101 West Elm Street, Suite 500 Conshohocken, Pennsylvania 19428

28 South Centre Street Merchantville, New Jersey 08109

DECEMBER 9, 2020

FIRST PHILADELPHIA PREPARATORY CHARTER SCHOOL 4300 TACONY STREET PHILADELPHIA, PA 19124 ATTENTION: PETER COSTA

DEAR PETER:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2019 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

YOUR TAXPAYER COPY WILL BE PUBLISHED TO YOUR PORTAL VERY TRULY YOURS,

BRIAN D. DIMATTESA, CPA

# **TAX RETURN FILING INSTRUCTIONS**

FORM 990

## FOR THE YEAR ENDING

JUNE 30, 2020

Prepared for	FIRST PHILADELPHIA PREPARATORY CHARTER SCHOOL 4300 TACONY STREET PHILADELPHIA, PA 19124
Prepared by	ST. CLAIR CPAS, P.C. 28 S. CENTRE STREET MERCHANTVILLE, NJ 08109
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 17, 2021.

For calenda

# IRS e-file Signature Authorization for an Exempt Organization

		•			
er year 2019, or fiscal year beginning	JUL 1	, 2019, and ending	JUN	30	, 20 2 0

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information. Employer identification number Name of exempt organization FIRST PHILADELPHIA PREPARATORY CHARTER 23-3062230 SCHOOL Name and title of officer DEBORAH SMITH INTERIM CEO Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ 1b \_\_\_\_ 28,809,502. 1a Form 990 check here ► X 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) \_\_\_\_\_\_\_ **2b** 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b b Balance Due (Form 8868, line 3c) 5b 5a Form 8868 check here Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize ST. CLAIR CPAS, to enter my PIN

	do not enter all zeros
, ,	onically filed return. If I have indicated within this return that a copy of the return is part of the IRS Fed/State program, I also authorize the aforementioned ERO to
	signature on the organization's tax year 2019 electronically filed return. If I have g filed with a state agency(ies) regulating charities as part of the IRS Fed/State sent screen.
Officer's signature	Date ▶
Part III Certification and Authentication	

FRO firm name

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

22679208109

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► ST. CLAIR CPAS, P.C.

Date  $\rightarrow 12/09/20$ 

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Enter five numbers but

## EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

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

OMB No. 1545-0047

<u>A</u>	For the	e 2019 calendar year, or tax year beginning     JUL    L ,	<u>y J</u> UN 30, 20	020				
В	Check if applicable	FIRST PHILADELPHIA PREPARATORI CHARTER	D Employer id	entification number				
	Addres change	SCHOOL						
	Name change		23-30	62230				
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s						
F	Final return/			43-3100				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$					
Г	Ameno		H(a) Is this a gro					
F	Applic	·		inates? Yes X No				
	pendir	4300 TACONY STREET, PHILADELPHIA, PA 1912		inates included? Yes No				
$\overline{}$	Tav.6ve	empt status: X 501(c)(3)	- 1(0)	ach a list. (see instructions)				
		e: HTTP://WWW.AP-SCHOOLS.ORG/FIRSTPHILADELPH						
_				0 2 M State of legal domicile: PA				
_	art I	Summary	Total of formation: = 0	- IVI Ciato di logal dollilollo				
		Briefly describe the organization's mission or most significant activities: ${f FIRST}{\ \ PF}$	ITLADELPHTA	PREPARATORY				
& Governance	'	CHARTER SCHOOL IS IN EXISTENCE TO PROVIDE A	HIGH OUALT	TY PUBLIC				
nar		Check this box if the organization discontinued its operations or disposed of						
Ver	1			-				
Ĝ		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)		-				
<u>«</u>				<del></del>				
Activities		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		<del>                                     </del>				
<u>`</u>		Total number of volunteers (estimate if necessary)		<u> </u>				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.				
	l b	Net unrelated business taxable income from Form 990-T, line 39		1.2				
		On this time and wants (Dath)(III line 4b)	Prior Year 4,108,03	Current Year 37. 3,569,804.				
ne		Contributions and grants (Part VIII, line 1h)	24,201,5					
Revenue		Program service revenue (Part VIII, line 2g)	2,30					
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	321,79					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	00 600 51					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0. 20,809,502.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.				
	I	Benefits paid to or for members (Part IX, column (A), line 4)						
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,910,3	0. 15,005,172.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.				
꼾	b	Total fundraising expenses (Part IX, column (D), line 25)	12 124 1	76 12 500 111				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,124,1					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,040,49					
. 0		Revenue less expenses. Subtract line 18 from line 12	593,20	<del></del>				
Net Assets or			Beginning of Current					
SSE	20	Total assets (Part X, line 16)	12,954,60					
et A	21	Total liabilities (Part X, line 26)	24,857,42					
		Net assets or fund balances. Subtract line 21 from line 20	-11,902,83	1511,745,598.				
	art II	Signature Block						
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	•	•				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer nas any knowledge	<del> </del>				
		Signature of officer	I Date					
Sig		•	Date					
He	re	DEBORAH SMITH, INTERIM CEO Type or print name and title						
			Date ch	eck I PTIN				
		Print/Type preparer's name Preparer's signature	011					
Paid BRIAN D. DIMATTESA, CPA BRIAN D. DIMATTESA, 12/09/20 self-employed P00521								
	parer	Firm's name ST. CLAIR CPAS, P.C.	Firm's EI	N ► 23-2653765				
US	Only	Firm's address 28 S. CENTRE STREET		/OFC\ 400 FC00				
		MERCHANTVILLE, NJ 08109	Phone no	0.(856) 482-5600				
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF FIRST PHILADELPHIA PREPARATORY CHARTER SCHOOL IS TO
	PROVIDE A HIGH QUALITY PUBLIC EDUCATION TO STUDENTS IN GRADES K-12 IN
	PHILADELPHIA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 19,838,713 • including grants of \$ ) (Revenue \$ 25,204,482 • )
	FIRST PHILADELPHIA PREPARATORY CHARTER SCHOOL IS A CHARTER SCHOOL IN
	THE CITY OF PHILADELPHIA, PENNSYLVANIA, WHICH PROVIDES EDUCATIONAL
	INSTRUCTION TO STUDENTS FROM GRADES K THROUGH 12.
4b	(Code:) (Expenses \$
710	/ Lixperises 9
4c	
40	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 19,838,713.
<u>4e</u>	
	Form <b>990</b> (2019)

23-3062230

Page 3

# Form 990 (2019) SCHOOL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019) SCHOOL
Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>22</b> D	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		7.7	
S	Schedule J	23	Х	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the ast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	iny tax-exempt bonds?	24c		
<b>d</b> D	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a S	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
tr	ransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	hat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		Х
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
	Vas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
ir	nstructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			х
	Yes, " complete Schedule L, Part IV	28c 29		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		21
	contributions? If "Yes," complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
S	Schedule N, Part II	32		Х
<b>33</b> D	olid the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	ections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Vas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	Х	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity vithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	f "Yes," complete Schedule R, Part V, line 2	36		Х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
а	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	oid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
N	Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	gambling) winnings to prize winners?	1c	Х	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 302			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	<b>2</b> b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	J J	٥.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	ions provided to the payor?	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		7b		
C	to file Form 8282?	•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	D: 11		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
		11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	ı	12a		
b	,	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401-			
		13b			
		13c	44-		X
14a			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule to the exception subject to the continuous of the payment of the pa		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		х
	excess parachute payment(s) during the year?		15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	income?	16		Х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	UUIIIE!	10		
	ii 163, complete i offi 4720, confedute O.				

Form 990 (2019)

23-3062230 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SANTILLI & THOMSON, LLC - 856-505-1300			
	FOUR GREENTREE CENTRE, 601 ROUTE 73 NORTH, MARLTON, NJ 08053			

# FIRST PHILADELPHIA PREPARATORY CHARTER

Form 990 (2019) SCHOOL 23-3062230 Page 7

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	aniza	ation	COI	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			_ (0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average		Position on to the check more than one					Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation from related	amount of other
	week (list any	rot						from the	organizations	compensation
	hours for	direc				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	ıl trus	nal trı		loyee	dwo				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) 237773 37763 W17677	line) 1.00	ᆵ	lus	₩	, Ř	E High	ъ.			
(1) ANITA VEGA-KAISER	1.00								0	^
PRESIDENT	1.00	Х						0.	0.	0.
(2) KARIN Y. COGER	1.00	\ \							0	•
VICE PRESIDENT	1.00	Х					V	0.	0.	0.
(3) TERESA V. GRUMBRECHT	1.00	<del> </del>					·		0	•
TREASURER (ANNIPERS	1.00	X						0.	0.	0.
(4) BARBARA SAUNDERS	1.00	x				1		0.	0.	0.
SECRETARY (5) JOHN MACDONALD	1.00	Δ						0.	0.	0.
	1.00	х						0.	0.	0.
MEMBER (6) JULANI GHANA	1.00	Δ		ř				0.	0.	0.
MEMBER	1.00	X						0.	0.	0.
(7) DUANE WHITE	1.00	7.						0.	0.	•
MEMBER	1.00	Х						0.	0.	0.
(8) JOSEPH GILLESPIE	40.00									•
CEO	2000			x				173,389.	0.	15,935.
				<del> </del>						
	1									

Page 8

Pai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	, and	<u>d Hi</u>	ghe	st C	Compensated Employe	<b>es</b> (continued)				
	(A)	(B)			(C	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Posi			one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	on I	an	nount	of
		week	<del>-</del>	cer an	dad	recto	or/trus	tee)	from	from related	t		other	
		(list any	ector						the	organization			pensa	
		hours for related	or di	æ			ated		organization	(W-2/1099-MIS	3C)		om th	
		organizations	ustee	truste		ao	bens		(W-2/1099-MISC)	_		·	anizat	
		below	ual tri	onal		ploye	t com						d relat anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Uiga	ıııızatı	UHS
		,	드	드	0	포	ᄑᄫ	프						
											þ.			
		ļ										<u> </u>		
												<u> </u>		
												<u> </u>		
1b	Subtotal					<i>.</i>		<b>•</b>	173,389.		0.	1	5,9	35.
	Total from continuation sheets to Part V							<b>&gt;</b>	0.		0.			0.
	Total (add lines 1b and 1c)								173,389.		0.	1	5,9	35.
2	Total number of individuals (including but r					$\overline{}$			eceived more than \$100	0,000 of reportab	le			
	compensation from the organization						,			,				1
					7								Yes	No
3	Did the organization list any <b>former</b> officer,	director, trust	ee. ł	kev e	lame	love	e. o	r hic	nhest compensated emi	olovee on				
	line 1a? If "Yes," complete Schedule J for s			,		•	-	_		-		3		Х
4	For any individual listed on line 1a, is the st													
-	and related organizations greater than \$15									and organization		4	Х	
5	Did any person listed on line 1a receive or									idual for services				
·	rendered to the organization? If "Yes," com											5		х
Sec	etion B. Independent Contractors	ipiete deriedan	0 1	01 30	JCII	pers								
1	Complete this table for your five highest co	mponeated in	done	ando	nt c	ontr	racto	ore t	that received more than	\$100,000 of con	anone	ation f	rom	
•											iperis	alioni	10111	
	the organization. Report compensation for	trie caleridar y	ear	enai	ng v	VILII	Or W	ıurııı		year.				
	(A) Name and business	address							<b>(B)</b> Description of s	envices	C	C) omper		n
7757		addicoo						$\dashv$	Description of s	70.1 \$1003		Simper	Jano	
	RIS BENEFITS GROUP	DN 17604	<u> </u>	= 1 (	١,				TNICIIDANOD CD	DVI CEC	1	0.7	n 2	<i>c c</i>
	BOX 5406, LANCASTER,		<u>ე − :</u>	J 4 (	סי			_	INSURANCE SE	VATCE2		,97	υ,3	00.
	ERICAN PARADIGM SCHOOL			ъ-			1 -	ͺͺͺ		EDITOR	4	7.0	1 2	0.7
ΔT	01 CASTOR AVENUE, PHILE	$\mathtt{AUELPH} \mathtt{I}$	Α,	P.F	ı .	Ly.	⊥⊃⊿	4 J	MANAGEMENT S	FKATCER		,79	⊥. პ	9/.

Form **990** (2019)

1,081,353.

594,298.

505,095.

MASCHIO'S FOOD SERVE, INC

#200, BRYN MAWR, PA 19010

525 E MAIN ST, CHESTER, NJ 07930 DELTA-T GROUPS, INC., 950 E HAVERFORD RD

POINT TO POINT TRANSPORTATION CLUB

\$100,000 of compensation from the organization

304 COMMERCE DRIVE, EXTON, PA 19341

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

FOOD SERVICES

TRANSPORTATION

SERVICES

GUIDANCE SERVICES

Page 9

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... 1d 3,526,084 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 43,720. 1f g Noncash contributions included in lines 1a-1f 1g |\$ 3,569,804, h Total. Add lines 1a-1f **Business Code** 2 a SCHOOL DISTRICT REVENUE 611110 24,921,791. 24,921,791. Program Service Revenue b FOOD SERVICE REVENUE 611110 1,078 1,078 С f All other program service revenue 24,922,869 g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 35,216 35,216. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss)  $\triangleright$ (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a CHILD CARE FEES 900099 223,253 223,253 b MISCELLANEOUS REVENUE 900099 58,360 58,360 С d All other revenue 281,613, e Total. Add lines 11a-11d ..... 28,809,502. Total revenue. See instructions 25,204,482 35,216. 12

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Form 990 (2019) SCHOOL
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	172 200		172 200						
•	trustees, and key employees	173,389.		173,389.						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
7	persons described in section 4958(c)(3)(B)  Other salaries and wages	10,814,650.	7,842,127.	2,972,523.						
, 8	Pension plan accruals and contributions (include		,,012,127	2,5,2,525						
3	section 401(k) and 403(b) employer contributions)	1,008,137.	729,614.	278,523.						
9	Other employee benefits	2,086,862.	1,500,830.	586,032.						
10	Payroll taxes	980,134.	656,240.	323,894.						
11	Fees for services (nonemployees):	, , , , , , , , , , , , , , , , , , ,								
а	Management	1,772,191.		1,772,191.						
	Legal	450,558.		450,558.						
	Accounting	29,415.		29,415.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch 0.)	2,194,404.	1,346,391.	848,013.						
12	Advertising and promotion	2,764.	104 550	2,764.						
13	Office expenses	386,190.	184,558.	201,632.						
14	Information technology									
15	Royalties	4,598,424.	4 040 075	EE7 440						
16	Occupancy	4,390,424.	4,040,975. 114.	557,449. 4,128.						
17	Travel	4,242.	114.	4,120.						
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials Conferences, conventions, and meetings	3,137.		3,137.						
19 20	Interest	3,137.		3,237.						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	222,324.	133,987.	88,337.						
23	Insurance	191,768.	-	191,768.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	TUITION	1,432,312.	1,432,312.							
b	FOOD SERVICE EXPENSES	937,044.	937,044.							
c	TRANSPORTATION	735,108.	735,108.							
d	BOOKS AND PERIODICALS	281,057.	276,466.	4,591.						
е	All other expenses	348,173.	22,947.	325,226.						
25	Total functional expenses. Add lines 1 through 24e	28,652,283.	19,838,713.	8,813,570.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,077,706.	1	6,544,145.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			896,596.	3	1,026,597.
	4	Accounts receivable, net			56,553.	4	126,225.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			737,243.	7	245,037.
Assets	8	Inventories for sale or use				8	
⋖	9	B			140,850.	9	555,034.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		2,580,153.			
	b	Less: accumulated depreciation	10b	1,124,109.	810,510.	10c	1,456,044.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		Γ.		12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	2 225 442	14	0.465.050		
	15	Other assets. See Part IV, line 11			3,235,149.	15	2,467,252.
	16	Total assets. Add lines 1 through 15 (must equ			12,954,607.	16	12,420,334.
	17	Accounts payable and accrued expenses	645,408.	17	1,041,852.		
	18	Grants payable		04 022	18	02.070	
	19	Deferred revenue			81,933.	19	83,978.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or forn					
ij		trustee, key employee, creator or founder, subs					
Lia Tia		controlled entity or family member of any of these				22	200 170
_	23	Secured mortgages and notes payable to unrela		T		23	308,179.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		· · · · · · · · · · · · · · · · · · ·	24,130,081.	25	22,731,923.
	06	of Schedule D	······		24,857,422.	26	24,165,932.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			24,037,422.	20	24,103,332.
es		and complete lines 27, 28, 32, and 33.	CK IIEI	e P I			
anc	27	Net assets without donor restrictions			-11,902,815.	27	-11,745,598.
Bala	28	Net assets with donor restrictions			11/302/0130	28	11//15/5501
힏	20	Organizations that do not follow FASB ASC 9				20	
Ī		and complete lines 29 through 33.	50, CH	eck liefe			
ō	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in		F		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	-11,902,815.	32	-11,745,598.
~	33	Total liabilities and net assets/fund balances			12,954,607.	33	12,420,334.
	_ 00	Total habilities and flot assets/fully balafices			==,:3=,30,0	- 55	Form <b>990</b> (2010

Form 990 (2019)

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I Reconciliation of Net Assets

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	8,65		
3	Revenue less expenses. Subtract line 2 from line 1	3			7,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1	1,90	2,8	15.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				-2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	-1	1,74	5,5	98.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				X
					Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle A	udit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
FIRST PHILADELPHIA PREPARATORY CHARTER

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

SCHOOL 23-3062230 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				4		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	_
	organization, check this box and stor						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (	line 6, column (f) di	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and <b>stop I</b>	<b>here.</b> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	n in Part VI how the	-
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶Ы

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

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

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
'	membership fees received. (Do not						
	· ' '					_	
_	include any "unusual grants.")					4	
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that					<i>y</i>	
	are not an unrelated trade or bus-					ľ	
	iness under section 513						_
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>19</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19	33 1/3% support tests - 2019. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						<b>▶</b> □
ŀ	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
			•	•		-	

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 12a or 12b 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) purposes.
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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	No
	1		
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•	2		
	3a		
	3b		
	- OD		
	3с		
	4a		
	4b		
	40		
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	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
m 9	90 or 99	0-EZ	2019

Pa	t IV   Supporting Organizations (continued)			.go o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
	men zvije v cappevang cagamizatione		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	ÍП	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
a	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	O.L.		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	= 5. gaautori oxorolog a gapataritar aggree of allogion over the policios, programs, and activities of cacif			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations				
1							
	other Type III non-functionally integrated supporting organizations must con						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4		\			
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
	Discount claimed for blockage or other						
	factors (explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting or	ganization (see			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)				
Secti	ion D - Distributions		,	Current Year			
Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exem						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in <b>Part VI</b> ). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is responsiv	re				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,	\					
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
b	Excess from 2016						
С	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

#### FIRST PHILADELPHIA PREPARATORY CHARTER

23-3062230 Page 8 Schedule A (Form 990 or 990-EZ) 2019 SCHOOL Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

FIRST PHILADELPHIA PREPARATORY CHARTER

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SCHOOL

Employer identification number 23-3062230

Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).	
	Preservation of land for public use (for example, recre	eation or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	d after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes  No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing cons	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservati	ion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the foo	tnote to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.	(4 ) 11: 1 : 1 = 0	
Ра	rt III Organizations Maintaining Collections		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 9	-	
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 9	· · · · · · · ·	
	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			•
2	If the organization received or held works of art, historical tr		gain, provide
	the following amounts required to be reported under FASB		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990 Part Y		<b>\$</b>

	t III   Organizations Maintaining C	Collections of Ar	t Historical 1	Frageuros o	r Othor		cots/contin	
	gameations maintaining s							uea)
3								
	collection items (check all that apply):							
а	Public exhibition	d		xchange prograr	m			
b	Scholarly research	е	L Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further	r the organizatio	n's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical tre	easures, or othe	r similar a	assets		
	to be sold to raise funds rather than to be ma						Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the organizat	tion answered "\	Yes" on F	Form 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par						,	
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?				.,		Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:	4				
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or	custodial accou	ınt liabilit	y?	Yes	L No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on	Form 990, Part I	IV, line 10	).		
		(a) Current year	(b) Prior year	(c) Two years	back (c	d) Three years ba	ack (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column	(a)) held as:	•		•	
а	Board designated or quasi-endowment		%	,				
b	Permanent endowment	%						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse		ation that are held	and administer	ed for the	e organization		
	by:					Ü	Г	Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule F	 R?				
4	Describe in Part XIII the intended uses of the	~		**				
_	t VI Land, Buildings, and Equipm		WITIGITE TUTIGO.					
	Complete if the organization answere		). Part IV. line 11a	. See Form 990.	Part X. li	ne 10.		
	Description of property	(a) Cost or of		st or other		cumulated	(d) Book	value
	Beschiptien of property	basis (investm		is (other)		eciation	(4) 2001	valuo
1a	Land	`	,					
	Buildings							
C	Leasehold improvements		1,3	71,078.	6:	28,966.	742	1,112.
	Equipment			86,325.		68,647.		7,678.
	Other			22,750.		26,496.	96	,254.
	. Add lines 1a through 1e. (Column (d) must e	_	X, column (B), line	10c.)			1,456	,044.

chedule D	(Form 990)	2019	SCHOOL

Part VII Investments - Other Securities.			3002230 Fage <b>0</b>
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	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	I-of-vear market value
A F	(-,	(0)	,
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(E) (F)			
(G)			
(H) Tetal (Col. (h) must squal Form 000, Part V sol. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
	- F 000 D-+ IV II	11 - O - Fave 200 Part V line 10	
Complete if the organization answered "Yes" o  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	Lof year market value
	(b) Book value	(c) Wethod of Valuation. Cost of end	roryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(1) [2]
DITE TROM OFFICE TIMES	escription		(b) Book value
(1) DUE FROM OTHER FUNDS	EO DEMOTORO		20,103.
(2) DEFERRED OUTFLOWS REALTED	TO PENSIONS		2,431,149.
(3) SECURITY DEPOSITS			16,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	2,467,252.
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			4 (51 14 1
(2) ACCRUED SALARIES AND BENEF	TTS		1,671,426.
(3) DUE TO STUDENT GROUPS			111,786.
(4) NET PENSION LIABILITY			15,719,000.
(5) ACCRUED RENT			1,774,711.
(6) DEFERRED INFLOWS RELATED T	0		
(7) PENSIONS			2,740,000.
(8) NET OPEB LIABILITY			715,000.
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	22,731,923.

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

4c

28,652,283.

Sche	edule D (Form 990) 2019	SCHOOL			23-	3062230	Page 4
Pa	rt XI Reconciliation	of Revenue per Audited Fi	nancial Statemen	ts With Revenue per l	Retur	n.	
	Complete if the orga	anization answered "Yes" on Form	990, Part IV, line 12a.				
1	Total revenue, gains, and of	ther support per audited financial	statements		1	28,809	,502
2	Amounts included on line 1	but not on Form 990, Part VIII, line	e 12:				
а	Net unrealized gains (losses	s) on investments		2a			
b	Donated services and use of	of facilities		2b			
С		ants		2c			
d	Other (Describe in Part XIII.)	)		2d			
е	Add lines 2a through 2d				2e		0
3	Subtract line 2e from line 1				3	28,809	,502
4		990, Part VIII, line 12, but not on I					
а	Investment expenses not in	ncluded on Form 990, Part VIII, line	?7b	4a			
b	Other (Describe in Part XIII.)	)		4b			
С	Add lines 4a and 4b				4c		0
5		and <b>4c.</b> (This must equal Form 990				28,809	<u>,502</u>
Pa	rt XII Reconciliation	of Expenses per Audited F	inancial Statemer	nts With Expenses pe	r Retu	ırn.	
	Complete if the orga	anization answered "Yes" on Form	990, Part IV, line 12a.				
1	Total expenses and losses	per audited financial statements .			1	28,652	<u>, 282</u>
2	Amounts included on line 1	but not on Form 990, Part IX, line	25:				
а	Donated services and use of	of facilities		2a 📗			
b	Prior year adjustments			2b			
С	Other losses			2c			
d		)	_	2d			_
е	Add lines 2a through 2d				2e		0
3	Subtract line 2e from line 1				3	28,652	,282
4		990, Part IX, line 25, but not on lin		7			
а	Investment expenses not in	ncluded on Form 990, Part VIII, line	?7b	4a			
b	Other (Describe in Part XIII.)	)		4b   1	•		

#### Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

c Add lines 4a and 4b

THE SCHOOL AND THE FOUNDATION ACCOUNT FOR UNCERTAINTY IN INCOME TAXES IN WHICH TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. AS OF JUNE 30, 2020, THE SCHOOL AND THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFIED FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. ADDITIONALLY, THERE WAS NO INTEREST AND PENALTIES RELATED TO INCOME TAXES.

THE SCHOOL AND THE FOUNDATION EACH FILE FEDERAL FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX). WITH FEW EXCEPTIONS THEY ARE NO LONGER SUBJECT TO U.S. FEDERAL AND STATE TAX EXAMINATIONS BY TAXING

Part XIII   Supplemental Information (continued)	23-3002230 Page 5
Supplemental Information (continued)	
AUTHORITIES FOR YEARS BEFORE FISCAL YEAR ENDED JUNE 30, 2017	•
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ROUNDING	1.
	_

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FIRST PHILADELPHIA PREPARATORY CHARTER SCHOOL

Employer identification number 23-3062230

Pá				
	art I		LVE0	1
			YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		l	
	other governing instrument, or in a resolution of its governing body?	1	X	L
2	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?	2	X	
3	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.			
	If you need more space, use Part II	3	Х	
	INCLUDED ON THE BOTTOM OF EACH APPLICATION AND ANY DOCUMENTS			
	RELEASED TO THE PUBLIC.			
Ļ	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		7
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
c	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	T
				-
	If you answered "No" to any of the above, please explain, If you need more space, use Part II.			
	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			
	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.			
	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY			
	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY			
;	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY THE SCHOOL.			
	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY THE SCHOOL.  Does the organization discriminate by race in any way with respect to:	5a		2
а	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a 5b		
a	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		2
b	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		
a b	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		2
k c	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		2
a b c c	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		2
a b c c f	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		2
a b c c f	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
t c c c c c c c c c c c c c c c c c c c	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		2
t c c c c c c c c c c c c c c c c c c c	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		2
t c c f	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		2
a b c c c c c c c c c c c c c c c c c c	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		2
a c c f g h	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a b c c e f g h	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
a b c c e f g h	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	2
a b c c e f g h	NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED BY  THE SCHOOL.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	

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

Schedule E (Form 990 or 990-EZ) 2019

## FIRST PHILADELPHIA PREPARATORY CHARTER

Schedule E (Form 990 or 990-EZ) 2019 SCHOOL 23-3062230 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
THE CHARTER SCHOOL RECEIVES FEDERAL AND STATE GRANT MONEY FROM THE IDEA,
TITLE I, TITLE II, TITLE IV, NATIONAL SCHOOL BREAKFAST AND LUNCH PROGRAMS,
CARES ACT-ESSR FUND LOCAL (COVID-19).

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

➤ Attach to Form 990.

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

FIRST PHILADELPHIA PREPARATORY CHARTER

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Internal Revenue Service

Part I

SCHOOL

Employer identification number 23-3062230

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			7,
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			Х
a	The organization?	5a		X
D	Any related organization?	5b		21
6	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_		6a		х
a h	The organization?  Any related organization?	6b		X
U	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	OD.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficilits	(13)(1)-(13)	reported as deferred on prior Form 990
(1) JOSEPH GILLESPIE (i	173,116.	273.	0.	9,003.	6,932.	189,324.	0.
CEO (ii		0.	0.	0.	0.	0.	0.
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# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FIRST PHILADELPHIA PREPARATORY CHARTER SCHOOL

Employer identification number 23-3062230

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:
CHARTER SCHOOL
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATION FOR STUDENTS IN GRADES K-12 IN THE CITY OF PHILADELPHIA.
FORM 990, PART VI, SECTION A, LINE 6:
7 MEMBERS OF THE BOARD OF TRUSTEES
FORM 990, PART VI, SECTION B, LINE 11B:
FIRST PHILADELPHIA CHARTER SCHOOL FORM 990 IS PREPARED BY AN OUTSIDE,
INDEPENDENT CPA FIRM AND IS REVIEWED BY THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS FILE A STATEMENT OF FINANCIAL INTEREST ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A:
BOARD AND MANAGEMENT COMPANY MAKE RECOMMENDATIONS FOR CEO COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
RIGHT TO KNOW REQUEST THROUGH LEGAL COUNCIL
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING -2.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

FIRST PHILADELPHIA PREPARATORY CHARTER SCHOOL

Employer identification number 23-3062230

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)				Direct c	ontrolling ntity	g
ldentification of Related Tax-Exempt Organizations during the tax year.			), Part IV, line 34, l	because it had on	e or more re	elated tax-exe	empt	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.  (a)  Name, address, and EIN of related organization	izations. Complete if the organization  (b)  Primary activity	answered "Yes" on Form 990  (c)  Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct o	elated tax-exe  (f) controlling ntity	Section conti	trolled
organizations during the tax year.  (a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direct o	(f)	Section s	trolled
organizations during the tax year.  (a)  Name, address, and EIN of related organization  RANKFORD VALLEY FOUNDATION FOR LITERACY -	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direct o	(f)	Section conti	trolled
organizations during the tax year.  (a)  Name, address, and EIN of related organization  ANKFORD VALLEY FOUNDATION FOR LITERACY - 1-2100509, 4300 TACONY ST., PHILADELPHIA,	(b) Primary activity SUPPORT THE HEALTH,	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct o	(f)	Section conti	trolled
organizations during the tax year.  (a)  Name, address, and EIN of related organization  RANKFORD VALLEY FOUNDATION FOR LITERACY - 1-2100509, 4300 TACONY ST., PHILADELPHIA,	(b)  Primary activity  SUPPORT THE HEALTH,  WELFARE, AND EDUCATIONAL	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct c	(f)	Section conti	trolled tity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  RANKFORD VALLEY FOUNDATION FOR LITERACY - 4-2100509, 4300 TACONY ST., PHILADELPHIA,	(b)  Primary activity  SUPPORT THE HEALTH,  WELFARE, AND EDUCATIONAL	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct c	(f)	Section conti	trolled tity?
organizations during the tax year.  (a)  Name, address, and EIN	(b)  Primary activity  SUPPORT THE HEALTH,  WELFARE, AND EDUCATIONAL	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct c	(f)	Section conti	trolle

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

Schedule R (Form 990) 2019

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of		ortionate	Code V-UBI	General o	Percentage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownersnip
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	,

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr ent	i) ction b)(13) rolled tity?
		country)		,				Yes	No
		2.4							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	ty			<u>_</u> 1	а	X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1	b	X
c Gift, grant, or capital contribution from related organization(s)					С	X
d Loans or loan guarantees to or for related organization(s)					d 2	ζ
e Loans or loan guarantees by related organization(s)					e 2	ζ
f Dividends from related organization(s)					f	Х
g Sale of assets to related organization(s)					g	X
h Purchase of assets from related organization(s)					h	X
i Exchange of assets with related organization(s)					li	X
j Lease of facilities, equipment, or other assets to related organization(s)				-	j	X
k Lease of facilities, equipment, or other assets from related organization(s)				1	k 2	ζ
I Performance of services or membership or fundraising solicitations for related org						X
m Performance of services or membership or fundraising solicitations by related org					m 2	ζ
n Sharing of facilities, equipment, mailing lists, or other assets with related organiza	ation(s)			1	n	X
o Sharing of paid employees with related organization(s)				1	0	X
p Reimbursement paid to related organization(s) for expenses				1	р	Х
q Reimbursement paid by related organization(s) for expenses				1	q	X
1 7 3 (7 1						
r Other transfer of cash or property to related organization(s)				1	r	Х
s Other transfer of cash or property from related organization(s)				1	s	X
2 If the answer to any of the above is "Yes," see the instructions for information on						<u> </u>
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) ining amount involve	ed	
1) FRANKFORD VALLEY FOUNDATION FOR LITERACY	K	3,709,836.	ACTUAL COST			
2) FRANKFORD VALLEY FOUNDATION FOR LITERACY	D	38,830,000.	LOAN GUARANTEE			
3) FRANKFORD VALLEY FOUNDATION FOR LITERACY	E	242,288.	LOAN BALANCE			
4) AMERICAN PARADIGM SCHOOLS	M	1,791,397.	AMOUNT PAID			
5)						
6)						
	2 E				_	

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

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

(a)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Disprop	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocatio	s   amount in box 20 Is?   of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes N	(Form 1065)	Yes No	5
-										
							$\vdash$		+	
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# FIRST PHILADELPHIA PREPARATORY CHARTER

23-3062230 Page 5 Schedule R (Form 990) 2019 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	PAVING	09/01/08	SL	15.00	1	.6	40,400.				40,400.	28,055.		2,693.	30,748.
2	PLAYGROUND	09/01/08	SL	15.00	1	.6	123,254.				123,254.	83,539.		8,217.	91,756.
3	PARKING MAIN BUILDING	09/01/08	SL	15.00	1	.6	24,166.				24,166.	16,379.		1,611.	17,990.
4	FRONT OF BUILDING	09/01/08	SL	29.00	1	.6	13,918.				13,918.	4,999.		480.	5,479.
5	RETAINING WALL	09/01/08	SL	29.00	1	.6	48,680.				48,680.	17,067.		1,679.	18,746.
6	SUBWAY TILE	07/01/09	SL	10.00	1	.6	48,947.				48,947.	47,474.		0.	47,474.
7	PARKING LOT PROJECT	06/30/10	SL	15.00	1	.6	36,540.				36,540.	24,382.		2,436.	26,818.
8	PARKING LOT PROJECT	09/01/10	SL	15.00	1	.6	226,983.				226,983.	133,581.		15,132.	148,713.
9	SCHOOL STORE	09/01/10	SL	10.00	1	.6	9,000.				9,000.	7,800.		900.	8,700.
10	NEW DOOR	09/01/10	SL	10.00	1	.6	682.				682.	591.		68.	659.
11	PARKING LOT PROJECT	09/01/10	SL	15.00	1	.6	164,790.				164,790.	95,212.		10,986.	106,198.
12	PARKING LOT PROJECT	09/01/10	SL	15.00	1	.6	28,638.				28,638.	16,546.		1,909.	18,455.
13	PARKING LOT PROJECT	09/01/10	SL	15.00	1	.6	8,550.				8,550.	4,940.		570.	5,510.
14	PARKING LOT PROJECT	09/01/10	SL	15.00	1	.6	31,852.				31,852.	18,402.		2,123.	20,525.
15	PARKING LOT PROJECT	09/01/10	SL	15.00	1	.6	27,960.				27,960.	16,155.		1,864.	18,019.
16	LEASEHOLD IMPROVEMENT	09/01/10	SL	15.00	1	.6	8,769.				8,769.	5,068.		585.	5,653.
17	LEASEHOLD IMPROVEMENT	09/01/10	SL	15.00	1	.6	956.				956.	553.		64.	617.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o l	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	LEASEHOLD IMPROVEMENT	09/01/10	SL	15.00	1	L6	8,769.				8,769.	5,068.		585.	5,653.
19	PARKING LOT PROJECT	07/17/15	SL	15.00	1	L6	37,600.				37,600.	9,818.		2,507.	12,325.
45	DOOR FRAME AND DRYWALL WORK	08/09/17	SL	15.00	1	L6	4,923.				4,923.	615.		328.	943.
46	LIGHTING FIXTURES	08/18/17	SL	15.00	1	L6	9,300.				9,300.	1,163.		620.	1,783.
47	SINK IN ART ROOM	08/29/17	SL	15.00	1	L6	4,475.				4,475.	546.		298.	844.
48	HVAC WORK ON UNITS	09/13/17	SL	15.00	1	L6	5,026.				5,026.	600.		335.	935.
49	KILN VENTILATION SYSTEM	09/14/17	SL	15.00	1	L6	5,683.				5,683.	679.		379.	1,058.
50	TRANSFORMER REPLACEMENT	12/20/17	SL	15.00	1	L6	6,000.				6,000.	617.		400.	1,017.
51	NEW BOLLARDS/RAMP WALKWAY	02/16/18	SL	15.00	1	L 6	4,800.				4,800.	440.		320.	760.
52	CARD ACCESS DOORS	04/24/18	SL	15.00	1	L6	6,880.				6,880.	535.		459.	994.
53	HVAC WORK/BOARD REPLACEMENT	05/17/18	SL	15.00	1	L 6	2,676.				2,676.	200.		178.	378.
64	WINDOW REPLACEMENTS	08/07/18	SL	15.00	1	L6	7,450.				7,450.	455.		497.	952.
65	HVAC WORK/BOARD REPLACEMENT	09/07/18	SL	15.00	1	L6	4,840.				4,840.	269.		323.	592.
66	HVAC WORK/BOARD REPLACEMENT	09/20/18	SL	15.00	1	L6	6,466.				6,466.	341.		431.	772.
67	GATE REPAIR	09/27/18	SL	15.00	1	L 6	3,800.				3,800.	190.		253.	443.
68	COMPRESSOR REPLACEMENT	10/08/18	SL	15.00	1	L6	5,213.				5,213.	261.		348.	609.
69	MOTOR REPLACEMENT	10/26/18	SL	15.00	1	L6	3,746.				3,746.	166.		250.	416.
70	BLOWER MOTOR	11/06/18	SL	15.00	1	L6	7,263.				7,263.	323.		484.	807.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
71	NEW WALKWAY - CONCRETE	11/14/18	SL	15.00	1	L 6	6,400.				6,400.	267.		427.	694.
72	WIND SCREEN	12/13/18	SL	15.00	1	16	4,400.				4,400.	159.		293.	452.
73	CAULK REPAIRS	01/16/19	SL	15.00	1	16	10,250.				10,250.	313.		683.	996.
74	HEATING REPAIRS	01/25/19	SL	15.00	1	16	3,780.				3,780.	105.		252.	357.
75	HVAC REPAIRS	04/17/19	SL	15.00	1	16	10,658.				10,658.	148.		711.	859.
76	ASPHALT WORK	04/19/19	SL	15.00	1	16	4,500.				4,500.	63.		300.	363.
77	HVAC CONTROLLER REPLACEMENT	05/02/19	SL	15.00	1	16	5,903.				5,903.	66.		394.	460.
78	CIRCUIT BREAKER REPAIRS	05/03/19	SL	15.00	1	16	9,290.				9,290.	103.		619.	722.
79	HVAC REPAIRS	05/09/19	SL	15.00	1	16	4,021.				4,021.	34.		268.	302.
80	ROLLING STEEL DOOR	05/24/19	SL	15.00	1	16	3,865.				3,865.	21.		258.	279.
81	SURVEY/DRIVEWAY CONSTRUCTION	06/06/19	SL	15.00	1	16	8,930.				8,930.	50.		595.	645.
82	HVAC REPAIRS	06/12/19	SL	15.00	1	16	5,882.				5,882.	16.		392.	408.
83	HVAC REPAIRS	06/27/19	SL	15.00	1	16	6,841.				6,841.			456.	456.
90	GYM CEILING INSULATION	07/01/19	SL	15.00	1	16	19,000.				19,000.			1,267.	1,267.
91	PARKING LOT & GYM OFFICE	09/10/19	SL	15.00	1	16	57,700.				57,700.			3,045.	3,045.
92	BUILDING PAINTING	07/31/19	SL	15.00	1	16	49,950.				49,950.			3,053.	3,053.
93	BARRIER ARM/GATE ARM	02/11/20	SL	15.00	1	16	6,842.				6,842.			171.	171.
94	HVAC REPAIRS	08/06/19	SL	15.00	1	16	10,091.				10,091.			617.	617.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
95	HVAC REPAIRS	08/20/19	SL	15.00	1	16	52,973.				52,973.			3,090.	3,090.
96	KILN WORK	12/13/19	SL	15.00	1	16	9,973.				9,973.			360.	360.
97	HEATING MAINTENANCE	12/18/19	SL	15.00	1	16	9,678.				9,678.			349.	349.
98	HVAC REPAIRS	02/21/20	SL	15.00	1	16	5,581.				5,581.			140.	140.
99	HEAT EXCHANGE REPAIRS	01/10/20	SL	15.00	1	16	11,963.				11,963.			366.	366.
100	FLOORING WORK	07/18/19	SL	15.00	1	16	73,612.				73,612.			4,703.	4,703.
	* 990 PAGE 10 TOTAL BUILDINGS						1,371,078.				1,371,078.	544,374.		83,121.	627,495.
	FURNITURE & FIXTURES														
22	DESKS	08/11/16	SL	5.00	1	16	17,949.				17,949.	10,321.		3,590.	13,911.
23	MUSIC DEPT FURNITURE	10/16/16	SL	5.00	1	16	9,633.				9,633.	5,219.		1,927.	7,146.
54	OFFICE FURNITURE	08/01/17	SL	5.00	1	16	4,068.				4,068.	1,560.		814.	2,374.
86	MUSIC CABINETS	08/07/18	SL	5.00	1	16	5,025.				5,025.	921.		1,005.	1,926.
87	OFFICE FURNITURE	08/16/18	SL	5.00	1	16	6,391.				6,391.	1,118.		1,278.	2,396.
88	DISCOVER CHAIRS	03/18/19	SL	5.00	1	16	3,736.				3,736.	218.		747.	965.
101	SOUND SHELLS	07/16/19	SL	5.00		16	8,825.				8,825.			1,691.	1,691.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						55,627.				55,627.	19,357.		11,052.	30,409.
	MACHINERY & EQUIPMENT														
25	LENOVO CHROMEBOOKS	12/15/15	SL	5.00	1	16	78,840.				78,840.	55,845.		15,768.	71,613.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
26	DELL CHROMEBOOKS	12/15/15	SL	5.00	Ì	16	19,500.				19,500.	13,813.		3,900.	17,713.
27	PROMEVO INVOICE	01/26/16	SL	5.00		16	26,280.				26,280.	18,068.		5,256.	23,324.
28	PROMEVO INVOICE	03/18/16	SL	5.00	-	16	17,999.				17,999.	11,850.		3,600.	15,450.
29	ACTIVPANEL	06/30/16	SL	5.00	:	16	63,984.				63,984.	38,391.		12,797.	51,188.
30	ACTIVPANEL	08/25/15	SL	5.00	:	16	42,750.				42,750.	34,200.		8,550.	42,750.
31	WIRELESS SOUND SYSTEM	09/01/15	SL	5.00	:	16	5,918.				5,918.	4,538.		1,184.	5,722.
32	SECURITY SYSTEM	05/25/17	SL	5.00	:	16	12,800.				12,800.	5,333.		2,560.	7,893.
33	PRINTERS	08/22/16	SL	5.00	=	16	4,888.				4,888.	2,771.		978.	3,749.
34	IPADS	01/05/17	SL	5.00		16	3,835.				3,835.	1,918.		767.	2,685.
35	CHROMEBOOKS	07/12/16	SL	5.00	=	16	35,422.				35,422.	20,957.		7,084.	28,041.
36	PROMETHEAN BOARDS	10/26/16	SL	5.00		16	11,997.				11,997.	6,398.		2,399.	8,797.
37	COMPUTERS	10/03/16	SL	5.00	í	16	16,292.				16,292.	8,960.		3,258.	12,218.
55	ESET PRO STD 3 YEAR	11/29/17	SL	3.00	:	16	4,733.				4,733.	2,498.		1,578.	4,076.
56	MACBOOK AIRS/MACS	08/09/17	SL	5.00		16	14,135.				14,135.	5,301.		2,827.	8,128.
57	IPADS/MACBOOK AIRS	08/09/17	SL	5.00		16	28,595.				28,595.	10,723.		5,719.	16,442.
58	WALKIES TALKIES	08/14/17	SL	5.00	:	16	3,800.				3,800.	1,425.		760.	2,185.
59	NETGEAR SWITCHES	08/21/17	SL	5.00		16	12,720.				12,720.	4,770.		2,544.	7,314.
60	APC UPS	08/21/17	SL	5.00		16	3,200.				3,200.	1,200.		640.	1,840.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
61	DELL LATITUDE COMPUTERS	08/24/17	SL	5.00	1	16	8,238.				8,238.	3,021.		1,648.	4,669.
62	CISCO SERVER/LICENSE	08/24/17	SL	5.00	1	16	23,500.				23,500.	8,617.		4,700.	13,317.
63	DIGITAL MIXERS	12/04/17	SL	5.00	1	16	2,600.				2,600.	823.		520.	1,343.
84	IPADS	08/13/18	SL	5.00	1	16	8,820.				8,820.	1,544.		1,764.	3,308.
85	CHROMEBOOKS	12/12/18	SL	5.00	1	16	8,319.				8,319.	901.		1,664.	2,565.
102	DELL LATITUDE COMPUTERS	08/23/19	SL	5.00	1	16	9,450.				9,450.			1,654.	1,654.
103	DELL LATITUDE COMPUTERS	12/07/19	SL	5.00	1	16	7,560.				7,560.			882.	882.
104	PROMETHEAN BOARDS	10/10/19	SL	5.00	1	16	4,953.				4,953.			702.	702.
105	NETWORK SWITCHES	12/09/19	SL	5.00	1	16	4,513.				4,513.			489.	489.
106	CISCO DIRECT MX450-HW	12/12/19	SL	5.00	1	16	31,740.				31,740.			3,439.	3,439.
107	AEROCHIVE HIVEMANAGER	12/13/19	SL	5.00	1	16	27,200.				27,200.			2,947.	2,947.
108	AEROCHIVE HIVEMANAGER	12/14/19	SL	5.00	1	16	20,400.				20,400.			2,210.	2,210.
109	CHROMEBOOKS	06/30/20	SL	5.00	1	16	421,344.				421,344.			0.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						986,325.				986,325.	263,865.		104,788.	368,653.
	TRANSPORTATION EQUIPMENT														
38	GOLF CARTS	04/20/15	SL	5.00	1	16	8,498.				8,498.	7,083.		1,415.	8,498.
39	SCHOOL BUS	12/10/14	SL	5.00		16	9,000.				9,000.	8,250.		750.	9,000.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						17,498.				17,498.	15,333.		2,165.	17,498.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
40	CONVECTION OVEN	01/27/12	SL	7.00	:	16	11,395.				11,395.	11,124.		0.	11,124.
41	MISC EQUIP NEW SITE	08/14/14	SL	7.00	:	16	16,040.				16,040.	11,265.		2,291.	13,556.
42	MISC EQUIP NEW SITE	02/23/15	SL	7.00		16	48,894.				48,894.	30,268.		6,985.	37,253.
43	FOOD SERVICE EQUIPMENT	06/30/17	SL	7.00		16	10,082.				10,082.	2,880.		1,440.	4,320.
44	FOOD SERVICE EQUIPMENT	06/30/18	SL	7.00	į	16	23,286.				23,286.	3,327.		3,327.	6,654.
89	CAFETERIA TABLES	06/30/19	SL	7.00		16	15,421.				15,421.			2,203.	2,203.
110	FOOD SERVICE EQUIPMENT	08/02/19	SL	7.00		16	24,508.				24,508.			3,209.	3,209.
	* 990 PAGE 10 TOTAL OTHER						149,626.				149,626.	58,864.		19,455.	78,319.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,580,154.				2,580,154.	901,793.		220,581.	1,122,374.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,712,298.			0.	1,712,298.	901,793.			1,087,990.
	ACQUISITIONS						867,856.			0.	867,856.	0.			34,384.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,580,154.			0.	2,580,154.	901,793.			1,122,374.
	ENDING ACCUM DEPR											1,122,374.			
	ENDING BOOK VALUE											1,457,780.			

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-r	non-profits.	4		
Autor	matic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).			
All corp	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnerships, F	REMIC	s, and trusts	
must u	se Form 7004 to request an extension of time to file incom	e tax retu	rns.			
Type o	FIRST PHILADELPHIA PREPARAT			xpayer	identification numb	, ,
File by the due date filing your return. Se	for Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.			
instructio		oreign add	dress, see instructions.			
Enter tl	ne Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
	720 (individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06 MSON	Form 8870 LLC - FOUR GREENTRE	E C	ENTRE 601	12
● The	books are in the care of ROUTE 73 NORTH				LIVINE, OUI	•
	phone No. ► 856-505-1300		Fax No. >			
	e organization does not have an office or place of business	s in the Ur				
	is is for a Group Return, enter the organization's four digit (					heck this
box 🕨		1				
	request an automatic 6-month extension of time until	MA	Y 17, 2021 , to file the		pt organization retu	
•	calendar year or					
•	X tax year beginning JUL 1, 2019	, an	nd ending JUN 30, 2020		_ ·	
2 II	the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on: Initial return Fina	ıl retur	n	
3a I	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less			
<u>a</u>	ny nonrefundable credits. See instructions.			За	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			•
_	stimated tax payments made. Include any prior year overp			3b	\$	0.
	Salance due. Subtract line 3b from line 3a. Include your pa	•				0
	sing EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.
<b>Cautio</b> instruc	<b>n:</b> If you are going to make an electronic funds withdrawal tions.	(direct de	ebit) with this Form 8868, see Form 8453	B-EO ar	nd Form 8879-EO fo	r payment

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

Form 8868 (Rev. 1-2020)