EXTENDED TO MAY 15, 2020

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public 2006. ♦ 100 to 10 Department of the Treasury Internal Revenue Service

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning $$ JUL $1$ , $2018$ and ending	<u>J</u> UN 30, 2019						
Bc	heck if pplicable	C Name of organization	D Employer identifi	cation number					
	Addres change Name	NORTH PENN COORDINATING COUNCIL INC		25522					
느	_change		<del></del>	275839					
Initial return   Number and street (or P.0. box if mail is not delivered to street address)   Room/suite   E Telephone number   215-368-0400									
terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 533,									
	Amend		H(a) Is this a group re						
	Application	F Name and address of principal officer TANJA EWING	for subordinates						
	pendin	SAME AS C ABOVE	H(b) Are all subordinates is	ncluded? XYes No					
ĪĪ	ax-exe	mpt status X 501(c)(3) 501(c)( ) ( (Insert no.) 4947(4)(1) or ✓		list (see instructions)					
JV	Vebsit	E: NWW.NPENN.ORG/FORFAMILIES/COORDINATING CO							
K F	orm of	organization: Corporation Trust Association X Other OTHER LY	'ear of formation:	M State of legal domicile:					
Pa	ırt I	Summary							
_	1 1	Briefly describe the organization's mission or most significant activities TO PROVI	DE EDUCATIONA	L PROGRAMS					
Governance	:	FOR THE STUDENTS OF NORTH PENN SCHOOL DISTRI	СТ						
rna	2	Check this box   If the organization discontinued its operations or disposed of n	nore than 25% of its net a	ssets					
Ş		Number of voting members of the governing body (Part VI, line 1a)	3	23					
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	3					
Activities &		Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0					
jŧ.		Fotal number of volunteers (estimate if necessary)	6	0					
햕		Fotal unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
⋖		Net unrelated business taxable income from Form 990-T, line 38	- 7b	0.					
			Prior Year	Current Year					
6)	8 (	Contributions and grants (Part VIII, line 1h)	361,851.	325,080.					
Ž		Program service revenue (Part VIII, line 2g)	0.	0.					
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	84.	60.					
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.					
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	361,935.	325,140.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.					
Expenses			0.	0.					
ē		Foressional fundraising fees (Part IX, column (A), line 11e) RECEIVED.							
ũ	47 /	Other and and (Dart IV asking (A) local day day day	330,583.	271,570.					
	18	Foregroup loss expanses Subtract line 18 from line 12	330,583.	271,570.					
	19	Revenue less expenses Subtract line 18 from line 12 (MAY 2 2 252)	2 31,352.	53,570.					
Ses			Beginning of Current Year	End of Year					
Net Assets Fund Balanc		Fotal assets (Part X, line 16) OGDEN. UT	545,979.						
ASS		Total liabilities (Part X, line 26)	24,804.	33,995.					
캺		Net assets or fund balances Subtract line 21 from line 20	521,175.	572,319.					
	irt II	Signature Block							
Unde	er pena	ties of perwry, Adeclare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is					
		r, and complete. Declaration of Grephrer (other than officer) is based on all information of which prep							
_		Named Selles Sugarer	5/13	2020					
Sigi	n	Signature of officer /	Date						
Her	e	▲ JEMNIFER TOFTEN, TRÉASURER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid LAUREN ZELNICK Jauren 196/20 1 Self-employed P01862									
Preparer Firm's name BAUM, SMITH & CLEMENS, LLP Firm's EIN 23-23									
Use	Only	Firm's address 2060 DETWILER RD, SUITE 125							
	[	HARLEYSVILLE, PA 19438	Phone no. ( 2	15)368-5755					
May	the IF	S discuss this return with the preparer shown above? (see instructions)		Yes No					
	01 12-3			Form <b>990</b> (2018)					

90-0275839

Form 990 (2018)

Form	990	(201	8)

## NORTH PENN COORDINATING COUNCIL INC

90-0275839 Page 3

Part IV Checklist of Required Schedules

	•		163	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			[
_	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		Х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		<del>  ^</del>
D	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	1
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	<del></del>	$\vdash$
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	L	Х

Page 4

Form **990** (2018)

NORTH PENN COORDINATING COUNCIL INC Form 990 (2018) NORTH PENN COORDIN
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	~		x
04-	Schedule J	23		<u> </u>
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
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			v
	Schedule L, Part I	25b		X
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,"	26		x
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>		<del>                                     </del>
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M	30	. —	Ĥ
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete	<del>  ``</del>		<del></del>
J_	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	├	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
27	If "Yes," complete Schedule R, Part V, line 2	36	<del>                                     </del>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del></del>		<del>                                     </del>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
b	· · · · · · · · · · · · · · · · · · ·	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		<b> </b>	<u> </u>
	(gambling) winnings to prize winners?	1c		<u></u>

Page 5

22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fed of the tocal endardary sear endary with or within the year covered by this return  1 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2 bit 1 was in a sum of lines 1 and 42 as greater than 50, you may be required to e-file enstructions)  3 country to the organization share unrelated businesses gross income of \$1,000 or more during the year?  3 country to the organization for the year? 10 or 10 ms 2b, provide an explanation and Schedule O  4 country time during the calendar year, did the organization have an interest in, or a signature or other authority over, a feminisal accountly (such as a bank scountl, securities accountl, or other financial accountly?  5 country time during the calendar year, did the organization have an interest in, or a signature or other authority over, a feminisal accountly (such as a bank scountl, securities accountl, or other financial accountly?  5 country the during the calendar year, did the organization have an interest in, or a signature or other authority over, a feminisal accountly (such as a bank accountl, securities accountly, or the such control organization organization security (such as a bank accountl, securities accountly, or signature or other authority over, a feminisation accountly (such as a bank accountl, securities accountly, or signature or other authority over, a feminisation accountly organization schedule and produced and the system of the such contributions or at any contributions that were not accountly and the organization make accountly and the organization and partly						Yes	No
b H at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions)  3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-Me (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a		4		
3. Do the organization have unrelated business gross income of \$1,000 or more during the year?  4. If Yes, 'has it feld a Form 990-7 for the year 'I' No 'to five 30, provide an explanation in Schedule O  4. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securines account, or other financial accounts or financial accounts or finding requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5. Was the organization a party to a prohibeted tax whether transaction at any time during the tax year?  5. Was the organization in the organization the fire masses of the organization the form 888-87  6. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions?  6. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  8. If 'Yes,' did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible?  9. If 'Yes,' indicate the number of Forms 822 filed during the year  1. If Yes,' indicate the number of Forms 822 filed during the year  1. Did the organization receive any tondy the donor of the value of the goods or services provided?  1. To the organization received a contribution of qualified intellectual property, did the organization file a Form 1998 or general property of the organization file a Form 1998 or general property of the organization file a Form 1998 or general property of the organization file a Form 1990. The provision of the property and the organization received a contribution o	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b		<u> </u>
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry?  b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accountry?  b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accountry?  5. May still be seen standard to a party to a prohibited tax shelter transaction at any time during the tax year?  5. May the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5. May the organization have annual gross secepts that it was or is a party to a prohibited tax shelter transaction?  6. May the still be organization have annual gross secepts that a ren inmally greater than \$100,000, and did the organization solicities are contributions of the organization have annual gross secepts that are normally greater than \$100,000, and did the organization solicities are contributed as charitable contributions?  6. May the second of the organization have annual gross secepts that are normally greater than \$100,000, and did the organization solicities are contributed on an express statement that such contributions or grits were not tax deductible?  7. Organizations that may receive deductible contributions and aparty for goods and services provided?  7. Organizations that may receive deductible contribution and aparty for goods and services provided to the payor?  7. The pay that the organization services a payment in excess of \$75 made party as a contribution or gross payment the services of tangetic personal property to which it was required to the form \$202?  7. Did the organization received a contribution of party to payment personal property to which it was required to the		· · · · · · · · · · · · · · · · · · ·	s)				_ <del></del>
44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securines account, or other financial account)?  4a X  b if "Yes," enter the name of the foreign country (such as a bank account, securines account, or other financial account)?  5b Was the organization for finoCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5c Was the organization to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization that organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes' to line 5a or 5b, did the organization the form 888-17.  6c Boos 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?  6c Uses the organization that any receive deductible contributions under section 170(c).  6c Did the organization that may receive deductible contributions under section 170(c).  6c Did the organization stat may receive deductible contributions under section 170(c).  6c Did the organization stat may receive deductible contributions under section 170(c).  6c Did the organization state may receive a payment in excess of \$75 made party as a contribution and party for goods and services provided?  6d If "Yes," indicate the number of Forms 2822 filed during the year  6d If "Yes," indicate the number of Forms 2822 filed during the year  6d If the organization during the year, pay premiums, directly or notheretly, on a personal benefit contract?  7e X  7g If the organization enceved a contribution of qualified intellectual property, did the organization file Form 198-07  7h If the organization received a contribution of a gualified intellectual property, did the organization file Form 198-07  7h If the organization received a contribution of a payment file of the payment file Forms 198-07  7h If the organization is			_				
financial account in a foreign country   ■  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  60 If "Yes" to line Sa or Sb, did the organization flat it was or is a party to a prohibited tax shelter transaction?  61 If "Yes" to line Sa or Sb, did the organization flat it was or is a party to a prohibited tax shelter transaction?  62 If "Yes" to line Sa or Sb, did the organization flat it was or is a party to a prohibited tax shelter transaction?  63 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions under section 170(c).  64 If "Yes," did the organization notify the donor of the value of the goods or services provided?  65 If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution of under the payor?  75 If "Yes," indicate the number of Forms 8282 fled during the year  76 If "Yes," indicate the number of Forms 8282 fled during the year  77 If the organization receive any funds, directly or indirectly, on a personal benefit contract?  78 If the organization received a contribution of qualified intellectual property, did the organization flee Form 899 as required?  78 If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization flee Form 899 as required?  79 Sponsoring organization have excess business holdings at any time during the year?  79 Sponsoring organization have excess business holdings at any time during the year?  80 Did the sponsoring organization make any taxable distributions under section 4968?  90 Did the sponsoring organization make any taxable distributions under section 4968?  91 Section 501(c)] 72 organizations		·			3b		
b if "Yes," enter the name of the foreign country ▶  See instructions for filling requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  58 Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did any taxable party notify the organization the organization the organization the organization the organization for the organization form 8886.77  50 Did be she 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?  50 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  50 Organizations that may receive deductible contributions under section 170(c).  51 Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to the Form 8282?  52 Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to the Form 8282?  52 Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to the Form 8282?  53 Did the organization seceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  54 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-0.7  54 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-0.7  55 Did the organization have excess business holdings at any time during the year?  56 Spensoring organization have excess business holdings at any time during the year?  57 Spensoring organization have excess business holdings at any time during the year?  58 Spensoring organization maintaini	4a			-	۱.,		¥
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 49667 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter a Intuation fees and capital contributions included on Part VIII, line 12	-		,		8		
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If "Yes," complete Form 4720, Schedule O	40	·			<del></del>		<del>-</del> -
	16	•	nt Inco	ome /	16		<del>  ^  </del>
		ii 1es, complete com 4720, schedule o		·	Forn	990	(2018)

NORTH PENN COORDINATING COUNCIL INC

Form 990 (2018) NORTH PENN COORDINATING COUNCIL INC 90-0275839 Page Part VI 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

	Composition of the property of the state of			X
500	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management	$\overline{}$	Voc	Na
	Enter the number of voting members of the governing body at the end of the tax year 23	$\overline{}$	Yes	No
та	Zinto, the hamber of voting members of the generality and the control of the cont			
	If there are material differences in voting rights among members of the governing body, or if the governing			,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
_	Enter the number of voting members included in line 1a, above, who are independent  [1b]  3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ا ہا		х
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	$\vdash$		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			х
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
_	persons other than the governing body?	7b		A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		$\overline{\mathbf{x}}$	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
<del></del>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		<b>V</b>	
		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<del>                                     </del>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	405	х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	A	Х
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-		<del></del> _
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
40	in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X
a	The organization's CEO, Executive Director, or top management official			X
D	Other officers or key employees of the organization	15b	ļ	<del>  ^</del>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		X
	taxable entity during the year?	10a	_	
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	465		
<u></u>	exempt status with respect to such arrangements?	16b		L
	List the states with which a copy of this Form 990 is required to be filed ► NONE			
17		1 '		-LI-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avail	aDIE
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı tınan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TREASURER - 215-368-0400 401 E HANCOCK STREET, LANSDALE, PA 19446			

Form	990	(2018)	

### NORTH PENN COORDINATING COUNCIL INC

90-0275839

Page 7

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

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

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

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

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

Check this box if neither the organization	orga	anıza			mpe	nsat	sated any current officer, director, or trustee				
(A)	(B)			_ (0				(D)	(E)	(F)	
Name and Title	Average	(40	Position do not check more than one			than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	ıs bot or/trus	h an	compensation	compensation	amount of	
	week	-	Ceran	I a u	I GCIC	T	100,	from	from related	other	
	(list any	rect						the	organizations (W-2/1099-MISC)	compensation from the	
	hours for	0.0	8			Stee Ed		organization (W-2/1099-MISC)	(44-2/1099-141150)	organization	
	related	uste	Fust		   83	ig E		(44-2/1099-141130)		and related	
	organizations below	曹	bonal		e e	25 8				organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>			organization.	
(1) TANJA EWING	4.00	<del>  -</del>	┢▔	Ť	Ī	1					
PRESIDENT		1		X				0.	0.	0.	
(2) JENNIFER TOFTEN	1.00										
TREASURER				X				0.	0.	0.	
(3) JENNIFER DIFFLEY	1.00							_	_	_	
SECRETARY		<u> </u>		X	ļ	$oxed{igspace}$	Щ		0.	0.	
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Form 990 (2018) NORTH PE	NN COORI	IIC	'A	r I I	1G	CC	ວບາ	NCIL INC	90-02	<u> 758</u>	339	Pa	ge (
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	rtion more	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related		Esti amo	(F) mated ount of ther	-
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		orga and	ensat m the nizatio relate nizatio	on ed
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										_			
			_							$\dashv$			
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1b Sub-total c Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	0.		0.			0
d Total (add lines 1b and 1c)  2 Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bove	e) wi	ho r		0,000 of reportable				
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual		•	•	•		-			-	3		X
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization	-	4	-	Х
5 Did any person listed on line 1a receive or									udual for services				
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	son					5	<u> </u>	X
Section B. Independent Contractors							4	hat received more than	\$100,000 of com		tion fr		
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										iperisa	ILIOH III	OITI	
(A) Name and business	address	N	INC	<b>.</b>				(B) Description of	services	Co	(C) ompen		1
							_						

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

\$100,000 of compensation from the organization

Page 9

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) (B) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 38,584. 1b **b** Membership dues 188,482. c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 98,014 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 325,080 h Total. Add lines 1a-1f Business Code Program Service Revenue All other program service revenue Total, Add lines 2a-2f Investment income (including dividends, interest, and 60. 60. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 188,482. of contributions reported on line 1c) See a 207,886. Part IV, line 18 ь 207,886. b Less direct expenses Ō. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d 325,140. 60. Total revenue. See instructions

Secu	on 50 r(c)(s) and 50 r(c)(4) organizations must con	ipiete ali Columns Ali Oti	ner organizations must co	omplete column (A)						
	Check if Schedule O contains a response or note to any line in this Part IX									
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16				<u>.</u>					
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
ь	Legal									
C	Accounting									
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion									
13	Office expenses	<u> </u>								
14	Information technology									
15	Royalties									
16	Occupancy									
17 18	Travel									
10	Payments of travel or entertainment expenses for any federal, state, or local public officials									
10										
19 20	Conferences, conventions, and meetings Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
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 0.)									
а	EDUCATIONAL PROGRAMS	189,503.	189,503.							
b	GIFTS TO SCHOOL	34,792.	34,792.							
	CONTRIBUTIONS/SCHOLARSH	33,604.	33,604.	****						
d	ADMIN EXPENSES	13,671.	22,001	13,671.						
_	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	271,570.	257,899.	13,671.	0.					
<u>23</u> 26	Joint costs. Complete this line only if the organization	2.2,0.00								
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 606,314. 545,979. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 545,979. 606,314 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 24,804 33,995. 25 Schedule D 33,995. 24,804. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 521,175. 572,319. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 521,175. 572,319. 33 33 Total net assets or fund balances 606,314. 545,979. Total liabilities and net assets/fund balances

Form 990 (2018)

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Employer identification number Name of the organization 90-0275839 NORTH PENN COORDINATING COUNCIL INC Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's nar city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III ) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (ı) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

	edule A (Form 990 or 990-EZ) 2018 N rt II Support Schedule for	Organizations	Described in	Sections 170	)(b)(1)(A)(iv) an	d 170(b)(1)(A)(	
	(Complete only if you checked fails to qualify under the tests			_	on railed to quality	under Part III II til	e organization
Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·			·	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(5) 2010	(6) 2010	(4) 20	(0) 20 10	(4)
•	membership fees received (Do not					/	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						1
	ization's benefit and either paid to						
	or expended on its behalf		i				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a			/	4		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				ļ		
6	Public support. Subtract line 5 from line 4			f			
	ction B. Total Support				· · · · · · · · · · · · · · · · · · ·	_	<del> </del>
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			_		-	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources				<u> </u>	<del> </del>	
9.	Net income from unrelated business						
	activities, whether or not the					ļ.	
	business is regularly carried on			<u> </u>	<del>}</del>		<del>                                     </del>
10	Other income Do not include gain						
	or loss from the sale of capital				1		
	assets (Explain in Part VI)	<i>I</i>					
	Total support. Add lines 7 through 10		L	ı	<u>l</u>	40	
	Gross receipts from related activities, First five years. If the Form 990 is for			rd fourth or fifth	av vegrae e eeete	12   nn 501(c)(3)	
13	organization, check this box and stor	•	s iirst, second, trii	ru, iourtri, or illuri t	lax year as a section	)	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			-	
	Public support percentage for 2018 (			column (f))		14	%
15	Public support percentage from 2017			00.2 (///		15	%
	33 1/3% support test - 2018. If the o			on line 13, and line	14 is 33 1/3% or i	L	ox and
	stop here. The organization qualifies					·	ightharpoons
ь	33 1/3% support test - 2017. If the o	, , , ,	_		d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here The organization qual	=				•	▶
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the grganization meets the "fac	-					
	meets the "facts-and-circumstances"					J	▶□
b	10% -jacts-and-circumstances tes	_				17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization		-				ns 🕨 🗔
_	(					edule A (Form 99	

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	53,862.	62,807.	185,186.	156,214.	136,598.	594,667.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-					, ,	
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	,					
6	Total. Add lines 1 through 5	53,862.	62,807.	185,186.	156,214.	136,598.	594,667.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support. (Subtractline 7c from line 6.)		4				594,667.
Se	ction B. Total Support	•		· · · · · · · · · · · · · · · · · · ·			
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	53,862.	62,807.	185,186.	156,214.	136,598.	594,667.
102	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14.	19.	18.	42.	60.	153.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b	14.	19.	18.	42.	60.	153.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	53,876.	62,826.	185,204.	156,256.	136,658.	594,820.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u></u>
<u>Se</u>	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	99.97 %
	Public support percentage from 2017					16	99.98 <u>%</u>
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	) <b>18</b> (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	.03 %
	Investment income percentage from 2					18	.02 %
19a	33 1/3% support tests - 2018. If the						
t	more than 33 1/3%, check this box at 33 1/3% support tests - 2017. If the	-	•	•	• •		<b>▶</b> X
	line 18 is not more than 33 1/3%, che	ck this box and ste	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	▶□
20	Private foundation, If the organization	n did not check a	box on line 14, 19	a. or 19b. check th	ns box and see ins	structions	ightharpoons

## Part IV | Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	(b) and (c) below	3a		ı — —
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4-		30	$\vdash$	
48	Was any supported organization not organized in the United States ("foreign supported organization")? If	40		
_	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	<del></del>		
	despite being controlled or supervised by or in connection with its supported organizations	4b		<u> </u>
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	- <del></del>		نـــــا
_	purposes	4c	H	<b>—</b>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action; and (IV) how the action	<del></del>		
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			١,
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			·
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		i l	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings )

Sche	dule A (Form 990 or 990-EZ) 2018 NORTH PENN COORDINATING COUNCIL INC 90-02	7583	9 Pa	ige 5
Pai	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ŀ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			İ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			ŀ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<del></del>	supervised, or controlled the supporting organization	2		
<u>Sec</u>	tion C. Type II Supporting Organizations			
_	Wassa a majority of the average hard discarded a threatened discard to the desired to the desired to		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s) tion D. All Type III Supporting Organizations	1		
<u> </u>	tion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ī
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea[see instructions]			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			3
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined	:		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

	edule A (Form 990 or 990-EZ) 2018 NORTH PENN COORDINATING			90-0275839 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	_		n Part VI.) <b>See instructions.</b> Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		1
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	Щ.		
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	<u> </u>		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
_7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1 7		
	emergency temporary reduction (see instructions)	6		
7	Check have if the current year in the expensation's first on a non-functional	ly intogra	stad Type III cumporting of	rannization (coo

Schedule A (Form 990 or 990-EZ) 2018

instructions)

	dule A (Form 990 or 990-EZ) 2018 NORTH PENN CO			0-02/5839 Page 7
Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
	From 2014			
	From 2015			
	From 2016	. =		
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		·	
4	Distributions for 2018 from Section D,			
-	line 7 \$			
а	Applied to underdistributions of prior years		<del></del>	
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
-	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3			
•	and 4c.			
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2017 Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 1	NORTH PENN	COORDINA	TING COU	NCIL INC	90-0275839 Page 8
Part VI	Supplemental Inform	ation. Provide the	e explanations red	uired by Part II h	ne 10 Part II line 17a	
	Section D, lines 5, 6, and 8, (See instructions)	and Part V, Section	n E, lines 2, 5, and	6 Also complete	this part for any additi	onal information
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## **SCHEDULE D**

(Form 990)

Department of the Treasury 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.

OMB No 1545-0047 <u> 18</u> Open to Public Inspection

Name of the organization

NORTH PENN COORDINATING COUNCIL INC

**Employer identification number** 90-0275839

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	I funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	sed only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pai		ganization answered "Yes" on Form 990, Par	rt IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	,
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes         No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	·
	historical treasures, or other similar assets held for public ex	·	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
Ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c 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		
2	If the organization received or held works of art, historical tre	-	aın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>S</b>
b	Assets included in Form 990, Part X		<b>▶</b> \$

		ENN COORDI							75839	
Pa	rt III   Organizations Maintaining (	Collections of A	rt, Histo	orical Tr	easures,	or Oth	<u>er Simil</u>	ar Asse	ts(continu	ıed)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following th	nat are a s	significant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	C			hange prog	grams .				
b	Scholarly research	•	• LJ o	ther						
С	Preservation for future generations									
4	Provide a description of the organization's c	•		•	-			ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, his	torical trea	sures, or of	ther sımıla	r assets	_	_	
	to be sold to raise funds rather than to be m			-					Yes	<u> </u>
Pa	rt IV Escrow and Custodial Arran		ete if the o	organizatio	on answered	d "Yes" or	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for c	ontribution	ns or other a	assets not	t included	_	_	
	on Form 990, Part X?								」Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble						
							<u> </u>		Amount	
C	Beginning balance						1c			
d	Additions during the year						1d	<u> </u>		
e	Distributions during the year						1e			
1	Ending balance						<u>1f</u> _	<u> </u>	T.,	T 1
	Did the organization include an amount on F							L	」Yes	⊢ No
7-	If "Yes," explain the arrangement in Part XIII  T V Endowment Funds. Complete									
	Endownient Lands. Complete				(c) Two ye		(d) Three	voare back	(e) Four y	oare back
10	Beginning of year balance	(a) Current year	(0) 111	or year	(C) TWO ye	ais back	(a) Tillee	tais vack	(e) roury	Cais Dack
па b	Contributions				<u> </u>	+				
c	Net investment earnings, gains, and losses						_			
d	Grants or scholarships		<del> </del>							
	Other expenditures for facilities		<del> </del>		<del>                                     </del>	<del></del>				
·	and programs									
f	Administrative expenses			_						
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1a	column (a	a)) held as					-
	Board designated or quasi-endowment	. o. w your one balanc	%	0010111111	2,, 11010 00					
	Permanent endowment	%								
	Temporarily restricted endowment ▶	<del></del> /-								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	ind adminis	tered for t	he organi	zation		
	by	-					•		Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ıi)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment fu	nds						
Par	t VI Land, Buildings, and Equipm			_						
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a S	See Form 99	90, Part X,	line 10			
	Description of property	(a) Cost or o		(b) Cost	or other	(c) A	ccumulate	∌d	(d) Book	value
		basis (investr	ment)	basis	(other)	de	preciation			
1a	Land									
	Buildings									
	Leasehold improvements				_	ļ		-		
	Equipment					<b>↓</b>				
	Other									
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	(B), line 1	(Oc)					0.

Schedule D (Form 990) 2018 NORTH PENN	COORDINATING	COUNCIL INC	90-0275839 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Co	ost or end-of-year market value
(1) Financial derivatives			·····
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
(F)			
(G) (H)			<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII Investments - Program Related.			•
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	ne 11c. See Form 990. Part X. line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)			
(2)	•		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Dort IV Iva	on 11d Con Form 000 Port V line	15
Complete if the organization answered "Yes"	Description	te 11d See Form 990, Fart X, line	(b) Book value
(1)			(0, 2002.00
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, III	(b) Book value	X, line 25
<u> </u>		(b) Book value	
(1) Federal income taxes (2) HOLDING ACCOUNTS		33,995.	ŀ
		33,333.	
(3)			•
(4) (5)			j
• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	Ì
(6) (7)	<del></del>		
(8)			
(9)		_	}
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	33,995.	}
2. Liability for uncertain tax positions. In Part XIII, provide			itements 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

Schedule D (Form 990) 2018

Sche	edule D (Form 990) 2018 NORTH PENN COORDINATING C	OUNCIL INC	90-0275839 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	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			
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a	Other (Describe in Part XIII)	4b	
b	·	40 ]	<del></del>
c			4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	monto With Expons	5 Pos por Poturn
Lra	rt XII Reconciliation of Expenses per Audited Financial State	•	es per neturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a	
1	Total expenses and losses per audited financial statements		1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII )	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, 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	
c		40	4c
			5
5 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		9
		1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 V 1 - 4 B 4 V 1 - 6 B 4 V I
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa		rt v, iine 4, Fart A, iine 2, Fart Ai,
ines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a	aditional information	
	<del></del>		
		<del> </del>	
	10 100		

7

## **SCHEDULE G**

(Form 990 or 990-EZ)

Name of the organization

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

NORTH PENN COORDINATING COUNCIL INC

**Employer identification number** 90-0275839

Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not	
Indicate whether the organization rais	sed funds through any of the following any of the following any of the following any of the following any solicitating and special and special agreement with any individual and viduals or entities (fundraisers) pursuit	tion of tion of fundra (inclui	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, orYes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
		_					
				-			
<b>Fotal</b>			<b>_</b>				
3 List all states in which the organization or licensing	on is registered or licensed to solicit of	contrib	utions	s or has been notified	d it is exempt from re	egistration	
				<del></del>			
				<del></del>		<del></del>	
						<del> </del>	
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				<del></del>		<del></del>	

		le G (Form 990 or 990 EZ) 2018 NORTH F				0275839 Page 2	
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr					
	Г	or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events		
						(d) Total events (add col (a) through	
				HOLIDAY SHOP	12	col. (c))	
ne			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	67,558.	34,142.	215,315.	317,015.	
	2	Less Contributions	21,997.	6,976.	121,120.	150,093.	
_	3	Gross income (line 1 minus line 2)	45,561.	27,166.	94,195.	166,922.	
	4	Cash prizes					
ş	5	Noncash prizes			727.	727.	
Direct Expenses	6	Rent/facility costs					
Irect E	7	Food and beverages			4,957.	4,957.	
۵	8	Entertainment			3,048.	3,048.	
	9	Other direct expenses	45,561.	27,166.	85,463.	158,190.	
	10	Direct expense summary. Add lines 4 through				166,922.	
In.	11	Net income summary Subtract line 10 from I		000 D + N/ 1 + 40		0.	
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than		
Revenue		\$10,000 dril dril 330 EE, line da	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Rev	1	Gross revenue					
Se	2	Cash prizes					
xpens	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No		
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•		
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>•</b>		
•	Ent	ter the state(s) in which the organization condi	uete geming estilution				
a	ls t	the organization licensed to conduct gaming a No," explain	ctivities in each of these	states?		Yes No	
	_					<del> </del>	
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes						
	b If "Yes," explain						
_	—	res, explain					

Schedule G (Form 990 or 990-EZ) 2018 NORTH PENN COORDINATING COUNCIL INC 90-0275839 Page
11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records
Name ▶
Address ▶
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party
Name ▶
Address ▶
16 Gaming manager information
Name ►
Gaming manager compensation ▶ \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year > \$
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

7

Schedule G	G (Form 990 or 990-EZ) Supplemental Info	NORTH	PENN	COORDINATING	COUNCIL	INC	90-0275839	Page 4
Part IV	Supplemental Info	rmation (con	tinued)					
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#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2018

Open to Public Inspection

Name of the organization **Employer identification number** 90-0275839 NORTH PENN COORDINATING COUNCIL INC FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SCHOLARSHIPS & CONTRIBUTIONS & SUNSHINE FUND **EXPENSES \$ 25,005.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE PRESIDENT AND TREASURER REVIEW THE 990 RETURN. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAIALABLE BY REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: BEG. CASH BALANCE FOR NORTH PENN SPECIAL EDUCATON COUNCIL -2,426. EIN 20-3404884 WHICH IS NO LONGER A GROUP MEMBER TOTAL TO FORM 990, PART XI, LINE 9 -2,426.