)	
3	Using the organization's acquisition	, accession	on, and other	records, o	check any	of the follows	ng tha	t are a significant	use of its	<u> </u>	
	collection items (check all that appl										
а	Public exhibition			d 🗌	Loan	or exchange p	rograi	ms			
b	Scholarly research			е 🗀	Other						
_	= '			٠	00.				- -		
С	Preservation for future gene								_		
4	Provide a description of the organization	ation's co	llections and	l explain h	ow they fu	urther the orga	inizatio	on's exempt purp	ose in Pa	irt	
	XIII										
5	During the year, did the organization								г		1
	assets to be sold to raise funds rat	ner than to	be maintair	ed as part	of the org	ganization's co	ollectio	on?	Ye	es	No
Part											
	Complete if the organization	n answe	red "Yes" o	n Form 9	990, Part	t IV, line 9, o	r repo	orted an amoun	t on For	m	
	990, Part X, line 21.										
1a	Is the organization an agent, truste	e, custodi	an or other ir	ntermediar	y for conti	ributions or ot	her as	sets not			
	included on Form 990, Part X?								Ye	s 🔲	No
ь	If "Yes," explain the arrangement in	Part XIII	and complet	e the follow	wing table	;					
									Amount		
С	Beginning balance						1	с]			0
d	Additions during the year						1	d			
е	Distributions during the year						1	e			
f	Ending balance .						1	f			0
2a	Did the organization include an am	ount on F	orm 990, Pai	rt X, line 2	1, for escr	ow or custodi	al acco	ount liability?	☐ Ye	s X	No
b	If "Yes," explain the arrangement in								_	\sqcap	
		i i dit XIII.	Official field	ii die expi	anadom	as been provi			<u> </u>		
Part					000 Dad	N/ lma 10					
	Complete if the organization			ĭ			haak	(d) Three years back	(0) 50		hoek
4	Danish of complete	(a)	Current year	+	or year O	(c) Two years	Dack O	(u) Three years back	(e) FC	ur years	Dack
1a	Beginning of year balance Contributions			1			- 0		1		
b				İ					+		
С	Net investment earnings, gains, and losses										
d	Grants or scholarships .	-		1		ł			+		-
e	Other expenditures for facilities			1					1		
-	and programs .										
f	Administrative expenses										
g	End of year balance		0		0		0		0		0
2	Provide the estimated percentage	of the curr			line 1a. co	olumn (a)) hel			<u>-, </u>		
a	Board designated or quasi-endowr		>	%	J, -	(- <i>/</i> ,					
b	Permanent endowment		%								
С	Temporarily restricted endowment	>	%	1							
	The percentages on lines 2a, 2b, a	nd 2c sho		-							
3a	Are there endowment funds not in				n that are	e held and adr	nınıste	red for the			
	organization by			Ū						Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ıi)		
b	If "Yes" on line 3a(ii), are the relate	d organiza	ations listed	as require	d on Sche	edule R?			3b		
4	Describe in Part XIII the intended i	_									
Part											
	Complete if the organization			on Form !	990, Parl	t I <u>V, li</u> ne 11a	See	Form 99 <u>0,</u> Par	t X, line	10	
	Description of property		(a) Cost or o		1	ost or other) Accumulated		ook valu	е
	. , . ,		(investr			us (other)		depreciation			
1a	Land			0		0					0
b	Buildings			0		0		0			0
С	Leasehold improvements			0		0		0			0
d	Equipment			0		0		0			0
е	Other			0		0		0			* 0
Total	I. Add lines 1a through 1e (Column	(d) must e	qual Form 9	90, Part X,	column (B), line 10c)		>			0

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

m 990) 2017 PIDC- Local Development C	orporation		30-0598934	Page 3
Investments—Other Securities.				
Complete if the organization answer	ered "Yes" on Form 990), Part IV, line 11b. See Form	n 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation	• • •
derivatives	0	-		
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	1 0	。	PRICE PARENCALLA	MALE COLUMN
Complete if the organization answer	ered "Yes" on Form 990	0, Part IV, line 11c. See Forn	1 990, Part X,	line 13.
(a) Description of investment	(b) Book value			
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		THE THE PERSONNEL WITH SEVEN THE THE TANK HE HAVE THE PROPERTY OF THE PERSONNEL WITH THE PERSONNEL WAS THE PERSONNEL WITH THE PERSONNEL WAS THE PERSONNEL WA	FIGURY ERMENS	MUZARP DO
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	ored "Vee" on Form 00	0 Dart IV line 11d See Form	m 000 Part Y	line 15
		o, Partiv, line Tid. See For		
	escription		 	9,074,274
				390.210
				175.213
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THE STREET STREET				
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				-
nn (b) must equal Form 990, Part X, col (B) lii	ne 15)	<u> </u>	1	9,639,69
Other Liabilities.				
	ered "Yes" on Form 99	0, Part IV, line 11e or 11f. Se	e Form 990, I	Part X,
	(b) Book value	ENGLES CONTRACTOR		
	``			
		■於近代、計算に必要は、260人の管理機能は10人が一下、100 回答が、1-4 2位的時間		
				ARAS
	1			
			#REDHOX	
	Investments—Other Securities. Complete if the organization answer (a) Description of security or category (including name of security) derivatives eld equity interests (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. Complete if the organization answer (a) Description of investment (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a) Difference or the organization answer (b) must equal Form 990, Part X, col. (B) line 13.) or related parties or interest receivable or interest receivable organization answer (b) must equal Form 990, Part X, col. (B) line 13. Other Liabilities.	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security) derivatives eld equity interests (b) must equal Form 990, Part X, col (B) line 12) (c) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the organization answered "Yes" on Form 991 (a) Description of investment (b) Book value (c) must equal Form 990, Part X, col (B) line 13) (d) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered "Yes" on Form 991 (a) Description m related parties d interest receivable ing fees, net m affiliate entities on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form 991 line 25 (a) Description of liability (b) Book value Lincome taxes Other agencies 56,038,032 affiliate entities 3,372,463	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form (a) Description of security of security of security of security of security (b) Book value (c) Method of va	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X (b) Book value (c) Method of valuation (Cost or end-d-year market value) derivatives (c) Method of valuation (Cost or end-d-year market value) derivatives (d) Cost or end-d-year market value)

59,411,184

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

remain open

	ile D (Form 990) 2017 PIDC- Local Development Corporation		30-039693	4 Page 4
Part	•			•
1	Complete if the organization answered "Yes" on Form 990, Pa Total revenue, gains, and other support per audited financial statements	π iv, line i	<u> </u>	20,049,691
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•		20,049,091
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d .	2e	0	
3	Subtract line 2e from line 1		3	20,049,691
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	20,049,691
Par				
	Complete if the organization answered "Yes" on Form 990, Pa	irt IV, line 1	2a.	24.004.704
1	Total expenses and losses per audited financial statements		1	24,004,791
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا ء۔ ا		
a	Donated services and use of facilities .	2a		
b	Prior year adjustments	20 2c		
C	Other losses Other (Describe in Part XIII)	2d		
d	Add lines 2a through 2d	Zu	2e	0
е 3	Subtract line 2e from line 1		3	24,004,791
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		21,001,101
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
	·		4c	0
с 5	Add lines 4a and 4b) .	4c 5	0 24,004,791
c 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .	 	24,004,791
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines	5 1b and 2b, Part V, line 4,	
5 Par Provi 2, Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to present the second se	Part IV, lines	5 1b and 2b, Part V, line 4,	
5 Par Provi 2, Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines	5 1b and 2b, Part V, line 4,	
5 Par Provi 2, Pa Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to present the second se	Part IV, lines	5 1b and 2b, Part V, line 4,	
Parr Provi 2, Par Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 EXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to precedent and 2 Philadelphia Industrial Development (PIDC) and its affiliates, which	Part IV, lines	5 1b and 2b, Part V, line 4,	
Parr Provi 2, Part Include	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pix Line 2 Philadelphia Industrial Development (PIDC) and its affiliates, which des PIDC LDC, present combined financial statements. The combined financial ments include the assessment for Accounting for Uncertainty in Income Taxes, years.	Part IV, lines rovide any ad	5 1b and 2b, Part V, line 4, dditional information	Part X, line
Parr Provi 2, Part Include	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide a Philadelphia Industrial Development (PIDC) and its affiliates, which the PIDC LDC, present combined financial statements. The combined financial	Part IV, lines rovide any ad	5 1b and 2b, Part V, line 4,	Part X, line
Part 2, Part 2, Part 2 include state	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pix Line 2 Philadelphia Industrial Development (PIDC) and its affiliates, which des PIDC LDC, present combined financial statements. The combined financial ments include the assessment for Accounting for Uncertainty in Income Taxes, years.	Part IV, lines rovide any ac	5 1b and 2b, Part V, line 4, dditional information	Part X, line
Part 2 Part 2 Part 2 Include state regui	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to precede the property of the PIDC LDC, present combined financial statements. The combined financial ments include the assessment for Accounting for Uncertainty in Income Taxes, we reside that a tax position be recognized or derecognized based on a "more likely the statements."	Part IV, lines rovide any ac which an	5 1b and 2b, Part V, line 4, dditional information	Part X, line
Parr Proving 2, Part 2 include state regulinot" trecogni	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to precede the part to precede the part to precede the property of the PIDC LDC, present combined financial statements. The combined financial ments include the assessment for Accounting for Uncertainty in Income Taxes, we reset that a tax position be recognized or derecognized based on a "more likely the hreshold."	Part IV, lines rovide any ac	5 1b and 2b, Part V, line 4, dditional information	Part X, line
Part Provide State reguing not recognithan	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to precede the experimental Industrial Development (PIDC) and its affiliates, which are PIDC LDC, present combined financial statements. The combined financial ments include the assessment for Accounting for Uncertainty in Income Taxes, were sthat a tax position be recognized or derecognized based on a "more likely the hreshold. For tax positions meeting the more likely than not threshold, the amount income Income	Part IV, lines rovide any ac	5 1b and 2b, Part V, line 4, Idditional information	Part X, line
Parr Proving 2, Parr Parr Parr Parr Parr Parr Parr Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide the 2 Philadelphia Industrial Development (PIDC) and its affiliates, which des PIDC LDC, present combined financial statements. The combined financial ments include the assessment for Accounting for Uncertainty in Income Taxes, which have that a tax position be recognized or derecognized based on a "more likely the hreshold. For tax positions meeting the more likely than not threshold, the amount include in the combined financial statements is the largest benefit that has a great for percent likelihood of being realized upon the ultimate settlement with the lant taxing authority. Management does not believe that there are any uncertainty.	Part IV, lines rovide any ac	5 1b and 2b, Part V, line 4, Idditional information	Part X, line
Part Proving 2, Part Part Provincient Part Part Provincient Part Provincient P	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide the 2 Philadelphia Industrial Development (PIDC) and its affiliates, which lines PIDC LDC, present combined financial statements. The combined financial ments include the assessment for Accounting for Uncertainty in Income Taxes, we reserve that a tax position be recognized or derecognized based on a "more likely the hreshold. For tax positions meeting the more likely than not threshold, the amount in the combined financial statements is the largest benefit that has a great 50 percent likelihood of being realized upon the ultimate settlement with the land taxing authority. Management does not believe that there are any uncertaint sons for PIDC LDC, as such, no provision is recorded in the combined statement.	Part IV, lines rovide any ac	5 1b and 2b, Part V, line 4, iditional information	Part X, line
Part Proving 2, Part Part Provincient Part Part Provincient Part Provincient P	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide the 2 Philadelphia Industrial Development (PIDC) and its affiliates, which des PIDC LDC, present combined financial statements. The combined financial ments include the assessment for Accounting for Uncertainty in Income Taxes, which have that a tax position be recognized or derecognized based on a "more likely the hreshold. For tax positions meeting the more likely than not threshold, the amount include in the combined financial statements is the largest benefit that has a great for percent likelihood of being realized upon the ultimate settlement with the lant taxing authority. Management does not believe that there are any uncertainty.	Part IV, lines rovide any ac	5 1b and 2b, Part V, line 4, Idditional information	Part X, line
Parr Proving 2, Parr Parr Parr Parr Parr Parr Parr Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide the 2 Philadelphia Industrial Development (PIDC) and its affiliates, which lines PIDC LDC, present combined financial statements. The combined financial ments include the assessment for Accounting for Uncertainty in Income Taxes, we reserve that a tax position be recognized or derecognized based on a "more likely the hreshold. For tax positions meeting the more likely than not threshold, the amount in the combined financial statements is the largest benefit that has a great 50 percent likelihood of being realized upon the ultimate settlement with the land taxing authority. Management does not believe that there are any uncertaint sons for PIDC LDC, as such, no provision is recorded in the combined statement.	Part IV, lines rovide any ac	5 1b and 2b, Part V, line 4, iditional information	Part X, line

Schedule D (Form	990) 2017	PIDC- Loca	I Developme	nt Corporatio <u>r</u>	า			30-059	8934	Page 5
Part XIII	Supplem	ental Infor	mation (co	ntınued)						
		·				· · · · · · · · · · · · · · · · · · ·				
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SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

Open to Public Inspection
Employer identification number

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization

Go to www irs gov/Form990 for the latest information

Employer identification number

PIDC- L	<u> ocal Development Corporat</u>	lion] 30	1-0598934
Part I	General Information	on on Grants	and Assistance			·		
	oes the organization maintance selection criteria used to			unt of the grants or assi	stance, the grantees	eligibility for the grants	or assistance, and	X Yes No
	escribe in Part IV the organ			the use of grant funds i	n the United States			
Part II				nizations and Dome I more than \$5,000				d "Yes" on Form
1 (a) Na	ame and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	02 ISS Management, LLC	46-3775105		11,743,858		Book		Economic Development
(2) MT /	AIRY, USA ermantown Avenue , Suite 200		501c3	150,000		Book		Economic Development
				i				Economic

or government	(5) 2	if applicable	grant	cash assistance	(book, FMV, appraisal other)	noncash assistance	or assistance
(1) ISS002 ISS Management, LLC 25 W Skippack Pike, Suite 101 Amblet	46-3775105		11,743,858		Book		Economic Development
(2) MT AIRY, USA 6703 Germantown Avenue , Suite 200		501c3	150,000		Book		Economic Development
(3) YARDS BREWERY 901 N Delaware Avenue Philadelphia			50,000		Book		Economic Development
(4) ALLEGHENY WEST FOUNDATIO 2230 W Allegheny Avenue Philadelph		501C3	42,457		Book	-	Economic Development
(5) FRANKFORD COMMUNITY DEVE 4667 Paul Street Philadelphia, PA 191		501C3	30,041		Book		Economic Development
(6) PASSYUNK AVE REVITALIZATIO			25,000		Book		Economic Development
(7) SA 990 SPRING GARDEN LP 990 Spring Garden Street Philadelphia		-	22,134		Book		Economic Development
(8) TACONY COMMUNITY DEV COR 7108-7112 Torresdale Avenue Philade	1 1	501C3	18,692	-	Book		Economic Development
(9) ESPERANZA 4261 N 5th Street Philadelphia, PA 19	23-2552707	501C3	18,600		Book		Economic Development
(10) 2511 W Gırard, LLC 2511 W Gırard Avenue Philadelphia, F	47-5154650		15,000		Book		Economic Development
(11) 4TH Street Gorup, LLC 401 South Street Philadelphia, PA 191	81-0777672		15,000		Book		Economic Development
(12) James Gallo 1510-12 E. Passyunk Avenue Philadel	XXX-XX-7864		15,000		Book		Economic Development

510-12 E Passyunk Avenue Philade XXX-XX-7864 | 15,000 |
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

\$ 6
\$ 37

Schedule I (Form 990) (2017)

3 Enter total number of other organizations listed in the line 1 table
For Paperwork Reduction Act Notice, see the Instructions for Form 990.

30-0598934

Schedule I (Form 990) (2017) Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (e) Method of valuation (book, FMV appraisal, other) (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (f) Description of noncash assistance (d) Amount of noncash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Part I Line 1 Some applicants have given their social security number for grant information. For confidentiality purposes, the social secunty numbers have not been fully disclosed on the Form 990, but are available upon request Part I Line 2 PIDC LDC has controls in place to ensure grant proceeds will be used and distributed in accordance with the terms of the grant agreement. Management reviews the documentation provided by the grantees to ensure the request meet the criteria of the grant. agreement If (and when) needed, management obtains approval from the funding agency

Schedule I (Form 990) (2017)

SGHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

PIDO	C- Local Development Corporation		30-0598934		
Pai				•	
			-	Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part III to				
	First-class or charter travel	Housing allowance or residence for	personal use		
	Travel for companions	Payments for business use of perso	nal residence		
	Tax indemnification and gross-up payments	Health or social club dues or initiation	on fees		
	Discretionary spending account	Personal services (such as, maid, c	hauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the or reimbursement or provision of all of the expenses		to		
	explain		1b		ZKM60
2	Did the organization require substantiation prior to r directors, trustees, and officers, including the CEO/ 1a?		all all		
			**************************************		1143
3	Indicate which, if any, of the following the filing orga				5.445
	organization's CEO/Executive Director Check all the				
	related organization to establish compensation of th	_	T III		
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensa	tion committee		
4	During the year, did any person listed on Form 990, organization or a related organization		he filing		
a	Receive a severance payment or change-of-control		4a		X
b	Participate in, or receive payment from, a suppleme Participate in, or receive payment from, an equity-b		4b 4c	\rightarrow	X
С	If "Yes" to any of lines 4a–c, list the persons and pr				Ŵ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29)	organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A	, line 1a, did the organization pay or accrue a	any any		
	compensation contingent on the revenues of				
a	The organization?		5a 5b	_	<u>X</u>
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	O KINE	
	The second of th		4.0		
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue a	any		
а	The organization?	•	6a	_	X
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
7	For persons listed on Form 990, Part VII, Section A payments not described on lines 5 and 6? If "Yes,"		nfixed 7	Land I american de la constantina della constant	X
8	Were any amounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract that v	vas		
	subject to the initial contract exception described in				
	ın Part III		. 8	100 1 1 m L200	X
_			***************************************	\$ 174 2	
9	If "Yes" on line 8, did the organization also follow th	e rebuttable presumption procedure describe	ed in	1	Ι.

Regulations section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Detirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on pnor Form 990
JOHN GRADY	(0)						0	
1 President	(0)	275,077	100,000	25,172	34,362	51,419	486,030	
SAMUEL RHOADS	(1)						0	
2 Executive Vice President	(ri)	200,000	30,000	24,225	22,708	49,480	326,413	
ANNE NEVINS	(1)						0	
3 Senior Vice President	(tł)	185,000	24,500	22,079	18,878	38,068	288,525	
THOMAS DALFO	(i)						0	
4 Senior Vice President	(0)	160,000	7,500	10,310	15,075	50,738	243,623	
WANDA SPEIGHT	(1)						0	
5 Senior Vice President	(ii)	180,000	15,000	25,413	17,639	17,253	255,305	
PREMA GUPTA	(1)						0	
6 Senior Vice President	(ii)	160,577	7,500	18,398	15,127	45,776	247,378	
ANTHONY SIMONETTA	(1)						0	
7 Senior Vice President	(ii)	195,000	30,000	24,360	20,250	17,253	286,863	
ILENE BURAK	(i)						0	
8 Senior Vice President	(ti)	175,000	8,500	31,409	16,515	50,738	282,162	
JOSEPH MEE	(i)						0	
9 Assistant Secretary	(il)	147,965	6,900	10,231	13,310	17,253	195,659	
THOMAS AK QUEENAN	(1)						0	
10 Senior Vice President	(ii)	172,500	0	4,791	10,725	40,063	228,079	
TIFFANY CANADY	(0)						0	
11 Senior Vice President	(ii)	145,000	6,500	10,677	11,073	39,233	212,483	
MARQUIS UPSHUR	(0)						0	
12 Assistant Secretary	(11)	102,577	0	7,783	9,232	36,171	155,763	
	(i)							
_13	(11)							
	(i)							
	(11)							ļ <u> </u>
	(i)	,						
15	(11)							
	(0)						 	
16	(ii)			_		L		L

	Schedule J (Form 990) 2017 PIDC- Local Development Corporation	30-0598934	Page 3
	Part III Supplemental Information		
	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part I	Also complete t	his part
	for any additional information		
	Part I Line 3 PIDC LDC does not have any paid employees, all compensation to officers reported on Part VII of the Form 990 was		•••
	paid by a related organization, Philadelphia Industrial Development Corporation (PIDC). The related organization undertakes a		
	thorough process to ensure that the executive compensation it pays to its top management officials is reasonable given the market		
	in which it operates. The related organization checks the following boxes on its Form 990. Question 3- Compensation Committee,		
	Approval by the Board or Compensation Committee		
	Part II Line C Defined benefit plan PIDC offers a defined benefit plan (the "Plan") to its employees Participants become		
3.	eligible to receive retirement benefits the first month on or the next following attainment of age 60 and completion of 5 years of	·	·
	vesting service from the date they become eligible participants of the Plan Effective December 31, 2014, the Plan's existing	,	
Ŷ	participants' accrued benefits were frozen, and no new participants were allowed into the Plan. As a result of the Plan's freeze,	,	
•	the benefit is based upon a participant's service and compensation as of December 31, 2014, and expressed in the form of a fixed	,	
•	monthly benefit for his/her life commencing at normal retirement		
,	Part II Line C (continued) The Form 990 requires management to report as deferred compensation the annual increase or decrease in		
٠, ٠	actuanal value, if any, of a defined benefit plan. As the change in the present value of the defined benefit plan's liability		
•	does not correspond to the actual benefit due to the Plan participants and the Plan was frozen effective December 31, 2014,		
	management did not report a value within Part II (C). The values that are disclosed in Part II (C) include employer 401K.		
	contributions		
		•••••	
			-

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

PIDC	- Local Development C	Corporation						30-05	98934	1				
Part	Excess Benefic Complete if the	t Transactions organization ar	(section 501(c)(3), s on Fo	ection 50 rm 990, P	1(c)(4), and Part IV, line	l 501(25a o	c)(29) organization r 25b, or Form 99	ons on 90-EZ,	ily) , Part	V, line	e 40b.		
1	(a) Name of disqualifie	od nomen	(b) Relationship be			person and		(c) Description	of tran	cadion			(d) Сол	rected?
	(a) Name of disqualifie	ea person		organız	ation			(c) Description	i oi tran	sacion			Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount of under section 4958	tax incurred by	the organizatio	n mar	nagers or	disqualified	l pers	ons during the ye	ear	1	▶ \$			
3	Enter the amount of	tax, if any, on lii	ne 2, above, re	ımbur	sed by the	e organizati	ion			1	> \$			
Part		organization ar	nswered "Yes"				ne 38	a or Form 990, P	art IV,	, line 2	26, or	ıf the		
(a) 1	Name of interested person	(b) Relationship with organization	(c) Purpose of loan	` fr	oan to or om the inization?	(e) Ongir principal an		(f) Balance due	(g) In d	lefault?	by bo	proved ard or nittee?		ntten ment?
				То	From	l İ			Yes	No	Yes	No	Yes	No
(1)	•													
(2)														
(3)														
(4)														
(5)														
(6)														
(7)									I					
(8)														
(9)														
(10)														
Total			•				▶ \$	0	<u> </u>					
Part	Grants or Assi Complete if the	istance Benefit organization ai	ti <mark>ng Interested</mark> nswered "Yes"	Pers	ons. rm 990, F	Part IV, line	27							
(a	a) Name of interested person		ship between intere		(c) Amount	of assistance		(d) Type of assistance	e	(6	e) Purpo	ose of a	ssistani	ce
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
<u> </u>										I				

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

Schedule L (Form 990 or 990-EZ) 2017

HTA

(10)

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi rever	zatioi
				Yes	No
				_	ļ
					-
7					╁
···					t
		-			
					L.
					<u> </u>
Supplemental Information	on for responses to questions on	Schedule I. (see inst	tructions)		
Trovide additional information	sir for respondes to questions on				
	· · · · · · · · · · · · · · · · · · ·				
	-				
				· -	
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	•				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

PIDC- Local Development Corporation 30-0598934

Form 990, Part VI, Section A, Line 3 Philadelphia Industrial Development Corporation (PIDC)
provides the staff and facilities for PIDC- LDC to perform its work PIDC- LDC, itself, has no
employees
Form 990, Part VI, Section A, Line 6 MEMBERS/STOCKHOLDERS The members of PIDC-LDC are the
persons who are the Directors of the Corporation. The business and affairs of the Corporation.
are managed by the Directors The organization has three classes of directors 1) 7 City
Directors consisting of seven officers of the City of Philadelphia, the Mayor of the City of
Philadelphia, the Director of Commerce, the President of the City Council, the Chairman of the
Planning Commission, the City Solicitor, the Managing Director, and the Director of Finance
2) 8 Chamber of Commerce for Greater Philadelphia Directors nominated by the President of the
Greater Philadelphia Chamber of Commerce 3) 15 public directors as nominated jointly by the
President of the Greater Philadelphia Chamber of Commerce for Greater Philadelphia and the
Director of Commerce of the City of Philadelphia
Form 990, Part VI, Section A, Line 7B DECISIONS SUBJECT TO APPROVAL The Board of Directors
(comprised of the 30 members as defined above) is authorized to approve by appropriate
resolution the purchase, sale, lease, mortgage pledge, or other disposal of real estate and
the borrowing of money for that purpose. The decisions of the Board regarding certain loan.
programs are subject to approval by external parties. In addition, between the times of the
Board of Directors meetings, the Executive Committee has the right to exercise the authority
of the Board of Directors The Executive Committee consists of 15 Directors including the
seven (7) City Directors and eight (8) Chamber of Commerce for Greater Philadelphia Directors
The Chairman of the Board of Directors is also the Chairman of the Executive Committee
Form 990, Part VI, Section A, Line 11B FORM 990 REVIEW PROCESS PIDC's Senior Vice President
of Financial Reporting assembles the Form 990, which is aslo reviewed by PIDC's tax advisors
The Form 990 is required to be reviewed by the Audit Committee of the Board prior to filing

Schedule D (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
PIDC- Local Development Corporation	30-0598934
Form 990, Part VI, Section C, Line 19 HOW DOCUMENTS ARE MADE AVAILABLE	TO THE PUBLIC PIDC-
LDC financial statements and governing documents (including the conflict of interest	policy)
are not ordinarily made available to the public	
	
	······

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

PIDC- Local Development Corporation

Employer identification number 30-0598934

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Direct controlling entity End-of-year assets Name address and EIN (if applicable) of disregarded entity Total income Primary activity Legal domicale (state or foreign country) (1) PIDC LDC SB LLC 27-3124182 Econ Development 1500 Market Street Philadelphia, PA 19102 0 PIDC-LDC Econ Development (2) PIDC LDC SB GP LLC 27-4386207 0 PIDC-LDC 1500 Market Street Philadelphia, PA 19012 PA

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year (a)
Name address, and EIN of related organization (c) Legal domicile (state or foreign country) (d) Exempt Code section (f) Direct controlling entity (g) tion 512(b)(13) controlled entity? Public chanty status (if section 501(c)(3)) Primary activity Yes No (1) Philadelphia Industrial Development Corporation 23-6050858 Econ Development 501c4 N/A 1500 Market Street Philadelphia, PA 19102 Econ Development (2) PIDC- Penn Venture Fund 27-1585341 N/A Х 1500 Market Street Philadelphia, PA 19102 PA 501c4 (3) PIDC- Development Management Corporation 23-2176818 Econ Development PA 501c4 N/A Х 1500 Market Street Philadelphia, PA 19102 (4) PIDC- Financing Corporation 36-4665239 Econ Development х 501c4 N/A 1500 Market Street Philadelphia, PA 19102 Econ Development (5) Food Distribution Center 23-1475639 115 N/A X 1500 Market Street Philadelphia, PA 19102 PA (7).....

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

30-0598934 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34

(a) Name address, and EIN of related organization ,	ne or more related orga (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	Ospropo alloca	ortionste tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) STARTUPPHL SEED FUN 4040 Locust Street Philadlephia,	1	DE	N/A	Related	-362,081	1,376,868		х	-74,250		х	81 03%
(2) DREAMIT FUND II 38-3878 815-A Brazos Street Austin, TX 7		TX	N/A	Related	93,063	469,556		x			×	3 28%
(3)												
(4)									-			
(5)				-								
(6)						-						
<u>(7)</u>		-				_						

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr ent	rolled
(4)	_							Yes	Ņo
(1)			_						<u> </u>
(2)									
(3)			_						
(4)				_					
(5)				_					
(6)			-						
(7)									

30-0598934 Page 3

Part '	Transactions With Related Organizations. Complete if the organization answered "Yes"	on Form 990, Part I	V, line 34, 35b, or 36	5		
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related	l organizations listed in	Parts II-IV?	500 0	بشروا	E 53
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х
b	Gift, grant, or capital contribution to related organization(s)			1b		X
С	Gift, grant, or capital contribution from related organization(s)			1c		Х
d	Loans or loan guarantees to or for related organization(s)			1d		X
е	Loans or loan guarantees by related organization(s)			1e	Х	
				100		4
f	Dividends from related organization(s)			1f		X
g	Sale of assets to related organization(s)			1g		X
h	Purchase of assets from related organization(s)			1h		Х
1	Exchange of assets with related organization(s)			11		Х
J	Lease of facilities, equipment, or other assets to related organization(s)			11		X
				عُفْلِستك ا		لست
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		<u> </u>
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			11		<u> </u>
m	Performance of services or membership or fundraising solicitations by related organization(s)			1m		x
n	Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		×
0	Shanng of paid employees with related organization(s)			10		X
				Land Section	أستأثث	34
р	Reimbursement paid to related organization(s) for expenses			1p	X	
q	Reimbursement paid by related organization(s) for expenses			19	Х	<u> </u>
				Luike		Lead
r	Other transfer of cash or property to related organization(s)			1r		Х
\$	Other transfer of cash or property from related organization(s)			1s		X
_2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered rel	ationships and transact	on threst	rolds	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method e amou	(d) of detern nt involv	
(1)						
(2)						
(3)						
_(4)					-	
_(5)						
/61			[]			

30-0598934

Part VI

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1055) (b) (d) (e) (a) (c) (1) (g) Legal domicile (state or foreign country) Share of end-of-year assets Name, address, and EIN of entity Are all partne section General or Percentage ownership income (related unrelated, excluded from tax under sections 512-514) managing partner? 501(c)(3) organizations' Yes No Yes No Yes No (1) <u>(4)</u> (8) (10) (11) (12) (13) (14) (15) (16)

Schedule R (Forr	m 990) 2017	PIDC- Local Development Corporation	<u>30-0598934</u>	Page 5
	Suppleme	ental Information.	. -	
Part VII		dditional information for responses to questions on Schedule R. See Instruction	ns	
	1.01.00 0.	<u> </u>	· · ·	
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