

# TAX RETURN FILING INSTRUCTIONS

#### PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC
Special Instructions	The return should be signed and dated by the appropriate officer(s).  Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization.  Form 990-PF contributors must be disclosed.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.  An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

\*\* PUBLIC DISCLOSURE COPY \*\*

# **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.

Department of the Treasury Internal Revenue Service

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

ΑI	For the	2023 calendar year, or tax year beginning JUL 1, 2023 and	dending J	UN 30, 2024	•
	Check if	C Name of organization		D Employer identific	cation number
á	applicable:	COMMUNITY COLLEGE OF PHILADELPHIA			
	Address change	FOUNDATION			
	Name change	Doing business as		23-2612698	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return/	1700 SPRING GARDEN ST, ANNEX 7TH FL		(215) 751-85	02
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,534,173.
	Amende return	d PHILADELPHIA, PA 19130-3991		H(a) Is this a group re	eturn
	Applica-	F Name and address of principal officer: ELLYN JO WALLER		for subordinates	? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1	Tax-exer	npt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Website			H(c) Group exemptio	n number
<u>K</u> [	orm of o	rganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1985	M State of legal domicile: PA
Pa	art I	Summary			
4	<b>1</b> B	riefly describe the organization's mission or most significant activities: RAISII	NG PHILAN	THROPIC FUNDS TO	
ž	s	UPPORT THE COLLEGE, ITS STUDENTS, PROGRAMS AND INITIATIVES	•		
Governance	<b>2</b> C	heck this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	sets.
ove.	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	22
		umber of independent voting members of the governing body (Part VI, line 1b)			22
es &	5 T	otal number of individuals employed in calendar year 2023 (Part V, line 2a)		5	0
ξ	6 T	otal number of volunteers (estimate if necessary)			73
Activities &	<b>7</b> a⊤	otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11	······		0.
				Prior Year	Current Year
ē	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		4,340,285.	3,936,082.
ēn	9 P	rogram service revenue (Part VIII, line 2g)		0.	0.
Revenue	<b>10</b> Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		437,093.	533,091.
	ייין כ	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-46,537.	-47,443.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,730,841.	4,421,730.
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)		3,864,287.	4,110,966.
	1	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.
EXD	170	otal fundraising expenses (Part IX, column (D), line 25)		124,569.	292,145.
	" C	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,988,856.	4,403,111.
	1	evenue less expenses. Subtract line 18 from line 12		741,985.	18,619.
		evenue less expenses. Subtract line 10 nont line 12	Ве	eginning of Current Year	End of Year
Net Assets or	<b>20</b> T	otal assets (Part X, line 16)		20,733,400.	22,923,271.
ASS	21 T	otal liabilities (Part X, line 16)		1,782,685.	1,029,355.
Net	22 N	et assets or fund balances. Subtract line 21 from line 20		18,950,715.	21,893,916.
	art II	Signature Block		, ,	, ,
Und	er penalt	es of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
				2/28/2025	)
Sig	n [	Signature of officer		Date	
Her	L	LLYN JO WALLER, PRESIDENT			
		Type or print name and title			
	1	Print/Type preparer's name Preparer's signature	l l	Date Check	PTIN
Paid	d M	ARY TORRETTA Mary Torretta		2/14/2025 self-employ	ed P00847851
Pre	parer	Firm's name GRANT THORNTON LLP		Firm's EIN	36-6055558
Use	Only	Firm's address 1000 WILSON BLVD, SUITE 1500			
		ARLINGTON, VA 22209		Phone no.703	
Ma	y the IRS	S discuss this return with the preparer shown above? See instructions			X Yes No

### Form **8868**

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) COMMUNITY COLLEGE OF PHILADELPHIA **Print** FOUNDATION 23-2612698 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1700 SPRING GARDEN ST, ANNEX 7TH FL return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19130-3991 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of GIM LIM 1700 SPRING GARDEN STREET - PHILADELPHIA, PA 19130 Telephone No. 215-751-8187 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box ..... , 20 25 I request an automatic 6-month extension of time until  $\,$  MAY  $\,$  15  $\,$ , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 JUL 1 , 20 <sup>23</sup> , and ending JUN 30 , 2024 」 tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс 0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)

(Expenses \$ including a

Other program services (Describe on Schedule O.)

Total program service expenses 4,110,966.

) (Revenue \$

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		,,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV	9		<del></del>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
• •	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	l		
40	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	4.0		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	"		$\vdash$
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 12 if "You " complete Schodule I. Parts Land III.	24	Х	

332003 12-21-23

Form	990 (2023) FOUNDATION 23-26126	98	Р	age 4
Pa	rt 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	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			
	· · · · · · · · · · · · · · · · · · ·	24a		x
h	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	, , , , , , , , , , , , , , , , , , , ,	040		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
C	·	28c		x
20	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		<del></del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,												
	filed for the calendar year ending with or within the year covered by this return												
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b											
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b											
4a	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, securities account, or other financial account)?	4a		Х									
b	If "Yes," enter the name of the foreign country												
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).												
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c											
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit												
	any contributions that were not tax deductible as charitable contributions?	6a		Х									
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts												
_	were not tax deductible?	6b											
7	Organizations that may receive deductible contributions under section 170(c).	7-	х										
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X										
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x									
٨		7c											
d e		7e		х									
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x									
		7g											
h	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?												
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the												
	sponsoring organization have excess business holdings at any time during the year?	8											
9	Sponsoring organizations maintaining donor advised funds.												
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a											
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b											
10	Section 501(c)(7) organizations. Enter:												
а	Initiation fees and capital contributions included on Part VIII, line 12												
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities												
11	Section 501(c)(12) organizations. Enter:												
а	Gross income from members or shareholders												
b	Gross income from other sources. (Do not net amounts due or paid to other sources against												
	amounts due or received from them.)												
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a											
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year												
13	Section 501(c)(29) qualified nonprofit health insurance issuers.												
а	Is the organization licensed to issue qualified health plans in more than one state?	13a											
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.												
b	Enter the amount of reserves the organization is required to maintain by the states in which the												
	organization is licensed to issue qualified health plans  13b												
	Enter the amount of reserves on hand  Did the exemplation receive any payments for indeed template any payments for indeed template any payments.	110		Х									
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes" has it filed a Form 720 to report these payments? If "Ne " applied on evaluation as School to Company the service of the service o	14a		<del>                                     </del>									
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b											
IJ		15		x									
	excess parachute payment(s) during the year?	13											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х									
	If "Yes," complete Form 4720, Schedule O.	"											
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities												
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17											
	If "Yes," complete Form 6069.												

FOUNDATTON Form 990 (2023)

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 22 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 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 on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0 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) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records GIM LIM - 215-751-8187

Form **990** (2023)

19130

1700 SPRING GARDEN STREET, PHILADELPHIA,

Form 990 (2023) FOUNDATION 23-2612698 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	niza	tion	con	nper	ısat	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s bot	n an	compensation	compensation	amount of
	week	-		u a u	l	174143	100)	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	n be		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) MELLISSIA ZANJANI	25.00									
EXECUTIVE DIRECTOR	13.00			Х				0.	183,026.	33,031.
(2) AMARIS HERNANDEZ PADGETT	1.00	_								
DIRECTOR	0.00	Х						0.	0.	0.
(3) RON DAVIS	3.00	1								
DIRECTOR	0.00	Х						0.	0.	0.
(4) MORGAN CEPHAS	2.00	-							_	_
DIRECTOR	0.00	Х						0.	0.	0.
(5) RICK BERKMAN	2.00	ļ								
DIRECTOR	0.00	Х						0.	0.	0.
(6) ANDREA LAWFUL-SANDERS	1.00	ł								
SECRETARY	0.00	Х		Х				0.	0.	0.
(7) RODNEY MCLEOD	1.00	١								
DIRECTOR	0.00	Х						0.	0.	0.
(8) INA LIPMAN DIRECTOR	0.00	x						0.	0.	,
(9) DEANA GAMBLE	1.00	^						0.	· ·	0.
DIRECTOR	0.00	Х						0.	0.	0.
(10) LORINA L. MARSHALL-BLAKE	1.00	^						0.	0.	· ·
DIRECTOR	0.00	х						0.	0.	0.
(11) RAYMOND SMERIGLIO	1.00	21							,	••
DIRECTOR	0.00	х						0.	0.	0.
(12) NICK BAYER	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(13) TIMOTHY N. SPREITZER	1.00									
VICE PRESIDENT	0.00	х		х				0.	0.	0.
(14) RASHEIA R. JOHNSON	1.00									
TREASURER	0.00	х		х				0.	0.	0.
(15) MICHELLE THORNTON	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(16) MICHELE LAWRENCE	1.00									
DIRECTOR	0.00	х			L	L		0.	0.	0.
(17) MIA FIORAVANTI	1.00									
DIRECTOR	0.00	Х						0.	0.	0.

Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	compensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation		ar	nount	of
	week (list any	<b>—</b>	1001 41	T	T	T	T	from	from relate			other	4:
	hours for	Individual trustee or director						the organization	organizatior (W-2/1099-MI		ı	pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC		l	anizat	
	organizations	ruste	l trus		ee/	mpen		1099-NEC)	1033 NEO	,	ı ~	d relat	
	below	dualt	Institutional trustee	<u></u>	m plo	st co	e l	1			l	anizati	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) TALIB ELLISON	1.00												
DIRECTOR	0.00	Х						0.		0.			0.
(19) MICHAEL D. SOILEAU	1.00												
DIRECTOR	0.00	Х						0.		0.			0.
(20) PRIYA ROY	1.00												
DIRECTOR	0.00	Х						0.		0.			0.
(21) NEDIA S. RALSTON	1.00												
DIRECTOR	0.00	Х				╙		0.		0.			0.
(22) ELLYN JO WALLER	1.00	1											
PRESIDENT	0.00	Х	_	Х	<u> </u>	╄		0.		0.			0.
(23) MAX TUTTLEMAN	1.00	1											
DIRECTOR	0.00	Х	_		_	$\perp$	_	0.		0.			0.
		4											
		_	_		<u> </u>	$\vdash$	-						
		4											
			┢		<u> </u>	╀	-						
		1											
41. 0.14.4.1				<u> </u>				0.	192	026.		33	031.
1b Subtotal								0.	103,	0.020.		55,	0.00
c Total from continuation sheets to Part VII								0.	183	026.		33	031.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but no								1	· ·			- 55,	031.
compensation from the organization	ot illilited to th	1056	liste	u al	JOVE	e) wi	10 16	eceived more than \$100,	000 of reportable	Е			0
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director trust	ee l	kev e	mn	love	ല	r hic	nhest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for si	•		•		•		•		•		3		х
4 For any individual listed on line 1a, is the su											Ů		
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	•				•			•			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated inc	depe	ende	nt co	ontra	acto	rs tl	hat received more than \$	3100,000 of com	pensa	tion fr	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith o	or w	ithir	the organization's tax y	ear.				
(A)								(B)			(0	C)	
Name and business	address	NO	NE					Description of s	services	C	ompe	nsatio	n
O Tabel sounds (C. )	Look 2								H				
2 Total number of independent contractors (ir \$100,000 of compensation from the organize		ot III	ше	J 10		se lis 0	sied	above) who received m	оге шап				

Form 990 (2023) FOUNDATION
Part VIII | Statement of Revenue

ıa		ш				ar noto to any lin	o in this Dort VIII			
			Check if Schedule O con	itairis a respor	ise (	or note to any line	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
	_			T. T						360110113 3 12 - 3 14
nts	1		Federated campaigns							
Gra			Membership dues			510 504				
is, ( An			Fundraising events			519,794.				
Gif			Related organizations							
Si jimi			Government grants (contribu							
tio S		f	All other contributions, gifts, gra							
ipgi			similar amounts not included ab	ove <b>1f</b>		3,416,288.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	s 1a-1f <b>1g</b> \$						
<u>ဒိ မ</u>		h	Total. Add lines 1a-1f				3,936,082.			
						Business Code				
ě	2	а			_					
Σĕ		b			_					
Se		С								
an		d								
Program Service Revenue		е								
Pro		f	All other program service rev	venue						
			Total. Add lines 2a-2f							
	3		Investment income (including							
			· · ·	-		·····	533,091.			533,091.
	4		Income from investment of ta							
	5		Royalties		-					
	_			(i) Real		(ii) Personal				
	6	а	Gross rents6	a		. ,				
	·		Less: rental expenses 6							
			Rental income or (loss) 6							
			Net rental income or (loss)							
	7		Gross amount from sales of	(i) Securition		(ii) Other				
	'	а	assets other than inventory <b>7</b>	.,		(ii) Guioi				
		h	Less: cost or other basis	a						
ø.		D								
Revenue		_	and sales expenses 7							
eve		ن	Gain or (loss) 70	<u> </u>						
er R	_		Net gain or (loss)							
Othe	٥	а	including \$ 519							
0										
			contributions reported on line	-	0-	65,000.				
			Part IV, line 18		8a 8b	112,443.				
			Less: direct expenses			112,445.	-47,443.			-47,443.
	_		Net income or (loss) from fun		5		=1, ==3.			=1, ==3.
	9	а	Gross income from gaming a							
			Part IV, line 19		9a					
			Less: direct expenses		9b					
	40		Net income or (loss) from gar							
	10	а	Gross sales of inventory, less							
			and allowances		10a					
			Less: cost of goods sold		10b					
		С	Net income or (loss) from sal	es of inventory	/					
<u>s</u>						Business Code				
Miscellaneous Revenue	11				_					
lan		b			_					
Sev		С								
Mis			All other revenue							
			Total. Add lines 11a-11d				:		-	
	12		Total revenue. See instructions				4,421,730.	0.	0.	485,648.

23-2612698

Page 10

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 2,316,465 2,316,465. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,794,501. 1,794,501 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): а Management Legal 6,394. 6,394 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... 38,058. 38,058. Other. (If line 11g amount exceeds 10% of line 25, 6,415 6,415 column (A), amount, list line 11g expenses on Sch O.) 48,352, 48,352 12 Advertising and promotion 1,976. 1,976 13 Office expenses 64,310, 64,310 14 Information technology 15 Royalties 16 Occupancy 18,751. 18,751 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization ..... 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) AWARDS 92,795. 92,795 HOSPITALITY 12,953 12,953 2,141. MEMBERSHIPS 2,141. С d All other expenses е Total functional expenses. Add lines 1 through 24e 4,403,111 4,110,966 292,145 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

23-2612698 Page **11** Check if Schedule O contains a response or note to any line in this Part X

		•			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,449,807.	1	3,038,032.
	2	Savings and temporary cash investments			2,645,698.	2	3,271,095.
	3	Pledges and grants receivable, net			4,594.	3	6,858.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes		·		5	
	6	Loans and other receivables from other disqualif	•				
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	l l		8		
As	9	B			0.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	0.			
	b	Less: accumulated depreciation		0.	0.	10c	0.
	11	Investments - publicly traded securities		14,633,054.	11	16,607,257.	
	12	Investments - other securities. See Part IV, line 1	247.	12	29.		
	13	Investments - program-related. See Part IV, line 1		0.	13	0.	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equa	20,733,400.	16	22,923,271.		
	17	Accounts payable and accrued expenses		620,364.	17	188,259.	
	18	Grants payable			18		
	19	Deferred revenue	1,122,297.	19	800,153.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
iabi		controlled entity or family member of any of thes	e pers	ons		22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	l third	oarties		24	
	25	Other liabilities (including federal income tax, pages					
		parties, and other liabilities not included on lines	17-24	. Complete Part X			
		of Schedule D			40,024.	25	40,943.
	26	Total liabilities. Add lines 17 through 25			1,782,685.	26	1,029,355.
G		Organizations that follow FASB ASC 958, che	ck her	e			
Š		and complete lines 27, 28, 32, and 33.					
alar.	27					27	
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC 9	58, ch	eck here X			
Ĕ		and complete lines 29 through 33.			^		
ţ	29	Capital stock or trust principal, or current funds			0.	29	0.
SSe	30	Paid-in or capital surplus, or land, building, or eq			10 050 715	30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		······	18,950,715.	31	21,893,916.
ž	32	Total net assets or fund balances			18,950,715.	32	21,893,916.
	33	Total liabilities and net assets/fund balances			20,733,400.	33	22,923,271.

Га	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,421,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,	,403,	111.
3	Revenue less expenses. Subtract line 2 from line 1	3			18,	619.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		18,	,950,	715.
5	Net unrealized gains (losses) on investments	5		2,	,482,	275.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	r period adjustments  er changes in net assets or fund balances (explain on Schedule O)  assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			442,	307.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		21,	,893,	916.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	-orm	990	(2023)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

COMMUNITY COLLEGE OF PHILADELPHIA

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

FOUNDATION 23-2612698 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 name, 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 10 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,183,142.	3,320,452.	4,596,598.	4,340,285.	3,936,082.	19,376,559.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,183,142.	3,320,452.	4,596,598.	4,340,285.	3,936,082.	19,376,559.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,163,274.
6	Public support. Subtract line 5 from line 4.						13,213,285.
	ction B. Total Support						, , -
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3,183,142.	3,320,452.	4,596,598.	4,340,285.	3,936,082.	19,376,559.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	438,021.	322,345.	349,400.	422,695.	533,091.	2,065,552.
٥	Net income from unrelated business	100,011.	022,010.		111,000.	000,002.	
9							
	activities, whether or not the	83,740.	0.	0.	0.	0.	83,740.
40	business is regularly carried on	03,740.	• • •	••		0.	05,740.
10	Other income. Do not include gain						
	or loss from the sale of capital		19,050.	106,505.	69,150.	65,000.	259,705.
	assets (Explain in Part VI.)		13,030.	100,303.	03,130.	03,000.	21,785,556.
	<b>Total support.</b> Add lines 7 through 10	-1- ( !1	>			40	21,703,330.
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for th			•			
80	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2023 (li			olumn (f))		14	60,65 %
						15	
	Public support percentage from 2022						
102	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
r	33 1/3% support test - 2022. If the c	•		•		•	
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts				•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•				
k	10% -facts-and-circumstances test	_					0% or
	more, and if the organization meets th				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar		(Form 990) 2023

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#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12) = = =	(2) = = 1	(-7	(5) = 5 = 5	χ,
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 business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u> </u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

332023 12-21-23

Schedule A (Form 990) 2023

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3c		
4a		
4b		
4c		
5a		
- 5.0		
5b		
5c		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
104		
10b		
ule A (Fori	n 990)	2023

FOUNDATION

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			1
	,			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		162	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  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 governmental entity (see inst	ruction		Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" 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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu		·			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see		
	instructions).	, 5	,. ,, , , , , , , , , , , , , , , , , ,	•		

Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 FOUNDATION				23-2612698	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)		
Secti	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
_6	Other distributions (describe in Part VI). See instructions.			6		
_7_	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
_9_	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
c	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i_	Carryover from 2018 not applied (see instructions)					
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
	Excess from 2020					
С	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					
				_		

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING INCOME
2019 AMOUNT: \$ 0.
2020 AMOUNT: \$ 19,050.
2021 AMOUNT: \$ 93,005.
2022 AMOUNT: \$ 69,150.
2023 AMOUNT: \$ 65,000.
UNRELATED BUS INC. TAX REFUND
2019 AMOUNT: \$ 0.
2020 AMOUNT: \$ 0.
2021 AMOUNT: \$ 13,500.
2022 AMOUNT: \$ 0.
2023 AMOUNT: \$ 0.

# Schedule B

(Form 990)

# **Schedule of Contributors**

0000

**Employer identification number** 

23-2612698

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

COMMUNITY COLLEGE OF PHILADELPHIA

FOUNDATION

2023

Schedule B (Form 990) (2023)

OMB No. 1545-0047

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $^3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instru	uctions.			
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or rone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributor.	•			
Special I	Rules					
	sections 509(a)(1) ar contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the result of 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that receive the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Form 1. Complete Parts I and II.	ved from any one			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions as the checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one con exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1, ere the total contributions that were received during the year for an exclusively religious, charitable applete any of the parts unless the <b>General Rule</b> applies to this organization because it received not etc., contributions totaling \$5,000 or more during the year	,000. If this box e, etc., onexclusively			
Caution: answer "	An organization tha	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line is requirements of Schedule B (Form 990).	ut it <b>must</b>			

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

Schedule B (Form 990) (2023)

Name of organization
COMMUNITY COLLEGE OF PHILADELPHIA
FOUNDATION

Employer identification number

23-2612698

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,369,299	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$215,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$166,754. 	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$165,000.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization
COMMUNITY COLLEGE OF PHILADELPHIA
FOUNDATION

**Employer identification number** 

23-2612698

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7		\$ _	140,736.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$ _	125,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$ -	112,500.	Person X Payroll
(a)	(b)		(c)	(d)
10	Name, address, and ZIP + 4	\$.	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
11_		\$ .	100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
12		\$ _	86,799.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization

COMMUNITY COLLEGE OF PHILADELPHIA

FOUNDATION

Employer identification number

23-2612698

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
13		\$ \$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	rume, address, und En 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Dogg 3

Name of organization
COMMUNITY COLLEGE OF PHILADELPHIA
FOUNDATION

**Employer identification number** 

23-2612698

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	(b) Description of noncash property given  (b) Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (h) Description of noncash property given					

Schedule B (Form 990) (2023) Page **4** 

Name of organization **Employer identification number** COMMUNITY COLLEGE OF PHILADELPHIA FOUNDATION 23-2612698 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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.

Name of the organization

COMMUNITY COLLEGE OF PHILADELPHIA FOUNDATION

**Employer identification number** 23-2612698

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(h) Funda and other accounts
	<del>-</del>	(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	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	, , ,	
Pai		ganization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organizati		artiv, inte 7.
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	T TOOG VALION O	Ta continua motorio di actare
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
			l l
С	Number of conservation easements on a certified historic str		0-
	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the foots	note to the organization's financial statem	ents that describes the
Dai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections or	f Art Historical Treasures or Ot	har Similar Assats
ı aı	Complete if the organization answered "Yes" on Form		niei Oliillai Assets.
			and halance about works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul	•	
	,	, ,	•
h	service, provide in Part XIII the text of the footnote to its final		
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in furti	ierance of public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		•
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia	
_	the following amounts required to be reported under FASB A		a gani, provide
a	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023

	COMMUNITY	COLLEGE OF PHILA	DELPHIA								
	dule D (Form 990) 2023 FOUNDATION							23-261		Pa	age <b>2</b>
Pai	t III Organizations Maintaining C	ollections of Art	, Historica	ıl Tre	asures, or	Other S	Similar A	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any	of the f	ollowing that	make sign	ificant use	e of its			
	collection items (check all that apply).										
а	Public exhibition	d	Loan	or exc	hange progra	ım					
b	Scholarly research	е	Othe								
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they fu	ther th	e organizatio	n's exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	f art, historic	al treas	sures, or othe	r similar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organizatio	n's col	llection?			🗀	Yes		No
Pai	t IV Escrow and Custodial Arran	gements Complet	e if the orgar	ization	answered "\	es" on Fo	rm 990, P	art IV, lii	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	an, or other intermed	iary for contr	bution	s or other as	sets not ind	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·							Amount	i	
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-			_		ĺ
Par											_
	·	(a) Current year	(b) Prior y		(c) Two year		<b>)</b> Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance	14,333,805.	12,727	,153.	14,830	,010.	11,671	,677.	10,	991,	980.
	Contributions	370,578.	439	866.	472	,663.	321	,584.		489,	625.
	Net investment earnings, gains, and losses	2,020,522.	1,550	970.	-2,231	,563.	3,166	,367.		484,	525.
	Grants or scholarships	367,741.	351	040.	300	,771.	286	,724.		266,	385.
	Other expenditures for facilities										
	and programs										
f	Administrative expenses	42,848.	33	144.	43	,186.	4 2	,894.		28,	068.
g	End of year balance	16,314,316.	14,333	805.	12,727	,153.	14,830	,010.	11,	671,	677.
2	Provide the estimated percentage of the curr	rent vear end balance	(line 1a. colu	ımn (a)	) held as:		-				
а	Board designated or quasi-endowment	13.0000	%	( )	,						
b	Permanent endowment 87.0000	%	_								
С		<del></del> *									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse		tion that are	neld an	nd administer	ed for the					
	organization by:	ŭ							ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		Х
									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		Part IV, line	11a. S	ee Form 990	Part X, lin	e 10.				
	Description of property	(a) Cost or ot			or other		umulated		(d) Bool	c value	 e
	2 333p.1.31. 31 proporty	basis (investm		•	(other)		eciation		, 2, 200		-
1a	Land										
	Buildings										0.

Schedule D (Form 990) 2023

e Other

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))

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

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

Schedule D (Form 990) 2023

40,943.

(6) (7) (8) (9)

Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	e per Return				
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.					
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					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b		4c				
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	2.)	5				
Par	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	ses per Return				
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.					
1	Total expenses and losses per audited financial statements		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					
С	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:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b		4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5				
	t XIII Supplemental Information						
	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,						
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.					
חתגת	VI TIME A.						
PART	V, LINE 4:						
EMDO	LIMENIO BITNING						
ENDO	WMENT FUNDS						
m	TOURDAMED ON DATING DRIVING HAD SMUDDING SQUALARGUED	a ave programa					
THE	FOUNDATION RAISES PRIVATE FUNDS FOR STUDENT SCHOLARSHIP:	S AND PROGRAMS,					
anea	TAI DDOIDGOG TNGODUGOTONAI BOUTDWEND DDOEGGTONAI DEV	ELODMENII AND					
SPEC	IAL PROJECTS, INSTRUCTIONAL EQUIPMENT, PROFESSIONAL DEVI	ELOPMENT, AND					
mur	CADIMAI MEEDS OF COMMINIMY SOLIEGE OF DUTLADELDUTA FMD	OMMENT FINDS					
THE	CAPITAL NEEDS OF COMMUNITY COLLEGE OF PHILADELPHIA. END	OMMENI LONDS					
7 D E	HIGED MO ENUANCE AND ENDICH MUE EVDEDIENGES OF ALL OF MU	OCE.					
ARE	USED TO ENHANCE AND ENRICH THE EXPERIENCES OF ALL OF TH	JSE					
TNDI	INDIVIDUALS, ORGANIZATIONS, AND COMMUNITIES THAT PARTICIPATE IN AND						
DEME	ETM EDON MUE AGMINIMIEG OF MUE GOLLEGE, MUE EGUNDAMION'	C ENDOUMENE					
BENEFIT FROM THE ACTIVITIES OF THE COLLEGE. THE FOUNDATION'S ENDOWMENT							
EIIND	G ARE LIGER TO PROVIDE OFFICE COLORS TO ALL ARCHITECTURE AND GURDON	DDOGDAMG AND					
т оир	S ARE USED TO PROVIDE STUDENT SCHOLARSHIPS AND SUPPORT	TROGRAMS AND					
ביאים	ENDONED DAGWEN DOGUMONG						
	WED FACULTY POSITIONS.						

#### COMMUNITY COLLEGE OF PHILADELPHIA

Schedule D (Form 990) 2023 FOUNDATION	23-2612698	Page 5
Schedule D (Form 990) 2023 FOUNDATION  Part XIII Supplemental Information (continued)		<u> </u>
(continued)		

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

rame of the organization COMMUNITY FOUNDATION	COLLEGE OF PHILADELPHIA					23-261269	8	
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 1			
required to complete this par	t.							
	e Solicitat f Solicitat g Special or oral agreement with any individual orart VII) or entity in connection with pr	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees,	Yes		
<b>b</b> If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the		ant to	agreei	ments under which t	he fur	ndraiser is to be	<del>;</del>	
(i) Name and address of individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions?		(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	_				
Total								
List all states in which the organization or licensing.				or has been notified	l it is	exempt from re	gistration	

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

Schedule G (Form 990) 2023

Pa	art i	of fundraising events. Complete if the of fundraising event contributions and groups.				
	l .	or furidialsing event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
			BLACK&GOLD GALA	(b) Event #2	NONE	(d) Total events
			2023		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
e			(event type)	(event type)	(total flumbol)	
Revenue	1	Gross receipts	584,794.			584,794.
	2	Less: Contributions	519,794.			519,794.
	3	Gross income (line 1 minus line 2)	65,000.			65,000.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	14,660.			14,660.
Direct Expenses	7	Food and beverages	52,142.			52,142.
Dire		Entertainment	7,500.			7,500.
	9	Other direct expenses				38,141.
	10					112,443.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)			-47,443.
Pa	art I		answered "Yes" on Form	990, Part IV, line 19,	or reported more than	
	_	\$15,000 on Form 990-EZ, line 6a.	Г	T		т
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bing		(d) Total gaming (add col. (a) through col. (c))
Revenue			-	ningo/progressive ning	JU	coi. (a) through coi. (c)
Re	١.	0				
	'	Gross revenue				+
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes	% Yes%	
	۾	Volunteer labor	No	No	No No	
	"	Volunteer labor	L NO		INO	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
а	ı Is t	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	) If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re			ax year?	Yes No
C	, 11	Yes," explain:				
	_					
	_					
3320	82 09	9-13-23			Sche	edule G (Form 990) 2023

#### COMMUNITY COLLEGE OF PHILADELPHIA

Sch	edule G (Form 990) 2023 FOUNDATION 23	-201209	Ö	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	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?	🔲 '	Yes	☐ No
b	olf "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:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?	,	Yes	☐ No
h	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 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III. line	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	<u> </u>		
SCH	EDULE G, PART II			
	CONSTRUCTOR OF DUTINDES DATA ROUNDATION WITH THE DATA AND			
THE	COMMUNITY COLLEGE OF PHILADELPHIA FOUNDATION HELD ITS BLACK AND			
GOL	D GALA ON JUNE 12, 2024 AT VIE BY CESCAPHE.			

### COMMUNITY COLLEGE OF PHILADELPHIA

Schedule G	(Form 990)	FOUNDATION	23-2612698	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (continued)		
	• • • • • • • • • • • • • • • • • • • •	Continuedy		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COMMUNITY COLD FOUNDATION	LEGE OF PHILAI	DELPHIA					Employer identification number 23-2612698
Part I General Information on Grants a	nd Assistance						23-2012090
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro-	o substantiate the				-		
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY COLLEGE OF PHILADELPHIA 1700 SPRING GARDEN							
PHILADELPHIA, PA 19130	23-6191672	170(C)(1)	2,252,155.	0.			PROGRAM SUPPORT
COMMUNITY COLLEGE OF PHILADELPHIA 1700 SPRING GARDEN PHILADELPHIA, PA 19130	23-6191672	170(C)(1)	64,310.	0.			PROGRAM SUPPORT - COMMUNICATIONS DEPARTMENT
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations	-					1	1.

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

COMMUNITY COLLEGE OF PHILADELPHIA

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (e) Method of valuation (f) Description of noncash assistance (b) Number of (c) Amount of (d) Amount of non-(book, FMV, appraisal, other) recipients cash grant cash assistance TUITION, FEES, BOOKS, MATERIALS AND EMERGENCY/BASIC NEEDS FUNDING 0 1250 1,794,501. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: PROCEDURE FOR MONITORING THE USE OF GRANT AND GIFT FUNDS IN THE U.S. THE COMMUNITY COLLEGE OF PHILADELPHIA FOUNDATION MONITORS THE USE OF GRANT FUNDS TO ENSURE COMPLIANCE WITH FUNDER REQUIREMENTS. FUNDS ARE EXPENDED BASED ON ESTABLISHED GUIDELINES/CRITERIA (I.E. GRADE POINT AVERAGE AND NUMBER OF CREDITS FOR SCHOLARSHIPS. OR THE SCOPE OF WORK FOR OTHER SPECIAL PROJECTS THAT SUPPORT STUDENT SUCCESS). THE FOUNDATION ALSO MAKES CONTRIBUTIONS TO COMMUNITY COLLEGE OF PHILADELPHIA TO MEET CAPITAL AND

OPERATING NEEDS TO SUPPORT THE COLLEGE'S CAMPUS DEVELOPMENT EFFORTS

Schedule I (Form 990)

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

COMMUNITY COLLEGE OF PHILADELPHIA

FOUNDATION

Employer identification number 23-2612698

Pa	art I Questions Regarding Compensation	<u> </u>			
				Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any	of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any rel	levant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization	n follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described at	bove? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing	g or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, re-	egarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to	establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check an	ny boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but ex	plain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, S	ection A, line 1a, with respect to the filing			
	organization or a related organization:				
	Receive a severance payment or change-of-control payment?		<u>4a</u>		X
	Participate in or receive payment from a supplemental nonqua		4b		Х
С	Participate in or receive payment from an equity-based compe		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the ap	pplicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did	d the organization pay or accrue any compensation			
	contingent on the revenues of:		_		v
	The organization?				X
b			. <u>5b</u>		Λ
	If "Yes" on line 5a or 5b, describe in Part III.	d the consider the constant of			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did	d the organization pay or accrue any compensation			
	contingent on the net earnings of:		0-		Х
	The organization?		6a		
b			. 6b		Х
7	If "Yes" on line 6a or 6b, describe in Part III.	d the ergenization provide any perfixed neumants			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did		7		Х
0	Were any amounts reported on Form 990, Part VII, paid or acc	ary and purple at to a contract that was subject to the	··   <u>'</u>		
8					х
0		4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable				
	negulations section 55.4956-6(C)?		.   9		

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

Schedule J (Form 990) 2023

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MELLISSIA ZANJANI	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	183,026.	0.	0.	18,303.	14,728.	216,057.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

FOUNDATION

Tarkiii Ouppenional information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART 1, LINE 3
THE FOUNDATION RELIES ON A METHOD OF ESTABLISHING COMPENSATION USED BY
A RELATED ORGANIZATION (COMMUNITY COLLEGE OF PHILADELPHIA) TO
ESTABLISH, PROVIDE, AND MONITOR COMPENSATION OF THE CEO/EXECUTIVE
DIRECTOR. THE EXECUTIVE DIRECTOR IS THE EMPLOYEE OF THE COLLEGE, AND
THE FOUNDATION RELIES ON THE COLLEGE TO ENSURE THAT COMPENSATION IS
FAIR AND REASONABLE BASED ON THE JOB DESCRIPTION AS WELL AS THAT
COMPENSATION REPORTING (I.E. FORM W-2) IS CORRECT FOR FEDERAL, STATE
AND LOCAL TAX PURPOSES. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

# **SCHEDULE 0** (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Inspection

COMMUNITY COLLEGE OF PHILADELPHIA Name of the organization **Employer identification number** FOUNDATION 23-2612698 LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AS THE FUNDRAISING ARM OF THE COLLEGE. THE FOUNDATION EXISTS SOLELY TO SUPPORT THE COLLEGE'S MISSION BY BRINGING TOGETHER COMMUNITY LEADERS WHO WILL SERVE AS AMBASSADORS OF THE COLLEGE. BROADENING THE COLLEGE'S IMAGE WITHIN THE COMMUNITY. THE FOUNDATION SERVES THE COLLEGE BY CREATING PARTNERSHIPS WITH INDIVIDUALS, BUSINESSES, ORGANIZATIONS AND FOUNDATIONS TO RAISE PRIVATE GIFTS FOR SCHOLARSHIPS, STUDENT SUCCESS PROGRAMMING AND INITIATIVES, INSTRUCTIONAL EQUIPMENT, PROFESSIONAL DEVELOPMENT, AND FACILITY, FURNITURE, AND EQUIPMENT NEEDS OF THE COLLEGE. FORM 990, PART VI, SECTION A, LINE 7A: GOVERNING BODY AND MANAGEMENT PER THE FOUNDATION'S BYLAWS, THE FOUNDATION WILL HAVE NO MEMBERS, AS SUCH OF THE CORPORATION. THE GOVERNANCE COMMITTEE OF THE FOUNDATION BOARD OF DIRECTORS SHALL PREPARE A LIST OF NOMINEES FOR THE BOARD OF DIRECTORS WHICH SHALL BE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. THE COLLEGE'S BOARD OF TRUSTEES SHALL HAVE THE EXCLUSIVE RIGHT, WITH REGARD TO THE CORPORATION, TO APPOINT THREE MEMBERS OF THE FOUNDATION BOARD OF DIRECTORS. IN ADDITION TO ITS EXCLUSIVE RIGHT TO APPOINT THREE MEMBERS OF THE FOUNDATION BOARD OF DIRECTORS. THE COLLEGE'S BOARD OF TRUSTEES SHALL HAVE THE EXCLUSIVE RIGHT TO AMEND THE FOUNDATION'S ARTICLES OF INCORPORATION. FORM 990, PART VI, SECTION A, LINE 7B:

SEE EXPLANATION FOR FORM 990, PART VI, LINE 7A.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

COMMUNITY COLLEGE OF PHILADELPHIA Name of the organization **Employer identification number** FOUNDATION 23-2612698 FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 REVIEW PROCESS THE FORM 990 IS PREPARED BY AN OUTSIDE TAX ACCOUNTANT BASED ON INFORMATION PROVIDED BY THE COMMUNITY COLLEGE OF PHILADELPHIA FOUNDATION AND IS SUBSEQUENTLY REVIEWED BY MANAGEMENT AND THE FINANCE AND INVESTMENT COMMITTEE. ONCE A FINAL DRAFT HAS BEEN PREPARED. ALL MEMBERS OF THE BOARD OF DIRECTORS ARE INVITED TO REVIEW THE FORM AND PROVIDE ADDITIONAL COMMENTS AND QUESTIONS PRIOR TO FILING. AFTER MAKING ANY REMAINING EDITS AND DISCUSSING OUTSTANDING ITEMS, THE FORM IS ELECTRONICALLY SUBMITTED TO THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT ON INTEREST POLICY THE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AND OFFICERS ARE REQUIRED TO COMPLETE A FORM ON AN ANNUAL BASIS TO DISCLOSE ANY INTEREST THAT MAY ARISE INTO CONFLICTS. THE POLICY OUTLINES THE PROCESS FOR HANDLING ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. THE FOUNDATION'S EXECUTIVE DIRECTOR AND OFFICERS MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY. ANY DIRECTORS WITH A STATED CONFLICT OF INTEREST MAY NOT PARTICIPATE IN VOTING IF THE TOPIC COULD BE CONSIDERED A CONFLICT OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: PROCESS OF DETERMINING COMPENSATION THE FOUNDATION RELIES ON A PROCESS USED BY A RELATED ORGANIZATION (COMMUNITY COLLEGE OF PHILADELPHIA) TO ESTABLISH, PROVIDE AND MONITOR THE COMPENSATION OF ITS EXECUTIVE DIRECTOR, WHO IS AN EMPLOYEE OF THE COLLEGE,

Schedule O (Form 990) 2023

TO ENSURE THAT COMPENSATION IS FAIR AND REASONABLE BASED ON THE JOB

Schedule O (Form 990) 2023

Page 2

COMMUNITY COLLEGE OF PHILADELPHIA **Employer identification number** Name of the organization FOUNDATION 23-2612698 DESCRIPTION AS WELL AS THAT COMPENSATION REPORTING (I.E. FORM W-2) IS CORRECT FOR FEDERAL, STATE AND LOCAL TAX PURPOSES. THE PRESIDENT OF COMMUNITY COLLEGE OF PHILADELPHIA DETERMINES THE LEVEL OF COMPENSATION FOR THIS EMPLOYEE IN COORDINATION WITH INFORMATION PROVIDED BY THE COLLEGE'S HUMAN RESOURCES OFFICE. COMPARABILITY DATA IS USED FROM A VARIETY OF NATIONAL EXTERNAL SOURCES SUCH AS CUPA-HR, NACUBO, CASE (COUNCIL OF ADVANCEMENT AND SUPPORT OF EDUCATION), ETC. THE COLLEGE'S BOARD OF TRUSTEES APPROVED THE HIRING OF THE PRESIDENT. THE FOUNDATION DOES NOT HAVE EMPLOYEES AND SALARIES ARE PAID BY THE COLLEGE. OFFICERS AND DIRECTORS OF THE FOUNDATION SERVE ON A VOLUNTEER BASIS AND ARE NOT COMPENSATED FOR THEIR SERVICE. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,CA,CO,CT,FL,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NV,NY,OH,OK,OR RI,SC,TN,UT,WA,WI,WV FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, IRS FORM 1023 AND FORM 990. AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE. THE LINK TO THESE DOCUMENTS IS HTTPS://FOUNDATION.CCP.EDU/FINANCIALS FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: NET ASSET TRANFER FROM CCP 442,307.

#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

COMMUNITY COLLEGE OF PHILADELPHIA

FOUNDATION

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule R (Form 990) 2023

23-2612698

(a)	(b)	(c)	(d)		e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		<b>I</b>	ear assets	Direct of	Direct controlling entity	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organizat	ion answered "Yes" on Form 990	), Part IV, line 34, I	Decause it had or	ne or more	related tax-exe	empt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	(g) Section 512(b)( controlled entity?	
		,,,		501(c)(3))			Yes	No
COMMUNITY COLLEGE OF PHILADELPHIA - 23-6391672, 1700 SPRING GARDEN STREET,								
PHILADELPHIA, PA 19130	EDUCATION	PENNSYLVANIA	527		N/A			Х
CCP CAREER & ADVANCED TECH. CTR. INC								
85-3760715, 1700 SPRING GARDEN STREET,								
PHILADELPHIA, PA 19130	RE DEVELOPMENT	PENNSYLVANIA	501(C)(3)	LINE 12A, I	N/A			Х

		0 11 77 1	"' " " " " " " " " " " " " " " " " " "	D . N . P . O .		
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34	, because it had one of	r more related
Part III	organizations treated as a partnership during the tax year.		·	,	,	

(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income	Share of total	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box	Genera manag partne	Percentage ownership
	country)		Sections 512-514)			Yes	No	K-1 (FORM 1065)	Yes	lo
RE DEVELOPMENT	PA	N/A					x	N/A	x	
	Primary activity	Primary activity  Legal domicile (state or foreign country)	Primary activity  Legal domicile (state or foreign country)  Direct controlling entity	Primary activity  Legal domicile (state or foreign country)  Direct controlling entity  entity  Predominant income (related, unrelated, excluded from tax under sections 512-514)	Primary activity  Legal domicile (state or foreign country)  Direct controlling entity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income	Primary activity  Legal domicile (state or foreign country)  Direct controlling entity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income end-of-year assets	Primary activity  Legal domicile (state or foreign country)  Direct controlling entity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income end-of-year assets  Disprop	Primary activity  Legal domicile (state or foreign country)  Direct controlling entity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income end-of-year assets  Tisproportionate end-of-year assets  Yes No	Primary activity  Legal domicile (state or foreign country)  Direct controlling entity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income end-of-year assets  Share of end-of-year assets  Yes No  Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Primary activity  Legal domicile (state or foreign country)  Direct controlling entity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income end-of-year assets  Share of end-of-year assets  Yes No  Disproportionate allocations?  Yes No  General managing partner assets

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
	During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed in	Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
	Gift, grant, or capital contribution to related organization(s)				1b	Х		
	Gift, grant, or capital contribution from related organization(s)				1c		Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)							
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
	Performance of services or membership or fundraising solicitations for related organ				11	Х		
m	Performance of services or membership or fundraising solicitations by related organ	ization(s)			1m	Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х	
	Sharing of paid employees with related organization(s)				10	Х		
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r	Х		
s	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered re	lationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved			
		type (a-s)	, and an	g amount in	. 5,,,,,			
1) <sup>1</sup>	// A		0.					
٥١								

(1) N/A
(2)
(3)
(4)
(5)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

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Schedule R (Form 990) 2023