Form **990**

EXTENDED TO FEBRUARY 15, 2017

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AF	or the	2015 calendar year, or tax year beginning $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ending ,	<u>JUN 30, 2016</u>	
Вс	heck if plicable:	C Name of organization		D Employer identifi	cation number
aj		I TROT EUTHWOOMENTY EXPENDATORY CHRESTER	₹.		
	Address change	SCHOOL			
	Name change	Doing business as		23-3	062230
Ī					
	Initial return Final	Number and street (or P.O. box if mall is not delivered to street address) 4300 TACONY STREET	Room/suite		743-3100
<u> </u>	gled fermin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	21,735,338.
1	Amende Jelum	PHILADELPHIA, PA 19124		H(a) is this a group re	
	Jejum Applica Ilion	F Name and address of principal officer:DR. JOSEPH GILLESPI	r Fi	for subordinates	? ☐Yes X No
i	beugjuð Triou	SAME AS C ABOVE	تيد	Wh) And Burning distance I	ncluded? Yes No
		mpt status: X 501(c)(3)	or 52		list, (see instructions)
1:	ax exe	HTTP://WWW.AP-SCHOOLS.ORG/FIRSTPHILADE			
			XIII Tea	i oi iorinadon, ZVVZ[j	A state of legal definition, E.A.
Pa		Summary	n 73.771	Y N 1731 Y 1711 T N 1711	EID A D A MODIC
d)		Briefly describe the organization's mission or most significant activities: FTRS			
Activíties & Governance		CHARTER SCHOOL IS IN EXISTENCE TO PROVIDE			
ern L		Check this box 🕨 🔲 If the organization discontinued its operations or dispos			
ò		lumber of voting members of the governing body (Part VI, line 1a)			5
છ જ		lumber of independent voting members of the governing body (Part VI, line 1b)		1	5
es		otal number of Individuals employed in calendar year 2015 (Part V, line 2a)			232
爭	6 1	otal number of volunteers (estimate if necessary)		6	0
3	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	
~	1 d	let unrelated business taxable income from Form 990-T, line 34			0.
		•		Prior Year	Current Year
40	8 (Contributions and grants (Part VIII, line 1h)	L	2,862,011.	25,000.
Ž.		Program service revenue (Part VIII, line 2g)		16,057,825.	20,554,521.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	1,162.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,154,655.
;		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,919,836.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), Ilnes 5-10)	· ·	11,007,733.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š		Fotal fundralsing expenses (Part IX, column (D), line 25)			
쬤		Other expenses (Part IX, column (A), Ilnes 11a-11d, 11f-24e)		9,109,598.	9,922,241.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,117,331.	
	ł	•		-1,197,495	
58		Revenue less expenses, Subtract line 18 from line 12		Beginning of Current Year	†
		F. 1. () 100 1 141 (b) 103	<u> </u>	10,532,472.	
Assets d Baland	20	Total assets (Part X, Ilne 16)	······		12,018,796. 21,298,375.
ਜ਼ਰੂ		Total liabilities (Part X, line 26)	······-		
22.0		Net assets or fund balances. Subtract line 21 from line 20		-9,748,352.	-9,279,579.
	ert	Signature Block			(
		liles of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is
truo	correc	t, and complete. Declaration of prepared (other than officer) is based on all information of wi	nich prepar	er has any knowledge.	+
		(Voreph to Felles gie)			102/2017
Sig	n	Signaldre of difficer		Date	1 (
l e	e	DR. JOSEPH GILLESPIE, PRINCIPAL			
		Type or print name and title	,		
		Print/Type preparer's name Pfsparer's signature		Date Check	PTIN
Pale	ı	DONNA SCAMBY-POWERS Donna Carby	wed	8 1 11 self-empto	yed P00671750
Pre	arer	Firm's name ZELENKOFSKE AXELROD LLC		Firm's EIN	27-0710060
Use	Only	Firm's address 2370 YORK ROAD, SUITE A-5			
	-	JAMISON, PA 18929		Phone no. 21	5-918-2277
Mar	the IF	IS discuss this return with the preparer shown above? (see instructions)		***************************************	X Yes No
	01 12-1		ons.		Form 990 (2015)

Form 990 (2015)

4e Total program service expenses ▶

Form	990 (2015) SCHOOL 23-3062.	430	Fa	ige o
Par	t IV Checklist of Required Schedules		Yes	No
		_ +	63	<u> 140 </u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
	K IIV-n II complete Schedule A	2		X
3	Is the organization required to complete 3chebble B, consider or organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		X
	and the state of t			
4	Service 504(a)(2) organizations. Did the organization engage in lobbying activities, or have a section 50 1(ii) election in energy	4		Х
		-4		
5	Letter exemplation a paction 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership does, assessmented of	5		Х
·	tullar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	3		
6	and the majortain any depart advised funds or any similar funds or accounts for which donors have the right to	6		Х
•	provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, Complete Schedule B, Yak,	0		-21
7	but the exceptration receive or hold a conservation easement, including easements to preserve open space,	,		х
•	the target and grove or historic structures? If "Yes." complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Tes, complete			x
Ū	Out-adds D. Dord III	8		<u> </u>
9	Did the appreciation report on amount in Part X. line 21, for escrow or custodial account liability, serve as a custodial for			
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	16 W Nlate Cahadula D. Part IV	9		
10	Distance aggregation, directly or through a related organization, hold assets in temporarily restricted endowners, permanent			- V
10	t and a supplied and automorte 2 If "Vas." complete Schedule D. Part V	10		X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	P (.1.			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	B 478	11a	X	┼──
L	Bill the expeniention report an amount for investments - other securities in Part X, line 12 that is 5% of more of its total			7
	and the part V line 162 If "Ves " complete Schedule D, Part VII	11b		<u> X</u>
	Bill the experiention report an amount for investments - program related in Part X, line 13 that is 5% of more of its total	Î		37
	Lucia Day V line 162 If "Ves." complete Schedule D. Part VIII	11c		<u>X</u>
_	assets reported in Part X, line 101 in 163, complete considered X, line 15 that is 5% or more of its total assets reported in			
(But V III 160 If IVon II complete Schedule D. Part IX	11d		
	Biddle arganization report an amount for other liabilities in Part X, line 25? If "Yes," complete Scredule D, Part X	11e	X	
•	state was right in a congrete or consolidated financial statements for the tax year include a controle that addresses			
1	is a seriestically lightly for uncertain tay positions under FIN 48 (ASC 740)? If "Yes," complete schedule D, 7 at 7.	11f	-	<u> X</u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Ontroduction D. Dorto VI and VII	12a	X	
	We the average tion included in consolidated, independent audited financial statements for the tax year?			
1	to the accompanies of the accompanies of the accompanies of the second s	12b	<u> </u>	X_
	to a reconstruction a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
13	Division maintain an office, employees, or agents outside of the United States?	14a	ļ.,	<u>X</u>
14	BLUE Committee have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,			
	b Did the organization have aggregate revenues of oxperious at many and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	a K W B late Cahadula E Parts L and IV	14b		X
	Column (Δ) line 3 more than \$5,000 of grants or other assistance to or for any			- }
15	Van C. K. Was II apmolete Schedule F. Parts II and IV	15		X_
	bid the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
	or for foreign individuals? If "Yes," complete screedile?, I also in all of Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	144.0 K IV/4 a II complete Schodule G. Patt I	17	1_	X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Fart 1. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	Did the organization report more than \$15,000 total or runoralising event group interest and a second a second and a second a second and a second an	18		X
	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	Did the organization report more than \$15,000 or gross income from garning activities on the complete Schedule G, Part III	19		X
	complete Schedule G, Part III	-	00	೧ (2015

Par	t IV Checklist of Required Schedules (continued)		Ver	No.
			Yes	No X
ንበ።	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
LUA h	14 "Ves" to line 202, did the organization attach a copy of its audited financial statements to this return?	20b		
21	PLANT Annual relation report more than \$5,000 of grants or other assistance to any domestic organization or			Х
۷,	demostic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Pid the aggregation report more than \$5,000 of grants or other assistance to or for domestic individuals of	00		Х_
22	- LNC L - (A) P-2 00 If "Voc." complete Schedule I Parts I and III	22		
23	But the expeniention answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization's current			
LO	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		Х_
		23		-21
24a	Bit the experience have a tay 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
	a to the WithMall was to line 250	24b		
b	Did the aurenization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease	24c		1
	the mode 0	24d		
d	Did the expeniention act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		_
25a	504(-Vo) 504(-Vo) and 504(c)(29) organizations. Did the organization engage in an excess belief	25a		X
	" " " " " " " " " " " " " " " " " " "	254		
b	the superather superather it engaged in an excess benefit transaction with a disqualified person in a prior your, and		İ	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		Х
	O. L. Ada J. Dovid J.	200		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		1	
	Did the organization report any amount of Yarry, links o, o, or a new former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		X
			_	 -
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ļ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or tarming member.	27		X
	of any of these persons? If "Yes," complete Schedule L, Part III		1	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			Ì
	instructions for applicable filing thresholds, conditions, and exceptions):	28a		X
ı	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
ı	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	-		
,	A family member of a current of former officer, director, trustee, or key employee (or a family member thereof) was an officer, An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		X
				X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			7
30	Did the organization receive more than \$4.5 jobs in the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	1 _	X
	contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		X
	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of his not assess.	32		X
	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	Did the organization own 100% of an entity disregarded as separate from the organization own 100% of an entity disregarded as separate from the organization own 100% of an entity disregarded as separate from the organization own 100% of an entity disregarded as separate from the organization own 100% of an entity disregarded as separate from the organization own 100% of an entity disregarded as separate from the organization own 100% of an entity disregarded as separate from the organization own 100% of an entity disregarded as separate from the organization own 100% of an entity disregarded as separate from the organization own 100% of an entity disregarded as separate from the organization own 100% of an entity disregarded as separate from the organization own 100% of an entity disregarded as separate from the organization of the or	33	_	X
	sections 301.7701-2 and 301.7701-3? If "Yes, "complete Schedule II, I also sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		. 34	_ _X	
	Part V, line 1 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	358	1	X
35	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-	ļ	
		. 351	٠	
	within the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning of section 512(b)(13)? If Yes, complete occidence is the meaning occidence in the meaning occidence is the meaning occidence is the meaning occidence in the meaning occidence is the meaning occiden	'		
36	1.1. Out-style P. Port V. lipo 2	. 36	;	_ X
	of its activities and left more than 5% of its activities through an entity that is not a related organization	- 1		
3	to the contraction of the contra	37	<u>'</u>	_ <u>X</u>
_	BLANK assembled a complete Schedule O and provide explanations in Schedule O for Part VI, lines 110 and 151	- 1		_
3	Note. All Form 990 filers are required to complete Schedule O	38		
	NOTE: All FORTH 330 Hoto dro regaines to 12 mg/s.	For	m 99	90 (201:

	FIRST PHILADELPHIA PREPARATORY CHARTER 23-30622	30	Page 5
	990 (2015) SCHOOL SCHOOL Filings and Tay Compliance		
ar	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	
	Check it Schedule O contains a response of note to any me	Yes	s No_
	1a 54		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 54 1b 0		
b	Enter the number of Forms W-2G included in line 1a. Enter 45 in Not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ļ	
С	Oid the organization comply with backup with localing rules to report to pay the pay t	1c	
	(gambling) winnings to prize winters? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		
2a	Enter the number of employees reported on Form WS, Harsimidal of Wage and State of State of Enter the number of employees reported on Form WS, Harsimidal of Wage and State of State of Enter the number of employees reported on Form WS, Harsimidal of Wage and State of State of Enter the number of employees reported on Form WS, Harsimidal of Wage and State of Enter the number of employees reported on Form WS, Harsimidal of Wage and State of Enter the number of employees reported on Form WS, Harsimidal of Wage and State of Enter the number of employees reported on Form WS, Harsimidal of Wage and State of Enter the number of employees reported on Form WS, Harsimidal of Wage and State of Enter the number of employees reported on Form WS, Harsimidal of Wage and State of Enter the number of employees reported on Form WS, Harsimidal of Wage and State of Enter the Number of Enter the		
	filed for the calendar year ending with or within the year covered by the returns? If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> X</u>
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		•
	Note. If the sum of lines is a and 2a is greater than 250, you may be a line or an interest an	3a	X_
	trust a library a floor of Earth 900. T for this year? If "No," to line 3b, provide an explanation in Schedule 9	3b _	
b	the standar year did the organization have an interest in, or a signature of other additions over, a		1
4a	At any time during the calendar year, and the organization rather financial account, or other financial account)?	4a	<u> X</u>
	If the same of the foreign country	1	
	and the treatient for filling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (LDAN).	ļ	7,
	the amonimation a party to a prohibited tax shelter transaction at any time during the tax years	5a	<u> X</u>
	Bit any tayable party patify the organization that it was or is a party to a prohibited tax sheller transaction:	5b	X
	The Property of the Aid the ergonization file Form 8886-T?	5c	_+
C Ca	the expeniencian bays appual gross receipts that are normally greater than \$100,000, and did the organization defined		77
	and the state were not tax deductible as charitable contributions?	6a	X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	.	
D	were not tax deductible?	6b	
7	and the state of describing contributions under section 170(c).		Х
_	Did the organization receive a nayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor.	7a	- ^ -
	Killy as it did the organization notify the donor of the value of the goods or services provided:	7b	
· ·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		X
	to file Form 8282?	7c	
	70 / / / / / / / / / / / / / / / / / / /	7.	
•	Stutte exemplation receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	_ _
f	as a state of the		-
•	the standard contribution of qualified intellectual property, did the organization file i offi obsolus requires	7g 7h	
ŀ	the experience received a contribution of cars, boats, airplanes, or other venicles, did the organization field from 1995		- -
8	On a parting expenient one maintaining donor advised funds. Did a donor advised tund maintained by the	8	İ
	sponsoring organization have excess business holdings at any time during the year?		
9	Spansoring organizations maintaining donor advised funds.	9a	
	and the arganization make any taxable distributions under section 4966?	9b	
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
1	- Initiation fees and capital contributions included oil Fait VIII, line 12	1	
1	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of olds receipts.	1	
11	Section 501(c)(12) organizations. Enter:		
	O income from members of shareholders	1	
	b Gross income from other sources (Do not net amounts due or paid to other sources against		
	amounts due or received from them.) a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization falling to the year 12b	<u> </u>	1
	h If "Yes," enter the amount of tax-exempt interest received of accided during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	13a	
	a Is the organization licensed to issue qualified freatiff plans in more than other than other data. Note. See the instructions for additional information the organization must report on Schedule O.		
	Note. See the instructions for additional information the organization which the instructions for additional information the organization which the instructions for additional information the organization which the instructions for additional information the organization which the instructions for additional information the organization which the instructions for additional information the organization which the instructions for additional information the organization which the instructions for additional information the organization which the instructions for additional information the organization which the instruction is required to maintain by the states in which the		
	b Enter the amount of reserves the organization is required to maintain by a superior organization is licensed to issue qualified health plans	_	
	The the amount of recenues on hand	1	
_	c Enter the amount of reserves of Haird La Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
14	a Did the organization receive any payments for indext taking a continuous explanation in Schedule O	14b	İ

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2015)

SCHOOL Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 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 in Schedule O. b Enter the number of voting members included in 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 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 6 X 7a more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 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 in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►PA Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Other (explain in Schedule O) X Upon request ____ Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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: SANTILLI & THOMSON, LLC - 856-505-1300 08053 FOUR GREENTREE CENTRE, 601 ROUTE 73 NORTH, SUITE 302, Form 990 (2015)

Page 7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

and former such persons. Check this box if neither the organization r	or any related	orga	niza	tion	con	npen	sate	ed any current officer, o	lirector, or trustee.	(m)
(A) Name and Title	(B) Average hours per	(do	not ci	(C Posi neck ss pe	2) ition more rson i	than d	one n an	Reportable compensation	Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099·MISC)	compensation from the organization and related organizations
(1) JOHN MACDONALD	1.00	Х						0.	0.	0.
PRESIDENT (2) KARIN Y. COGER	1.00				-			0.	0.	0.
VICE PRESIDENT (3) ANITA KAISER	1.00	X	-					0.	0.	0.
TREASURER (4) BARBARA SAUNDERS	1.00	X		-				0.	0.	0.
SECRETARY (5) THERESA GRUMBRECHT	1.00	_			-			0.	0.	0.
MEMBER (6) JOSEPH GILLESPIE PHD	40.00					Х		149,730	0.	33,025.
			, in the second							
		+-	-							
		 		+	-					
		-	-							
		_	_	-			-			
		$\frac{1}{1}$		_	+					
										Form 990 (2015

Form 990 (2015) SCHOOL									23-300	<u> </u>	<u> </u>	90 -	
Part VII Section A. Officers, Directors, T (A) Name and title	rustees, Key Emp (B) Average hours per	(C) Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	irecto	Highest compensated A	ee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation			
				_	_					<u> </u>			
		1								_			
		-											
			\vdash	-		ļ	-	,					
		-	-	-	+	-	-						
		1	_	1_	-	<u> </u>	ļ						
													
		 -	†-	-	-		<u> </u>	8					
		-	+	-	-	+-	-						
			Ĺ		_	<u> </u>	<u> </u>	149,730).	33,0	25.	
1b Sub-total c Total from continuation sheets to P	art VII. Section A						>	0)		0.	
								149,730	·	0.	33,0)25.	
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization	but not limited to	thos	e lis	ted	aboʻ	ve) v	/ho r	eceived more than \$10				1	
								highest componented	employee on	Г	Yes	No	
3 Did the organization list any former of line 1a? If "Yes," complete Schedule.	I for euch individus	al								_:	3	<u> </u>	
 Ine 1a? If "Yes," complete Scriedule For any individual listed on line 1a, is and related organizations greater tha 	the sum of reports	ble	com	pen	satio	on ar	nd o	ther compensation iroi	II the organization		4	X	
= Distance paragraphic on line 1a recei	ve or accrue comp	ens	atior	า fro	m a	ny u	rela	ted organization of ind	Middal for 301 vioco		_	X_	
rendered to the organization? If "Yes	" complete Sched	ule .	J for	suc	n pe	ersor					5		
Section B. Independent Contractors 1 Complete this table for your five high	est compensated	inde	pen	deni	t cor	ntrac	tors	that received more that	in \$100,000 of comp	ensati	on from		
the organization. Report compensati	on for the calenda A)	r yea	ar <u>en</u>	ding	j wi <u>t</u>	h or	with	(B)			(C)		
Name and bu	siness address							Description o	f services	Cor	npensat	1011	
LINTON'S MANAGED SERV	ICES, 4 S. 00, BLUE	EN:	LL	Υ ,]	PA			FOOD SERVIC	E		<u>743,</u>	730.	
INTTED HEALTHCARE	PARKWAY EAST, SUITE 100, BLUE BELL, PA FOOD SERVICE UNITED HEALTHCARE HEALTHCARE HEALTHCARE										627,	072.	
DEP CH 10151, PALATIN AMERICAN PARADIGM SCH 8101 CASTOR AVENUE, P	OOLS			PΑ	1	91	52		IAGEMENT		524,	381.	
TNDEPENDENCE BLUE CRO	SS							HEALTHCARE			419,	95 <u>5</u> .	
P.O. BOX 8500, PHILAD R&A PERSONAL TOUCH CL 618 MAPLE AVENUE, PHI	EANING SE	RV	LC. PA	E 1	91	16		CUSTODIAL S			310,	243.	
2 Total number of independent contra	ictors (including bu	ıt no	t lim	ited	to t	those 5	e list	ed above) who receive	d more than				
\$100,000 of compensation from the	organization -						_			F	orm 99 0	0 (2015)	

SCHOOL

Parl	t Vill	Statement of Revenue					
		Check if Schedule O contains a respon	se or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
- T							
Contributions, Girls, Grants and Other Similar Amounts		Federated campaigns 1a					ļ
5 2		Membership dues 16	25 000				
A S	C	; Tulidialsing evente	25,000.				
<u> </u>	d	Neiated organizations					
Sin Si	e	dovernment grante (serial and)					
e H	f	All other contributions, gifts, grants, and similar amounts not included above					
를							
5 5	g			25,000.			<u> </u>
O 42	<u>h</u>	i Total, Add lines ra-11	Business Code		,		
_	•	TOOL TOUGHTON ACENCY	624210	17,474,301.	17,474,301.		
je Je		LOCAL EDUCATION AGENCY	624210	2,599,278,	2,599,278.		
le g	b	THE PROPERTY OF THE PROPERTY O	624210	264,807.	264,807.		
Program Service Revenue	C		624210	196,311.	196,311.		
Ra	0	e FOOD SERVICE REVENUE	624210	19,824.	19,824.		
윤	£	f All other program service revenue					
_	'	g Total. Add lines 2a-2f		20,554,521.			
	3	Investment income (including dividends, in				1	
Ì	3	other similar amounts)		1,162	1,162.		
	4	Income from investment of tax-exempt bo					
	5	Royalties					
	3	(i) Real		<u> </u>			
	6 6	a Gross rents					
		b Less: rental expenses					
		c Rental income or (loss)				İ	,
		d Net rental income or (loss))				
		a Gross amount from sales of (i) Securit	40.00.0				
	' '	assets other than inventory		_			
		b Less: cost or other basis					
		and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
		a Gross income from fundraising events (ne		ļ			
Jue		including \$ of					
Ş		contributions reported on line 1c). See		-			
æ	1	Part IV, line 18	a	_		ļ	
Other Revenue		b Less: direct expenses		_			
Ó		c Net income or (loss) from fundraising ever	ents <u></u>				
		a Gross income from gaming activities. Se			Ì		
		Part IV, line 19		_			
		b Less: direct expenses	b	_			
		c Net income or (loss) from gaming activiti	es <u></u>			 	
	10	a Gross sales of inventory, less returns				ļ	
		and allowances		_			
		b Less: cost of goods sold		_		ļ	
		c Net income or (loss) from sales of invent				 	
		Miscellaneous Revenue	Business Coc				
	11	1 a OTHER REVENUES	624210	1,154,65	5. 1,154,65	2.	
		b		1		+	
		c					
	-	d All other revenue		+			
		e Total. Add lines 11a-11d		1,154,65		0	0. 0.
	12	O itweetings	>	21,735,33	8. 21,710,33	U .1	Form 990 (2015)

Form 990 (2015) SCHOOL Part IX Statement of Functional Expenses

٠	IX Statement of Functional Expense			enlete column (A)	
ectic	n 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	er organizations must con	piete column (A).	
	Check if Schedule O contains a respons	e or note to any line in i	nis Part ix		(D) Fundraising
o n b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	j			
	and domestic governments. See Part IV, line 21 🔝 📙				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign]		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 562		195,562.	
	trustees, and key employees	195,562.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	6,929,924.	5,609,127.	1,320,797.	
7	Other salaries and wages	0,343,344.	3,003/12.		
8	Pension plan accruals and contributions (include	2,160,102.	1,675,862.	484,240.	
	section 401(k) and 403(b) employer contributions)	1,441,883.	1,127,400.	314,483.	
9	Other employee benefits	616,853.	503,085.	113,768.	
10	Payroll taxes	010,033.	3007000		
11	Fees for services (non-employees):	1,036,766.		1,036,766.	
а	Management	299,262.		299,262.	
b	Legal	17,785		17,785.	
	Accounting	<u> </u>			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees 10% of line 25				
9	Other. (If line 11g amount exceeds 10% of line 25,	1,212,125.	984,207.	227,918.	
	column (A) amount, list line 11g expenses on Sch 0.)	4,718.		4,718.	
12	Advertising and promotion	566,839	178,224.	388,615.	
13	Office expenses	634,971		325,491.	
14	Information technology	001/0/-			
15	Royalties	3,458,463	2,766,770.	691,693 .	
16	Occupancy	5,774		4,788.	
17	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials		_		
	Conferences, conventions, and meetings	7,867	886	6,981.	
19					
20	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	91,714	59,199.	32,515.	
22		182,815		182,815.	
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e, il line 24e, il line 24e, manual exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) a FOOD SERVICES-DIRECTLY	1,027,214	1,027,214		
	DOOKS AND DUTTON	768,756	500,121	268,635.	
	MEDIC / FOUT PMENT	598,585	. 10,396		
	OFFICE NOT TOPMI	6,587	1,138		
		2,000	2,000		
	e All other expenses	21,266,565	. 14,756,095	6,510,470.	0
25				1	
26	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation.			ļ	
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Form 990 (2015)

Par	tΧ	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X		<u>.</u>	
		Check if Schedule O contains a response or note to any line in this Park X	(A) Beginning of year		End of year
		Cash · non-interest-bearing	3,569,327.	1	<u>5,683,268.</u>
		Savings and temporary cash investments		2	
ļ		Pledges and grants receivable, net	414,838.	3	566,037. 495,521.
ł		Accounts receivable, net	244,607.	4	<u>495,521</u>
ļ		Loans and other receivables from current and former officers, directors,			
	5	trustees, key employees, and highest compensated employees. Complete			
		•		5	
	_	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under		İ	
	6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ខ្ល	_	Notes and loans receivable, net		7	
Assets	7	Inventories for sale or use		8	
•	8	Prepaid expenses and deferred charges	808,000.	9	727,895.
	9	Land huildings and equipment; cost or other			
	าบล	basis Complete Part VI of Schedule D 10a 1,473,527.			000 110
	.	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,473,527. 10b 635,378.	658,911.	10c	838,149.
		Investments - publicly traded securities		11	
	11	Investments - other securities. See Part IV, line 11		_12	
	12	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	2 808 026
	15	Other assets. See Part IV, line 11	4,836,789.	_15	3,707,926
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,532,472.	16	12,018,796 2,131,375
	17	Accounts payable and accrued expenses	1,280,824.	17	<u> </u>
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to current and former officers, directors, trustees,	i i		
ij		key employees, highest compensated employees, and disqualified persons.		-00	
Liabilities		Complete Part II of Schedule L		22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties			
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17:24). Complete Part X of	19,000,000.	25	19,167,000
		Schedule D	20,280,824		21,298,375
	26	Total liabilities. Add lines 17 through 25	20,200,024	20	22/22/
		Organizations that follow SFAS 117 (ASC 958), check here X and			
es		complete lines 27 through 29, and lines 33 and 34.	-10,407,263	27	-10,117,728
ЯПС	27	Unrestricted net assets	658,911		838,149
3ag	28	Temporarily restricted net assets		29	
nd E	29	Permanently restricted net assets			
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			ļ.
ò		and complete lines 30 through 34.		30	
šets	30	Capital stock or trust principal, or current funds		31	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	32		-9,148,332		-9,279,579
_	33		10,532,472	. 34	12,018,796
	34	TOTAL RADIILLES AIRU HET ASSETS/TUTTO DARANGES			Form 990 (201

Both consolidated and separate basis

2c

За

Х

Form 990 (2015)

consolidated basis, or both:

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number FIRST PHILADELPHIA PREPARATORY CHARTER Name of the organization 23-3062230 SCHOOLReason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, 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 or 990-EZ).) X 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, 3 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 6 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 8 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 10 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 11 lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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 а 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (v) Amount of monetary (iv) is the organization (iii) Type of organization (ii) EIN (i) Name of supported other support (see listed in your support (see (described on lines 1-9 governing document? organization instructions) above (see instructions)) instructions) Nο Yes

<u>Total</u> LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

23-3062230 Page 2 Schedule A (Form 990 or 990 EZ) 2015 SCHOOL Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

rais to quality direct the						
Section A. Public Support		0.0010	(c) 2013	(d) 2014	(e) 2015	(f) Total
alendar year (or fiscal year beginning	in) (a) 2011	(b) 2012	(6) 2013	(u) 2017	\-/	
1 Gifts, grants, contributions, and	1	1				
membership fees received. (Do	not		1	Ì		
include any "unusual grants.")		+				
2 Tax revenues levied for the org						
ization's benefit and either paid	i to			1		
or expended on its behalf						
3 The value of services or facilities	es				[
furnished by a governmental u	nit to					
the organization without charge	e			 		
		<u> </u>				
5 The portion of total contributio	ns]		
by each person (other than a						
governmental unit or publicly						
supported organization) includ	led					
on line 1 that exceeds 2% of t						Į į
amount shown on line 11,						
column (f)					 	
6 Public support. Subtract line 5 fro						
Section B. Total Support					1 1-10015	(f) Total
Calendar year (or fiscal year beginnin	g in) 🖊 (a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	1) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received	Ion					1
securities loans, rents, royaltic			ļ		ļ	
and income from similar source						
9 Net income from unrelated be activities, whether or not the	10,1000			ļ		
	N	1				
business is regularly carried of						
10 Other income. Do not include			ļ			
or loss from the sale of capita]			
assets (Explain in Part VI.)	wash 10					
11 Total support. Add lines 7 thro	- 11 date - ata Jago inetre	ictions)			12	
12 Gross receipts from related a13 First five years. If the Form 9	1000 ie for the organizatio	n's first, second, t	hird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
13 First five years. If the Form sorganization, check this box	ond eton here	0 0., 0000, 0	· · · · · · · · · · · · · · · · · · ·		****	<u></u>
Section C. Computation C	of Public Support	Percernage				
14 Public support percentage for	or 2015 (line 6, column (f) divided by line 1	, column (f))	***************************************	. 14	
	E If the organization did	I not check the box	c on line 13, and IIr	16 14 18 33 17370 C	i more, erioere and	box and
	4 If the organization di	d not check a box (on line 13 or 16a, a	HIGHER TO 19 OO 14	0/0 0/ 1/10/0/	f**
	· · · · · · · · · · · · · · · · · · ·	organization did Di	nt check a box on	IEIO 13, IOA, OI IO	D ₁ arra mile i i i i i	
	III - oto ond oiroum	STANCAS" TAST CHEC	K IIIIS DUX and Stu	C IIOI CI CA CA CA CA CA CA CA CA CA CA CA CA CA		r
	the area	nization auglities a	s a nubliciv subbo	rteu organización.		
		. organization did N	of check a bux on	HITE 10, 100, 100,	Or transferre	
	La libra (libration con circ	vivou imetancas "TAS	r eneck lins bux a	IIO Stop iioi oi Enp		-
		ant. The erganization	าก ดูเมฆเทคร ฮร ฮ มเ	applicity aupportion (, gaine	
organization meets the "fact 18 Private foundation. If the o	rapization did not che	ck a box on line 13.	16a, 16b, 17a, or	TYD, CHECK THIS DO	ox and see instructi chedule A (Form 9	
an Bullion foundation IT THE O	COMPRESENTATION NOT OFFICE					

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support				(4) 0014	(e) 2015	(f) Total
alendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(8) 2010	(4) 10 (4)
1 Gifts, grants, contributions, and					ļ	
membership fees received. (Do not				ļ		
include any "unusual grants.")						
2 Gross receipts from admissions,				ļ		
merchandise sold or services per-				ļ		
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-					1	
iness under section 513						
4 Tax revenues levied for the organ-	· ·					
ization's benefit and either paid to						
or expended on its behalf				ļ		
- t t feallition					1	
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	1	}	<u>.</u>			
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that		1		ļ		
exceed the greater of \$5,000 or 1% of the		ļ				
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	(=) 0011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(0) 2012	137			
9 Amounts from line 6					T	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income			}			
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
44 Not income from unrelated business	3	ļ				
activities not included in line 10b, whether or not the business is						
regularly carried on	ļ					
12 Other income. Do not include gain					ļ	
or loss from the sale of capital						
assets (Explain in Part VI.))					1
44 THE STATE OF TH	for the organization	on's first, second,	third, fourth, or fifth	n tax year as a sect	tion 501(c)(3) organ	nization,
the sit this boy and stan here						
Section C. Computation of Pu	blic Support	Percentage				
B. I.V. aumort porgontage for 2019	s (line 8. column f	f) divided by line 1	3, column (f))		. 15	
way was a second of the second	14 Schedule A, F	art III, line 15			. 16	
Section D. Computation of Inv	estment inco	me Percenta	ye			
	2015 (line 10c. co	olumn (f) divided b	y line 13, column (f))	. 17	
10.1	أمصناه مساسية والمسادية	lid not chack the h	iox on line 14. and	III A IO PRINCIPAR	[OO 1, O, O, a	e 17 is not
		にょしゅうも うわううどう りつご	Y AN HAR 14 OF HEIS	isa, and mic icio	111010 1110	·
1 40 is not more than 33 1/3% (eneck this box an	a stop nere. 🖽 🖽	osganization qualin	y		
line 18 is not more than 33 1/3%, 0 20 Private foundation. If the organization		المصالحة بمطميا	10a or 10h obeo	k this box and see	instructions	

Supporting Organizations Part IV

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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.
- 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes, " provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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	<u></u>	lo_	
-	1				
-	2		-	-	
	3a		+		
	3b				
F	3c				
	4a _	-	+	· 	
	4b_				
	4-				
_	4c		1		
	5a				
-	5b 5c	1			
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	9с	-			_
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	10:				-
m C	101			201	5

23-3062230 Page 6_ Schedule A (Form 990 or 990 EZ) 2015 SCHOOL Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year (optional) Section A - Adjusted Net Income 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year (optional) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 SCHOOL			3-3062230 Page 7
Part V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	Oursent Vans
Section D - Distributions			Current Year
4 Amounts paid to supported organizations to accomplish ex	xempt purposes		
2 Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purpor	oses of supported organization:	s	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions, Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which	n the organization is responsive		
(provide details in Part VI). See instructions.			
9 Distributable amount for 2015 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount		(2)	(iii)
	(i)	(ii) Underdistributions	Distributable
a u = pi-wikutian Allogations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
Section E - Distribution Allocations (see instructions)			
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015	ļ		
(reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013		 	
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D,			
line 7:\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if			
any. Subtract lines 3g and 4a from line 2 (if amount			
greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3	1	į	
and 4b from line 1 (if amount greater than zero, see			
instructions).			
7 Excess distributions carryover to 2016. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a			
<u>b</u>			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015		Schedule	A (Form 990 or 990-EZ) 201

	FIRST PHILADELPHIA FREFARMIONI CAMPAGE	23-3062230 Page 8
Schedule A Part VI	(Form 990 or 990-EZ) 2015 SCHOOL Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e: Part V,
	(Occ Institutions)	
	Sche	edule A (Form 990 or 990-EZ) 2015

SCHEDULE D

(Form 990)

OMB No. 1545-0047 Open to Public

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. FIRST PHILADELPHIA PREPARATORY CHARTER Employer identification number

Inspection

lame o	of the organization FIRST PHILADELPHIA			23-30 <u>62230</u>
	SCHOOL Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	nts. Complete if the
Part	Organizations Maintaining Donor Advise	0 f		
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Fund	ls and other accounts
1 T	otal number at end of year			
2 /	ggregate value of contributions to (during year)			
3 /	ggregate value of grants from (during year)			
4 A	oggregate value at end of yearlongregate value at end of yearlongregate value at end of year	writing that the assets held in donor advise	d funds	
5 [old the organization inform all donors and donor advisors in the organization's property, subject to the organization's	evolusive legal control?		Yes No
á	re the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only	
6 [or charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose o	onferring	
f				Yes No
		ganization answered "Yes" on Form 990, P	art IV, line 7.	
Part	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
1	Purpose(s) of conservation easements need by the organization of Preservation of land for public use (e.g., recreation or a	education) — rieservation of a fileto	rically impor	tant land area
	Protection of natural habitat	Preservation of a certif	ied historic	structure
	 1			
_	Preservation of open space Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form o	of a conserva	ation easement on the last
				Held at the End of the Tax Year
	day of the tax year. Total number of conservation easements		2a	
	The transport rootricted by conservation easements		<u>20</u>	
	No all and appropriation accoments on a certified historic st	ructure included in (a)	······ 	
C	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	"0	
_	listed in the National Register Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the	organizatio	n during the tax
3	year >			
4	the state where property subject to conservation e	asement is located >		
4	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, narioting of		☐ Yes ☐ No
5				
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing con	servation ea	sements during the year
6				
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conserva	ition easeme	ents during the year
•				
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170)(h)(4)(B)(i)	Yes No
Ü				
۵		AFIAN AACAMENTE IN ITS FEVERILIE ZIEU EADERS	2 States House	
•	In Part XIII, describe how the organization reports conserved include, if applicable, the text of the footnote to the organization.	zation's financial statements that describes	the organiz	ation's accounting to
	conservation easements.	Transpired or C	ther Sim	ilar Assets.
Pa	H III Organizations Maintaining Collections	of Art, Historical Treasures, of C	Action Only	nat rioss
t	various answered "Vee" on FO	rm 990 Part IV. line o.		
	Complete if the organization answered Tes Citro	ASC 958), not to report in its revenue state	once of publ	lic service provide in Part XIII,
	historical treasures, or other similar assets held for public of	exhibition, education, or research in tartion	ance or poor	ilo servico, provido, iliviano,
b		(ACC CEO) to report in its revience Statemer	Il alla Dalari	provide the following amounts
-	If the organization elected, as permitted under SFAS 116 treasures, or other similar assets held for public exhibition	, education, or research in turtherance or p	uplic service	, provide the renewing and
	the state of the s			
				· \$
2	If the organization received or held works of art, filstorical	treasures, or other ourmen areas	iai yaiii, pro	MAG
_	the following amounts required to be reported under SFA	S 116 (ASC 958) relating to these items.		· \$
	Devenue included on Form 990, Part VIII, line 1		[\$
	Assets included in Form 990, Part X	<u> </u>		Schedule D (Form 990) 201
LH	For Paperwork Reduction Act Notice, see the Instruction	ions for Form 990.		- (, /

532051 11-02-15

	e D (Form 990) 2015 SCHOOL					<u> 3-300</u>	2230 I	age Z
	Control of the contro	lections of Art	, Historical T	reasures, or (Other Simila	r Assets	(continued	
art	III Organizations Maintaining Co sing the organization's acquisition, accessio	n and other records	, check any of the	following that ar	e a significant ι	ise of its co	llection ite	ทร
		ii, and other records	,,					
(c	heck all that apply):	ч	Loan or ex	change programs	3			•
a ļ	Public exhibition	u 0						
b	Scholarly research	C						
c	Preservation for future generations rovide a description of the organization's co	v avalain	how they further	the organization'	s exempt purpo	se in Part)	KIII.	
4 P	rovide a description of the organization's co	llections and explain	flow they failted	asures or other s	similar assets		_	
5 D	rovide a description of the organization solicit or ouring the year, did the organization solicit or	receive donations o	ram, nistorical de	addres, or other s			Yes	No
ţ,	buring the year, did the organization solicit of the be sold to raise funds rather than to be ma	intained as part of tr	ie organization s	ion answered "Ye	es" on Form 990), Part IV, li	ne 9, or	
Part	be sold to raise funds rather than to be ma IV Escrow and Custodial Arrang	gements. Comple	te if the organizat	ROLL BLISWOLCG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	_	
	reported an amount on Form 990, Par	t X, line 21.		and or other acce	ts not included			
ta l	s the organization an agent, trustee, custodi	an or other intermed	iary for contributi	OUS OLOTHEL 922C	ts not a loidada		Yes	No
_	n Form 000 Part X2						•	
b l	f "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amount	
					40		7 11110 0111	
۱ ۵	Beginning balance	,				<u> </u>		
. اس	Additions during the year							
_	Distributions during the year							
						t _ 	1	No
		ave OOD Dart & line	21 INTESCION O	Custoural account	E 4 1100 mm - 1	L <u> </u>] Yes l	= 140
2a	I V was mant in Dort YIII	Check here if the ex	(planation has be	en provided on	CITE /CITE			
<u> </u>		f the organization an	swered "Yes" on					
rai	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	(a) Current year	(b) Prior year	(c) Two years	back (d) Three	years back	(e) Four ye	ars dack
		(4)						
	Beginning of year balance							
	Contributions							<u> </u>
	Net investment earnings, gains, and losses							
	Grants or scholarships				·			
e	Other expenditures for facilities	!	[
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu	rrent year end balan	ce (line 1g, colum	n (a)) neid as.				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
C	Temporarily restricted endowment	%						
	6	ould equal 100%.				-1		
	THO porcontages	ession of the organi	ration that are be	id and administer	red for the orgal	nzadon		
20	Are there endowment funds not in the poss	SESSION OF THE ORGANIC	Zation that are ne	ia di la dallimina	_			oo No
3 a	The percentages on lines 2a, 2b, and 2c sn Are there endowment funds not in the poss						[a m	es No
3 a	by:				*************		3a(i)	es No
	by: (i) unrelated organizations						3a(i) 3a(ii)	es No
	by: (i) unrelated organizations						3a(i) 3a(ii)	es No
b	by: (i) unrelated organizations (ii) related organizations If "Ves" on line 3a(ii), are the related organizations	zations listed as requ	ired on Schedule				3a(i) 3a(ii)	es No
b 4	by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the state of th	zations listed as requ ne organization's enc	uired on Scheduk dowment funds.	PR?			3a(i) 3a(ii)	es No
b 4	by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the state of th	zations listed as requ ne organization's enc	uired on Scheduk dowment funds.	PR?			3a(i) 3a(ii) 3b	
b 4	by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equip Complete if the organization answer	zations listed as requ ne organization's enc ment. red "Yes" on Form 9	uired on Schedule dowment funds. 90, Part IV, line 1	R?	, Part X, line 10	ated	3a(i) 3a(ii)	
b 4	by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the state of th	zations listed as requ ne organization's enc	uired on Schedule dowment funds. 90, Part IV, line 1 other (b)	PR?	ı, Part X, line 10	ated	3a(i) 3a(ii) 3b	
b 4 Pa	by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the standard organization answer than the property Complete if the organization answer description of property	zations listed as requ ne organization's end ment. red "Yes" on Form 9! (a) Cost or basis (inves	uired on Schedule dowment funds. 90, Part IV, line 1 other (b)	R? I.a. See Form 990 Cost or other	, Part X, line 10	ated	3a(i) 3a(ii) 3b	
b 4 Pa	by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equip Complete if the organization answell Description of property Land	zations listed as requ ne organization's enc ment. red "Yes" on Form 9 (a) Cost or basis (inves	uired on Schedule dowment funds. 90, Part IV, line 1 other (b)	I a. See Form 990 Cost or other asis (other)	ı, Part X, line 10 (c) Accumul depreciati	ated on	3a(i) 3a(ii) 3b (d) Book	value
b 4 Pa	by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equip Complete if the organization answer Description of property Land Buildings	zations listed as requ ne organization's enc ment. red "Yes" on Form 9 (a) Cost or basis (inves	uired on Schedule dowment funds. 90, Part IV, line 1 other (b)	Ia. See Form 990 Cost or other asis (other)	, Part X, line 10 (c) Accumul depreciati	ated on 831.	3a(i) 3a(ii) 3b (d) Book	value
Pa Pa	by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the strict of the intended uses of the strict of the organization answer of the strict of the organization answer of the strict of the organization answer of the organization answer of the strict of the organization answer of the strict of the organization answer of the strict of the organization answer of the organization answer of the organization answer of the organization answer of the organization answer of the organization answer of the organization answer of the organization answer of the organization answer of the organization answer of the organization and the organizatio	zations listed as requence organization's endement. red "Yes" on Form 9: (a) Cost or basis (investigation)	uired on Schedule dowment funds. 90, Part IV, line 1 other (b) tment) b	I a. See Form 990 Cost or other asis (other)	, Part X, line 10 (c) Accumul depreciati	ated on	3a(i) 3a(ii) 3b (d) Book	value
b 4 Pa	by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equip Complete if the organization answer Description of property Land Buildings Leasehold improvements	zations listed as requ ne organization's end ment. red "Yes" on Form 9 (a) Cost or basis (inves	uired on Schedule dowment funds. 90, Part IV, line 1 other (b) tment) b	Ia. See Form 990 Cost or other asis (other)	, Part X, line 10 (c) Accumul depreciati	ated on 831.	(d) Book	

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CHOOL		

Schedule D (Form 990) 2015 SCHOOL			
Part VII Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ne 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Program Related		The 11 a Con Form 990 Part X line 13	
Complete if the organization answered "Yes"	on Form 990, Part IV,	(c) Method of valuation: Cost	or end-of-year market value
(a) Description of investment	(b) Book value	(o) Mourod of Valuations	
(1)			
(2)			
(3)			
(4)			
(5)			_
•			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
	······································		_
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990, Part X, line 1	6. (b) Book value
(a)	LDescription		
(1) DEFERRED CONTRIBUTIONS SU	JBSEQUENT TO	MEASUREMENT DATE	1,178,926.
ATTATION OF THE DENIGRON PROPERTY	RTIONS		2,529,000.
(2) CHANGES IN PENSION INOIGH			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		3,707,926.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X Other Liabilities.	" = 000 Dort I	/ line 11e or 11f See Form 990, Part)	(, line 25.
Complete if the organization answered "Yes	on Form 990, Part I	(b) Book value	
1. (a) Description of liability		(b) Been value	
(1) Federal income taxes			
(2) DEFERRED REVENUE, NET OF	CURRENT	17 002 000	
(3) PORTION		17,802,000.	
(A) DEFERRED DIFFERENCE BETW	EEN		
(5) PROJECTED AND ACTUAL INV	ESTMENT	1 265 222	
(6) EARNINGS		1,365,000.	
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25.)	19,167,000.	
Total. (Column (b) must equal Form 990, Part X, col. (B) 2. Liability for uncertain tax positions. In Part XIII, prov	ide the text of the foot	note to the organization's financial sta	tements that reports the
Liability for uncertain tax positions. In Part XIII, prov organization's liability for uncertain tax positions und	der FIN 48 (ASC 740).	Check here if the text of the footnote	
organization's liability for uncertain tax positions unit	<u></u>		Schedule D (Form 990) 2015

	FIRST PHILADEL	PHIA PREPARATORY	CHARTER	23-3062230	Page 4
(Form 990) 2015	SCHOOL of Revenue per Audited	Financial Statements W			
Complete if the organ	nization answered "Yes" on Fo	rm 990, Part IV, line 12a.		1 21,735	338

Schedule D (Form 990) 2015 SCHOOL	Valoranto With Bayanu	e ner Return	
Part XI Reconciliation of Revenue per Audited Financial S	statements with Revenue	c por riotair.	•
Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		21,735,338.
1 Total revenue, gains, and other support per audited financial statements		······ -'-	<u> </u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		[}	
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	25		
c Recoveries of prior year grants			
Other (Describe in Part XIII)	20		0.
a Add lines 2a through 2d			21,735,338.
3 Subtract line 2e from line 1		3	<u>ZI,1331335</u>
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	40		0.
5 5 5 7 4 5 5 5 4 5 5 5 5 5 5 5 5 5 5 5		4c 5	21,735,338.
	. 10 (
Part XII Reconciliation of Expenses per Audited Financia	Statements with Expen	ses per neu	,
Complete if the organization answered "Yes" on Form 990, Part I	v, line iza		21,266,564.
Total expenses and losses per audited financial statements			21,200,30±0
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	(}		
Durated continue and use of facilities	2a		
D. Company of the street of th	2b		
Other leader	2c		
Other (Describe in Part XIII.)			0
A did the a On through Od			21,266,564.
and the first of		3	21,200,304.
to traduded on Form 990 Part IX line 25, but not on line 1:		ļ	
to the expanses not included on Form 990. Part VIII, line 7b	4a		
ON (Department of Dort VIII.)	4b		
		4c	01 OCC F64
Add lines 2 and 4a. (This must equal Form 990. Part I.)	ine 18.)	5	21,266,564.
Lines 1a 5 Jane 20 July 1 July 2 July	and 4; Part IV, lines 1b and 2b;	Part V, line 4; Pa	rt X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information.		
lines 2d and 4b; and Part XII, inless 2d and 46.7465 competition			

SCHEDULE E

(Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SCHOOL

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. FIRST PHILADELPHIA PREPARATORY CHARTER

Employer identification number 23-306<u>2230</u>

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Х Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. X 3 If you need more space, use Part II INCLUDED ON THE BOTTOM OF EACH APPLICATION AND ANY DOCUMENTS RELEASED TO THE PUBLIC. Does the organization maintain the following? Х a Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ... X 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student Х 4c admissions, programs, and scholarships? X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY THE SCHOOL. Does the organization discriminate by race in any way with respect to: X **5**a a Students' rights or privileges? b Admissions policies? 5b X 5c c Employment of faculty or administrative staff? d Scholarships or other financial assistance? 5d e Educational policies? 5e f Use of facilities? 5f g Athletic programs? 5g Х h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. X 6a Does the organization receive any financial aid or assistance from a governmental agency? Х b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

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

Schedule E (Form 990 or 990-EZ) (2015)

FIRST PHILADELPHIA PREPARATORY CHARTER 23-3062230 Page 2 Schedule E (Form 990 or 990-EZ) (2015) SCHOOL Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Part II Also provide any other additional information.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. FIRST PHILADELPHIA PREPARATORY CHARTER

Inspection Employer identification number

Name of the organization	FIRST PHILADELPHIA PREPARATORI CHIMIT SCHOOL	1 73-31107731
FORM 990, ITEM	K, OTHER FORM OF ORGANIZATION:	
CHARTER SCHOOL		
FORM 990, PART	I, LINE 1, DESCRIPTION OF ORGANIZATION STUDENTS IN GRADES K-12 IN THE CITY OF	ON MISSION:
		
FIRST PHILADEI	VI, SECTION B, LINE 11: PHIA PREPARATORY CHARTER SCHOOL FORM PENDENT CPA FIRM AND IS REVIEWED BY TH	990 IS PREPARED BY AN
	r vi, section b, line 12C: FILE A STATEMENT OF FINANCIAL INTERST	
FORM 990, PAR	T VI, SECTION B, LINE 15A: AGEMENT COMPANY MAKE RECOMMENDATIONS F	FOR CEO COMPENSATION.
 -	T VI, SECTION C, LINE 19:	

SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

2015

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 23 - 3062230► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

FIRST PHILADELPHIA PREPARATORY CHARTER Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ► Attach to Form 990. SCHOOL Name of the organization Department of the Treasury Internal Revenue Service

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Ξ End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Part II organizations during the tax year.					£	(0)	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(1) Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13)
of related organization		toreign country)		501(c)(3))		Yes	No
FRANKFORD VALLEY FOUNDATION FOR LITERACY - 54-2100509, 4300 TACONY ST., PHILADELPHIA. PA 19124	SUPPORT THE HEALTH, WELFARE AND EDUCATIONAL INTERESTS OF THE SCHOOL	PENNSYLVANIA	501(C)(3)	LINE 11A, I	N/B		×
70					1411		
	_						
	,					100	2,00
					Schedule R (Form 990) 20 15	(Form 990	CI 02 (c

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

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SCHOOL Schedule R (Form 990) 2015

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 or more related organizations treated as a partnership during the tax year. Part III

Schedule R (Form 990) 2015 General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? 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. Percentage ownership Code V-UB1 General or Pannount in box managing cod Schedule K-1 (Form 1065) Yes No Ξ Share of end-of-year assets Disproportionate Yes No allocations? Share of total income Share of end-of-year assets Ō Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) 29 e Legal domicile (state or foreign country) ত্র Direct controlling entity Primary activity <u>a</u> (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> 532162 09-08-15 Part IV

Schedule R (Form 990) 2015 SCHOOL

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

Page 3

23-3062230

ĭ				_	Yes	0
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	2:			<u></u>	×	١
 b Gift, grant, or capital contribution to related organization(s) 				욘	×	١
c Gift, grant, or capital contribution from related organization(s)				5	×	۱
d Loans or loan guarantees to or for related organization(s)				-	×	
e Loans or loan guarantees by related organization(s)				a		٠. ا،
f Dividends from related organization(s)				;	l >	
		***************************************			4	إ
				19	×	
h Purchase of assets from related organization(s)				-t	×	١
i Exchange of assets with related organization(s)				Ţ	×	L
j Lease of facilities, equipment, or other assets to related organization(s)				1-	×	٦
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	١
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			된	×	Ι.
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1	×	1
 Sharing of paid employees with related organization(s) 				9	×	١
p Reimbursement paid to related organization(s) for expenses				4	×	l
 Reimbursement pald by related organization(s) for expenses 				10	×	Ι.
r Other transfer of cash or property to related organization(s)				1 2		J
10				1s	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	rolved		
(1) FRANKFORD VALLEY FOUNDATION FOR LITERACY	X	0 •	ACTUAL COST			1
(2)						ļ
(3)		Trible	00000000			
(4)		TANGET .	PROTECTION TO THE PROTECTION OF THE PROTECTION O			1
(5)		Total Andrews			Í	
(9)						l
532163 09-08-15	30		Schedule R (Form 990) 2015	R (Form	990) 201	1 2

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SCHOOL

Schedule R (Form 990) 2015

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)

bisproporbisproporbisproporbiorate
amount in box 20 managing
allocations?
of Schedule K-1 partner?
Ves No (Form 1065) Yes No end-of-year Share of assets (f) Share of total income Predominant income panesse.

(related, unrelated, 501(s)(3) excluded from tax under sections 512-514) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (state or foreign Legal domicile country) Primary activity 3 Name, address, and EIN of entity

Schedule R (Form 990) 2015

Schedule R	FIRST PHILADELPHIA PREPARATORY CHARTER Form 990) 2015 SCHOOL Supplemental Information	23-3062230	Page 4
rait VII	Supplemental Information		ı aye t
	Provide additional information for responses to questions on Schedule R (see instructions).		
		•	
			