Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2017, or fiscal year beginning	JUL	1	, 2017, and ending	JUN	30	, 20 18

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

2017

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization	Employer identification number
PHILADELPHIA FILM SOCIETY	23-3077468
Name and title of officer J ANDREW GREENBLATT EXECUTIVE DIRECTOR	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from 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, the whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than 1 line in Part I.	hen leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,771,565.</u>
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)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here ▶	50
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 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the service provider, transmitter, or electronic return originator (ERO) to send the organization to the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elective electronic institution account indicated in the tax preparation software for payment of the organization, I must contact the U.S. The service organization or electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic retorganization's consent to electronic funds withdrawal.	e true, correct, and complete. I urn. I consent to allow my ne IRS and to receive from the IRS ssing the return or refund, and (c) lectronic funds withdrawal (direct tion's federal taxes owed on this Treasury Financial Agent at stitutions involved in the resolve issues related to the
Officer's PIN: check one box only	
	to enter my PIN 54321
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authenter my PIN on the return's disclosure consent screen.	s return that a copy of the return norize the aforementioned ERO to
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 e indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charing program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ▶ Date ▶	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 24385119046 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeFe-file Providers for Business Returns.	organization indicated above. I) Information for Authorized IRS
ERO's signature Date	
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To Do	So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Form **990**

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. 2018 A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, D Employer identification number C Name of organization B Check if applicable: Address ohange PHILADELPHIA FILM SOCIETY Name change 23-3077468 Doing business as initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 267-239-2941 Final return/ 1412 CHESTNUT STREET 2,771,565. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended Ireturn PHILADELPHIA, PA 19102 H(a) Is this a group return Applica-tion F Name and address of principal officer: J. ANDREW GREENBLATT for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.FILMADELPHIA.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2001 M State of legal domicile; PA | Part I | Summary Briefly describe the organization's mission or most significant activities: PHILADELPHIA FILM SOCIETY Governance CREATES OPPORTUNITIES FOR DIVERSE COMMUNITIES TO EXPERIENCE FILM 2 Check this box \blacktriangleright if the organization discontinued its operations or disposed of more than 25% of its net assets. 25 Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 122 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 250 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 498,640. 914,791. 8 Contributions and grants (Part VIII, line 1h) 925,083. 1,856,410. Program service revenue (Part VIII, line 2g) 9 2. 95. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 269. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,423,725. 2,771 565. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 696,143. 1,515,330. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,380,189. 2,452,754. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,076,332. 3,968,084. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -652,607. -1,196,519. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 Ssets 7,798,000. 7,045,629. Total assets (Part X, line 16) 2,598,154. 3,042,302. Total liabilities (Part X, line 26) 5,199,846. 4,003,327. Net assets or fund balances, Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign J. ANDREW GREENBLATT, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature **₽**01330899 Paid HELEN M. MARTIN Firm's name | EISNERAMPER LLP 13-1639826 Firm's EIN Preparer Firm's address 130 NORTH 18TH STREET, SUITE 3000 Use Only Phone no. (215) 881-8800 PHILADELPHIA, PA 19103-2757

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

8 Page 2	orm 990 (2017) PHILADELPHIA FILM SOCIETY 23-307/46
	Part III Statement of Program Service Accomplishments
X	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	SEE SCHEDULE O
[177]	2 Did the organization undertake any significant program services during the year which were not listed on the
Yes X No	
	If "Yes," describe these new services on Schedule O.
Yes X No	B Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
202	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense
s, and	
	revenue, if any, for each program service reported.
<u>9,313.</u>)	
T OF	THE PHILADELPHIA FILM CENTER IS AN EXCITING FILM VENUE IN THE HEAR
D	DOWNTOWN PHILADELPHIA. FORMERLY THE PRINCE THEATER, THE VENUE MOVE
	EXCLUSIVELY TO FILM PROGRAMMING AT THE START OF 2019, BECOMING THE
N IN	PREMIERE HUB FOR FILM IN PHILADELPHIA. FEATURING THE LARGEST SCREE
	THE CITY, THE PHILADELPHIA FILM CENTER HOSTS FILM EVENTS IN TWO
	STATE-OF-THE-ART THEATERS.
	CFA 150
,	Hb (Code:) (Expenses \$ 654,159. including grants of \$) (Revenue \$)
	PFS CREATES OPPORTUNITIES FOR DIVERSE AUDIENCES TO EXPERIENCE FILM
<u>N</u>	THROUGH INITIATIVES THAT INSPIRE, EDUCATE, CHALLENGE, AND ENTERTAI
	ITS PURPOSE IS TO UTILIZE FILM'S UNIQUE CAPACITY TO ENGAGE A BROAD
	CROSS-SECTION OF THE COMMUNITY, WHILE FURTHER PROVIDING ACCESS TO
N AND	POWERFUL FILMS FROM AROUND THE WORLD IN ORDER TO INCREASE EDUCATION
AND	UNDERSTANDING. AS THE PRODUCER OF THE PHILADELPHIA FILM FESTIVAL,
	CREATIVE ENERGY BEHIND THE PHILADEPHIA FILM CENTER AND PFS ROXY
	THEATER, PFS RAISES AWARENESS OF FILM AS AN IMPORTANT ART FORM IN
	PHILADELPHIA, AND SERVES AS A VITAL PIECE OF THE CITY'S ARTS AND
	CULTURAL LANDSCAPE. AS THE MOST DISTINGUISHED FILM PRESENTING
N BY	ORGANIZATION IN THE REGION, PFS MAKES A MAJOR CULTURAL CONTRIBUTION
TIC	PROGRAMMING THOUGHT-PROVOKING FILM, AND BRINGING THE BEST OF DOMES
3,951.)	
	A PURE A SCHIMING OPERATIONS OF THE PES BOYY IN 2013 AND FOLLOWING AN
TUE	
OXY	WITH SPECIALIZED, CURATED NEW AND REPERTORY PROGRAMMING, THE PFS R
	TS OPEN TO THE PUBLIC 365 DAYS A YEAR.
	1d Other program services (Describe in Schedule O.)
rm 990 (2017)	
THE	AFTER ASSUMING OPERATIONS OF THE PFS ROXY IN 2013 AND FOLLOWING AN EXTENSIVE RENOVATION OF THE THEATER THROUGH THE MAJORITY OF 2013, THEATER REOPENED IN DECEMBER 2013. OPERATING AS A TWIN (2 SCREEN), 160-SEAT TOP-OF-THE-LINE MOVIE THEATER FEATURING FIRST-RUN FILMS M WITH SPECIALIZED, CURATED NEW AND REPERTORY PROGRAMMING, THE PFS R IS OPEN TO THE PUBLIC 365 DAYS A YEAR. 4d Other program services (Describe in Schedule O.) (Expenses \$ 249,112. including grants of \$) (Revenue \$ 253,415.) 4e Total program service expenses \$ 3,013,537.

732002 11-28-17

	990 (2017) PHILADELPHIA FILM SOCIETY 23-30'	<u> 17468</u>	Р	age 3
Par	t 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	ot		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part			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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x

If "Yes," complete Schedule D, Part IV
 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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?

Schedule D, Part III

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 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

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

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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Did the organization maintain an office, employees, or agents outside of the United States?
 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

5 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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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
 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

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

Form **990** (2017)

Х

Х

X

X

X

X

X

X

X

9

10

11b

11d

11e

11f

12a

12b

13

14a

14b

16

17

18

11a X

X

Х

X

			Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		7,7
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				\ .
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? /f "Yes,"	06		x
	complete Schedule L, Part II	26		-22
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			45
28				re, se
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in non-cash containations: If Fes, complete scriedate in			
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		X
35a	The state of the s	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
.,	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2017)

Form	990 (2017) PHILADELPHIA FILM SOCIETY 23-3077	468	Р	age 5
Par				
South Hele Sall	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34	78 24.		
_	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l É
С		4.	X	
	(gambling) winnings to prize winners?	1c	2 X	EKALCE
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	KLE:		\$122 \$122 \$122 \$122 \$122 \$122 \$122 \$122
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	0.044.250.119
	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?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:			
D				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ade la	X
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		_ <u>X.</u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		i	İ
	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 contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
a		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/ b	 	┢
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		1 37
	to file Form 8282?	7c	iii balaxiida.	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			JAN.
-	sponsoring organization have excess business holdings at any time during the year?	8	Krand-Hvo.r.	102 xx2dibbed
9	Sponsoring organizations maintaining donor advised funds.			
	71.11	0.5		10 gyennan
a		9a	-	\vdash
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_9b_		126
10	Section 501(c)(7) organizations. Enter:	1 16 1		128
а	Initiation fees and capital contributions included on Part VIII, line 12		3 N	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10000		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			136
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	10000000000000000000000000000000000000	Assessment
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		AU HEUR	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	_13a	ge Hansayin	
	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			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	/201

Form 990 (2017) PHILADELPHIA FILM SOCIETY 23-30 / / 4 6 8 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				,,,		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	1a		25						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
h	b Enter the number of voting members included in line 1a, above, who are independent									
2										
2	officer, director, trustee, or key employee?									
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
3										
	of officers, directors, or trustees, or key employees to a management company or other person?				<u>3</u> 4		$\frac{x}{x}$			
4	Did the organization make any significant changes to its governing documents since the prior Form S						X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X			
6	Did the organization have members or stockholders?			•••	6		Λ			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				**			
	more members of the governing body?			•••	7a		_ <u>x</u> _			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or							
	persons other than the governing body?			•••	7b	-0.000000000000000000000000000000000000	<u> </u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:							
а	The governing body?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8a	X				
b	Each committee with authority to act on behalf of the governing body?				8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
	(This decilor b requests information about solicios not required by the internal riv	<u> </u>				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such cl				100					
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	ιαρισι	s, annacos,		10b					
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	lu hafa	re filing the form		11a	Х	·			
		iy belo	re ming the form	•	Transpire Control					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				40	v				
12a	• • • • • • • • • • • • • • • • • • • •				12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	X	<u> </u>			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If									
	In Schedule O how this was done				12c	X				
13	Did the organization have a written whistleblower policy?				13	X				
14	Did the organization have a written document retention and destruction policy?				14	X				
15	Did the process for determining compensation of the following persons include a review and approv	al by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official				15a	Х				
	Other officers or key employees of the organization				15b	Х				
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
169	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a							
ıoa					16a	essuetti	X			
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the entity of the organization of the entity of the			•••	, iou					
α	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.				21.30		. 30			
					401-					
<u> </u>	exempt status with respect to such arrangements?				16b	<u> </u>	<u> </u>			
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶PA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (Sect	tion 501(c)(3)s on	ily) a	vailable	Э				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain									
19.	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	of interest policy,	and	financ	ial				
	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 bo	oks an	nd records: 🕨 _							
	BREAKWATER ACCOUNTING & ADVISORY CORP 302-543-4	564	·							
	P.O. BOX 362, ROCKLAND, DE 19732									
73200	3 11-28-17				Forn	990	(2017)			

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

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

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

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

Check this box if neither the organization (A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) J. ANDREW GREENBLATT	40.00								_	
EXECUTIVE DIRECTOR		X		X		<u> </u>	ļ	149,808.	0.	0.
(2) JACK ADLER	2.00									•
BOARD MEMBER		X					_	0.	0.	0.
(3) LOUIS BLUVER	2.00	ļ			İ					
BOARD MEMBER		X			_	ļ	_	0.	0.	0.
(4) LAURADA BYERS	2.00	ļ				1				
BOARD MEMBER		X				<u> </u>	<u> </u>	0.	0.	0.
(5) DAVID BROWN	2.00								l ,	_
BOARD MEMBER	0.00	X	_		ļ	ļ	-	0.	0.	0.
(6) ELLEN DAVIS	2.00	٠,,							0.	_
BOARD MEMBER	2 00	X	<u> </u>	_		-		0.	<u> </u>	0.
(7) BETSY FILTON	3.00	٠,,		٠,,				0.	0.	0.
VICE CHAIRMAN	2 00	X		X	├	├—	┢	<u> </u>	0.	0.
(8) MARJORIE HONICKMAN	2.00	X						0.	0.	0.
BOARD MEMBER (9) GERALD GUARCINI	2.00	^	┝	┢	_	┼		0.	0.	0.
(9) GERALD GUARCINI BOARD MEMBER	2.00	X	1					0.	0.	0.
(10) RALPH HIRSHORN	2.00	<u> </u>	 	-	_	╁				
BOARD MEMBER	2.00	x						0.	0.	0.
(11) SUSAN JACQUETTE	2.00		 		一	 	\vdash	0.		
BOARD MEMBER	200	\mathbf{x}			1			0.	0.	0.
(12) VICTOR KEEN	2.00	+==	\vdash		<u> </u>	T	1-			
BOARD MEMBER		x						0.	0.	0.
(13) LAWRENCE KORMAN	5.00				<u> </u>	1				
CHAIRMAN		\mathbf{x}		x				0.	0.	0.
(14) JOSEPH MANKO JR.	3.00					\top				;
TREASURER		x		X			1	. 0.	0.	0.
(15) BARRY O'SULLIVAN	3.00			Ī		Τ				
SECRETARY		x		X		L.		0.	0.	0.
(16) RUTH PERLMUTTER	2.00									
BOARD MEMBER		X						0.	0.	0.
(17) DAVID PLAZA	2.00									
BOARD MEMBER		X	L	L	L	L		0.	0.	0.

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Form 990 (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C) (D) (E)										(F)	
Name and title	Average	(4-		Posi		l than c	ne	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of	
	week		oer an	d a di	recto	r/trus	(99)	from	from related	other	
	(list any	rector				1		the	organizations	compensation	
	hours for related	or di	8			ated		organization	(W-2/1099-MISC)	from the	
	organizations	ustee	truste		92	трепз		(W-2/1099-MISC)		organization and related	
	below	ual tri	ional		ploye	t com	ا			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(18) JILL ROSS	2.00	<u> =</u>	=	0	ž	Ξ 0	-				
BOARD MEMBER	2.00	X						0.	0	. 0.	
(19) CAROL SALINE	2.00	23				\vdash	_			<u> </u>	
BOARD MEMBER	2.00	X						0.	0	. 0.	
(20) LISA SAMUEL	2.00	25	-		-	 -		•		•	
BOARD MEMBER	2.00	X			İ			0.	0	. 0.	
(21) M. NIGHT SHYAMALAN	2.00	12	-		 	-		- 0.		• •	
BOARD MEMBER	2.00	x						0.	0	. 0.	
	2.00	<u> </u>		-	-		\vdash	0.	0	• •	
(22) SEAN SKELLY	Z-00	₩.						0.	0	. 0.	
BOARD MEMBER	2 00	X	\vdash	 	 	├	<u> </u>	1	<u> </u>	• 0 •	
(23) ROSS WEISS	2.00	٠,				ļ			^		
BOARD MEMBER	2 00	X	╀		_	-	-	0.	0	. 0.	
(24) JUSTIN WINEBURGH	2.00	١.,	l						^		
BOARD MEMBER	0 00	X			_	┢	-	0.	0	. 0.	
(25) LINDA YAFFE	2.00	-							_		
BOARD MEMBER		X		ļ	_	<u> </u>	<u> </u>	0.	0	. 0.	
		-									
			<u> </u>	L	L	<u></u>	<u> </u>	1.40 000			
1b Sub-total								149,808.	0		
c Total from continuation sheets to Part VI	I, Section A							0.	0		
d Total (add lines 1b and 1c)								149,808.	0	. 0.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization	·								····	1	
										Yes No	
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on		
line 1a? <i>If "Yes," complete Schedule J for</i> s										3 X	
4 For any individual listed on line 1a, is the su			-					· ·			
and related organizations greater than \$150	0,000? <i>If "Yes,</i>	" cc	mpl	ete S	Sche	edule	J f	for such individual		4 X	
5 Did any person listed on line 1a receive or a	accrue comper	nsat	on f	rom	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes." com	plete Schedul	e J 1	or st	ıch i	pers	on				5 X	
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontr	acto	rs th	nat received more than \$	3100,000 of compen	sation from	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith o	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	N	INC	3				Description of s	services	Compensation	
							_ }				
								•			
2 Total number of independent contractors (i	ncluding but n	ot li	nite	d to	thos	se lis	ted	above) who received m	ore than		
\$100,000 of compensation from the organi						0		,			
										Form 990 (2017)	

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Related or (C) Unrelated (A) Total revenue exempt function business revenue revenue Federated campaigns 205,856. **b** Membership dues 1b 1c c Fundraising events d Related organizations e Government grants (contributions) 1e Contributions, f All other contributions, gifts, grants, and 708,935 similar amounts not included above Q Noncash contributions included in lines 1a-1f: \$ 914,791 h Total. Add lines 1a-1f Business Code 2 a TICKET AND BADGE SALES 512000 863,172. 863,172. Program Service 689,786. 689,786. b THEATER RENTAL AND FEE 512000 c CONCESSIONS 512000 205,485. 205,485. 512000 67,165. 67,165. d THEATER AND RESTORATIO 512000 30,802. 30,802. SUBMISSION FEES f All other program service revenue 856,410. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 95. 95. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less; rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 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 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 OTHER INCOME 512000 269. 269 d All other revenue 269 e Total. Add lines 11a-11d 95. **▶** 2,771,565. 1,856,679 Total revenue. See instructions.

Part IX Statement of Functional Expenses

Doi	Check if Schedule O contains a response not include amounts reported on lines 6b,	se or note to any line in t (A) Total expenses	his Part IX (B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total onpolicoo	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				Also deferrible of
	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	trustees, and key employees	145,268.	50,844.	21,790.	72,634
6	Compensation not included above, to disqualified	113,2001	50,011	227,200	,2,001
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,161,728.	1,055,232.	49,523.	56,973
8	Pension plan accruals and contributions (include				· · · · · · · · · · · · · · · · · · ·
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	78,486.	63,596.	5,096.	9,794 16,485
10	Payroll taxes	129,848.	104,838.	8,525.	16,485
11	Fees for services (non-employees):				
а	Management				
b	Legal	3,027.		3,027.	· · · · · · · · · · · · · · · · · · ·
С	Accounting	50,930.		50,930.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	· · · · · · · · · · · · · · · · · · ·	404 054	00 400	140 040	05 654
	column (A) amount, list line 11g expenses on Sch O.)	191,051.	22,429.	140,948.	27,674
12	Advertising and promotion	62,018.	27,214.	12,037.	22,767
13	Office expenses	24,323.	5,120.	12,995.	6,208
14	Information technology	47,050.	42,131.	1,013.	3,306
15	Royalties	220,668.	115,363.	79,460.	25,845
16	Occupancy	128,912.	128,404.	15,4000	508
17	Travel	120,712•	120,404.		500
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,589.	10,906.	4,644.	9,039
20	Interest	121,607.	83,069.	29,382.	9,156
21	Payments to affiliates			, , , , , , , , , , , , , , , , , , , ,	
22	Depreciation, depletion, and amortization	576,426.	569,198.	7,228.	
23	Insurance	101,175.	84,575.	16,600.	
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TOTATOMENTO AND DETENTO	427,961.	244,681.	183,280.	
b	VENUE RENTAL	99,093.	99,093.		
c	REAL ESTATE TAXES	88,668.	50,541.	33,694.	4,433
d	BANK AND CREDIT CARD FE	87,400.	80,889.	6,511.	
е	All other expenses	197,856.	175,414.	17,053.	5,389
25	Total functional expenses. Add lines 1 through 24e	3,968,084.	3,013,537.	684,336.	270,211
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 (201

Form 990 (2017)
Part X Balance Sheet

ar	t X	Balance Sheet			······
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	188,384.	1	67,885
	2	Savings and temporary cash investments		2	10 710
	3	Pledges and grants receivable, net	53,218.	3	18,718
	4	Accounts receivable, net	56,803.	4	31,026
	5	Loans and other receivables from current and former officers, directors,			
ĺ		trustees, key employees, and highest compensated employees. Complete			T. 14
1		Part II of Schedule L		5	
1	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			Parallel Property (A)
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
i	9	Prepaid expenses and deferred charges	23,707.	9	25,91
	10a	Land, buildings, and equipment: cost or other		14 T	
		basis. Complete Part VI of Schedule D 10a 9, 242, 858.		72	
	b	Less: accumulated depreciation 10b 2,391,503.	7,340,249.	10c	6,851,35
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	135,639.	15	50,73
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,798,000.	16	7,045,62
	17	Accounts payable and accrued expenses	332,274.	17	397,48
	18	Grants payable		18	
1	19	Deferred revenue	134,889.	19	10,57
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
١	22	Loans and other payables to current and former officers, directors, trustees,		y ii	
		key employees, highest compensated employees, and disqualified persons.			
-		Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties	2,105,771.	23	2,605,38
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
1		Schedule D	25,220.	25	28,85
	26	Total liabilities. Add lines 17 through 25	2,598,154.	26	3,042,30
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
		complete lines 27 through 29, and lines 33 and 34.		M	
1	27	Unrestricted net assets	5,199,846.	27	4,003,32
	28	Temporarily restricted net assets	0.	28	
1	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	5,199,846.	33	4,003,32
	34	Total liabilities and net assets/fund balances	7,798,000.	34	7,045,62

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

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

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 23-3077468

Þ	rt I	Reason for Public C	Charity Status //		mnlete thi	e nart \ So		3-3077400				
100000	tohy services or			**************************************			e instructions.					
The	organ	ization is not a private founda										
1		A church, convention of chu)(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).										
4	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:										
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
	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 gov		ental unit described in	section 17	O(6)/4)/4)/	(v)					
7		An organization that normal					: :	oublic described in				
′		-	•	itiai part of its support if	om a gove	iiiiii Giitai i	anit of north the general p	Jabilo described in				
_		section 170(b)(1)(A)(vi). (C	•	AVAV. N. /Olate Dest	. 11.5							
8	\vdash	A community trust describe					12 - 20 - 1 - d					
9	Ш	An agricultural research org										
		or university or a non-land-g	ırant co ll ege of agricı	ulture (see instructions).	Enter the r	name, city	, and state of the college	e or				
		university:										
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	ort from o	ontributio	ns, membership fees, an	d gross receipts from				
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	ifter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).					
12	Ħ	An organization organized a						purposes of one or				
	LJ	more publicly supported org										
		lines 12a through 12d that	~					51,001, 21,0 00,7 H				
		⊣						alvina				
8	l	☐ Type I. A supporting orga	•	•		-						
		the supported organization			majority o	the airec	tors or trustees of the st	apporting				
		organization. You must c	•									
k	· L_	Type II. A supporting org										
		control or management o	f the supporting orga	anization vested in the sa	ıme perso	ns that co	ntrol or manage the sup	ported				
		organization(s). You mus	•									
(;	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.					
(ı 🗆	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nection w	rith its supported organi	zation(s)				
	-	that is not functionally int	• • • • • • • • • • • • • • • • • • • •				• • •					
		requirement (see instructi	-	- ,	-							
		Check this box if the orga										
•	,						Type I, Type II, Type III					
		functionally integrated, or										
		er the number of supported of										
		vide the following information	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other				
	,	i) Name of supported organization	(11) (11)	(described on lines 1-10	(iv) Is the orga in your governi		support (see Instructions)	support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see interdencie)	- Cappert (CCC metactions)				
-			:									
					· · · · · · · · · · · · · · · · · · ·							
			1					1				
												
_				ent transport transport to the company of the compa	(Cherman			-				

Schedule A (Form 990 or 990-EZ) 2017 PHILADELPHIA FILM SOCIETY 23-3077 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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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					1	
	or expended on its behalf						
3	The value of services or facilities			·			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly				1.0041. 4.197		
	supported organization) included						
	on line 1 that exceeds 2% of the	a Area of the		J. Harry St. Bright			
	amount shown on line 11,		7 an - P				
	column (f)		7. / Jan. 19				
6	Public support. Subtract line 5 from line 4.	20.0 (1.15) Yes	化物质层型				
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on					İ	
	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 ta	x year as a sectior	501(c)(3)	
_	organization, check this box and sto	here					
	ction C. Computation of Publi						
	Public support percentage for 2017 (I					l L	<u>%</u>
	Public support percentage from 2016					15	%
16a	6a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					· ·	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	on did not check a	box on line 1 3, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 PHILADELPHIA FILM SOCIETY 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.)

Sec	Section A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1360173.	971,958.	860,924.	498,640.	914,791.	4606486.
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	530,320.	1214218.	1777670.	925,083.	1856410.	6303701.
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						•
5	The value of services or facilities						•
J	furnished by a governmental unit to						
	the organization without charge						
e	Total. Add lines 1 through 5	1890493.	2186176.	2638594.	1423723.	2771201.	10910187.
	Amounts included on lines 1, 2, and						
18	3 received from disqualified persons		123,000.	120,945.	41,053.	19,417.	304,415.
h	Amounts included on lines 2 and 3 received			,	,		
~	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	625,772.	378,280.	145,839.	350,815.	94,284.	1594990.
_	amount on line 13 for the year Add lines 7a and 7b	625,772.	501,280.	266,784.			1899405.
		025,772.	301,200.	200,704			9010782.
Sec	Public support. (Subtract line 7c from line 6.)			PROPERTY OF THE PROPERTY OF THE PARTY OF THE			30107020
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	ndar year (or fiscal year beginning in)	1890493.	2186176.	2638594.	1423723.		10910187.
	Amounts from line 6	1000400.	21001700	2030331.	1120/201	27722021	2032020,1
IUa	dividends, payments received on						
	securities loans, rents, royalties,		12.	34.	2.	95.	143.
	and income from similar sources			74.			1120.
K	Unrelated business taxable income (less section 511 taxes) from businesses						
	·						
	acquired after June 30, 1975		12.	34.	2.	95.	143.
	Add lines 10a and 10b Net income from unrelated business		14.	24.	۷ •	95.	<u> </u>
' '	activities not included in line 10b,						
	whether or not the business is						1
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital		20 222	43.		269.	28,545.
	assets (Explain in Part VI.)	1000403	28,233.		1423725.		10938875.
	Total support. (Add lines 9, 10c, 11, and 12.)	1890493.	2214421.	2638671.			
14	First five years. If the Form 990 is fo						ation,
check this box and stop here Section C. Computation of Public Support Percentage							
						l l	00 27
	Public support percentage for 2017 (15	82.37 %
_	Public support percentage from 2016					16	77.43 %
	ction D. Computation of Inves					T	
	Investment income percentage for 26					17	.00 %
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2017. If the						7 is not
	more than 33 1/3%, check this box a						►X
k	33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th			b
	Schedule A (Form 990 or 990-E7) 2017						

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** 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 (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		
2		
3a		
3b		
	123 234 234 234	
3c		
4a 4b		
	l	
5a 5b		
5c		
7		
8		\$ 13 di
9a		
9b		
9c ////////////////////////////////////		
10b		
200 or 0	00_E7	1 2017

Schedule A (Form 990 or 990-EZ) 2017

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2018. Add lines 3j

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2017

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2013 Amount	2014 Amount	2015 Amount	2016 Amount	2017 Amount
STEVE / BETSY FILTON	0.	13,000.	35,000.	10,000.	10,000.
VICTOR KEEN	0.	10,000.	0.	0.	0.
RONALD L. KASIERMAN	0.	100,000.	0.	0.	0.
JACK ADLER	0.	0.	16,590.	5,053.	0.
RALPH HIRSHORN (HIRSHORN COMPANY)	0.	0.	6,250.	10,000.	0.
MARJORIE HONICKMAN	0.	0.	7,500.	0.	0.
JOSEPH MANKO	0.	0.	7,500.	0.	0.
SUZANNE NAPLES	0.	0.	18,000.	0.	0.
RUTH PERLMUTTER	0.	0.	5,105.	0.	0.
OSAGIE IMOSAGIE	0.	0.	25,000.	0.	0.
ELLEN DAVIS	0.	0.	0.	5,000.	0.
LARRY KORMAN	0.	0.	0.	11,000.	9,417.
					
		.,			
Total to Schedule A, Part III, Line 7a		123,000.	120,945.	41,053.	19,417.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2017

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2013 Amount	2014 Amount	2015 Amount	2016 Amount	2017 Amount
/ARIOUS	625,772.	378,280.	145,839.	350,815.	94,284.
				:	
				·	
		. ,			
		·			
otal to Schedule A,	625,772.	378,280.	145,839.	350,815.	94,284

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2017

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2017	2017 Excess Payments
VARIOUS	122,000.	94,284.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

Name of the organization
PHILADELPHIA FILM SOCIETY

23-3077468

Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), out it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723451 11-01-17

Employer identification number

PHILADELPHIA FILM SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BETSY AND STEVE FILTON 1898 BLACK ROCK LN. PAOLI, PA 19301-1058	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LARRY AND KORIN KORMAN 6019 SHEAFF LN. PHILADELPHIA, PA 19103-4196	\$9,417.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WYNCOTE FOUNDATION 1717 ARCH ST. SUITE 1430 PHILADELPHIA, PA 19103	\$ 5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PHILADELPHIA CULTURAL FUND 1400 JOHN F KENNEDY BLVD. PHILADELPHIA, PA 19107	\$8,521.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PECO ENERGY COMPANY 2301 MARKET ST., P.O. BOX 8699 PHILADELPHIA, PA 19103-1380	\$ <u>16,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	AVC PICTURES 58 BROAD ST. WOODBURY, NJ 08096	\$82,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PHILADELPHIA FILM SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COMCAST 1701 JFK BLVD. PHILADELPHIA, PA 19103	\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DIETZ AND WATSON 5701 TACONY ST. PHILADELPHIA, PA 19135	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	PA COUNCIL ON THE ARTS FINANCE BUILDING, RM 216 HARRISBURG, PA 17120	\$5,071.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	AARP 1650 MARKET ST PHILADELPHIA, PA 19103	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	ALFRED P SLOAN FOUNDATION 630 FIFTH AVE, STE 2200 NEW YORK, NY 10111	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CAPITAL ONE 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PHILADELPHIA FILM SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DAVID HAAS 100 N 18TH ST STE 1110 PHILADELPHIA, PA 19103	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST PHILADELPHIA, PA 19107	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	ORIGLIO BEVERAGE 300 MEETING HOUSE RD PHILADELPHIA, PA 19154	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	UHS OF PENNSYLVANIA INC 367 S GULPH RD KING OF PRUSSIA, PA 19406	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	FUSION TV 8551 NW 30TH TERRACE DORAL, FL 33122	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Employer identification number

PHILADELPHIA FILM SOCIETY

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	Iditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· <u></u>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization 23-3077468 PHILADELPHIA FILM SOCIETY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 23-3077468 PHILADELPHIA FILM SOCIETY

Baugithine:	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		2
K	organization unionologic for the confidence of t	(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 wi	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • •
C			
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic structur	I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservati	ion easements during the year
_	\$	ti-fithe we will a section 170/b	VAVDV()
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization		
		on's imancial statements that describes the	ne organization's accounting for
Pa	conservation easements. rt III Organizations Maintaining Collections of A	Art. Historical Treasures, or Oth	ner Similar Assets.
11.2011.	Complete if the organization answered "Yes" on Form 9		
10	If the organization elected, as permitted under SFAS 116 (ASC		ent and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exhil		
	the text of the footnote to its financial statements that describe		nos of public borries, provide, in train, and
h	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:	goddon, or rood, or minaratoranos or pas	Journal of the state of th
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	•••		
2	If the organization received or held works of art, historical treas		
_	the following amounts required to be reported under SFAS 11		7,111
а	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		> \$
b			
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2017

Sched	dule D (Form 990) 2017 PHILADE:	LPHIA FILM	SOCIETY			23	<u>3-307</u>	7468	Page 2			
Par		ollections of Art	t, Historical Tr	easures, or	Other S	imilar A	ssets	(continue	ed)			
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items											
	(check all that apply):											
а	Public exhibition	d	Loan or ex	change prograi	ทธ				•			
b	Scholarly research	е	Other									
С	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or											
	reported an amount on Form 990, Part X, line 21.											
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included											
	on Form 990, Part X? Yes No											
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:									
								Amount				
	Beginning balance											
d	Additions during the year		1d									
е	Distributions during the year					1e						
f	Ending balance					<u>_1f</u> _		1				
	Did the organization include an amount on F							Yes	No No			
	If "Yes," explain the arrangement in Part XIII.											
Par	t V Endowment Funds. Complete	T					ra baak	(m) Four v	onro book			
		(a) Current year	(b) Prior year	(c) Two year	s dack (d) Three yea	rs back	(e) Four y	ears dack			
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
	Administrative expenses											
g	End of year balance Provide the estimated percentage of the curl		e (line 1a, column (all held as:								
2	Board designated or quasi-endowment	-	e (iine 19, coldinii) (a)) Held as.								
a .	Permanent endowment		— /•									
	Temporarily restricted endowment											
C	The percentages on lines 2a, 2b, and 2c sho											
32	Are there endowment funds not in the posse		ation that are held a	and administer	ed for the	organizatio	on					
oa	by:	ocion of the organiza				J		- F	Yes No			
	(i) unrelated organizations							3a(i)				
								3a(ii)				
b	(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?											
4	Describe in Part XIII the intended uses of the											
Pai	t VI Land, Buildings, and Equipm	nent.										
	Complete if the organization answere	ed "Yes" on Form 990	o, Part IV, line 11a.	See Form 990,	Part X, lir	ne 10.						
	Description of property	(a) Cost or o	other (b) Co	st or other	(c) Acc	umulated		(d) Book	value			
		basis (investi	ment) basi	s (other)	depr	eciation						
1a	Land			00,000.					,000.			
	Buildings		4,2	99,760.	5	12,148	8.		,612.			
	Leasehold improvements			26,432.		95,842			,590.			
d	Equipment			86,584.		65,52'			,057.			
е	Other	l l		30,082.	:	17,986			,096.			
Tota	I. Add lines 1a through 1e. (Column (d) must e	egual Form 990, Part	X. column (B). line	10c.))	>	<u>6,851</u>	<u>,355.</u>			

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 PHILADELPHIA	A FILM SOCIET	Y	23	-3077468	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" o	on Form 990, Part IV, line				
(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of va	aluation: Cost or en	d-of-year market va	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
_ (A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)		Jankanski milijan katalani ilaharan		(p. 23. a) (m. 2. a) (m. 1. a) (m. 1. a) (m. 1. a) (m. 1. a) (m. 1. a) (m. 1. a) (m. 1. a) (m. 1. a) (m. 1. a)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"		11c. See Form 990, F	Part X, line 13.	d = f : := = : : := = : : : : : : : : : :	-1
(a) Description of investment	(b) Book value	(c) Method of Vi	aluation: Cost or en	d-of-year market v	aiue
(1)					
(2)					
(3)					
					
(5)					
(6)					
(8)					
(9)		Tandy Williams		izi da a n a da ana	HOUSE CONTRACT
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		pozzi kwaniki isa			
Latte Bear of the Control of the Con	an Farma COO Dort IV line	11d Con Form 000	Dort V line 15		
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	Tra. See Form 990,	Part X, line 15.	(b) Book va	alue
	Description			(b) Book vo	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Total. (Column (b) must equal Form 990. Part X, col. (B) line	1E)				
Part X Other Liabilities.				<u> </u>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line		n 990, Part X, line 25). 2. 22 22 24 24 24 24 24 24 24 24 24 24 24	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes		16 070			
(2) CAPITAL LEASE OBLIGATION		16,970.			
(3) DUE TO RELATED PARTIES		11,886.			. juli

(4) (6) (7) (9) 28,856. **>** Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

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

THE SOCIETY IS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS NOT SUBJECT TO INCOME TAX, EXCEPT ON UNRELATED BUSINESS INCOME. FOR THE PERIOD ENDED JUNE 30, 2018. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY, IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A GOVERNMENT AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE SOCIETY AND HAS CONCLUDED THAT AS OF JUNE 30, 2018 THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN

Schedule D (Form 990) 2017

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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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PHILADELPHIA FILM SOCIETY

Employer identification number 23-3077468

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH INITIATIVES THAT INSPIRE, EDUCATE, CHALLENGE AND ENTERTAIN.
FORM 990, PART I, SUMMARY, LINE 19 - REVENUES LESS EXPENSES
INCLUDED IN THE LINE 19 EXCESS OF EXPENSES OVER REVENUE IS
APPROXIMATELY \$576,000 OF NON-CASH DEPRECIATION EXPENSE. THE
ACQUISITION OF THE PRINCE THEATER IN 2015, SINCE RENAMED THE
PHILADELPHIA FILM CENTER, INCLUDED APPROXIMATELY \$2.2M OF EQUIPMENT,
WHICH IS DEPRECIATED OVER A MUCH SHORTER LIFE THAN THE THEATER ITSELF.
DEPRECIATION EXPENSE FOR THE YEAR ENDED JUNE 30, 2018 SPECIFICALLY
RELATED TO THIS EQUIPMENT IS APPROXIMATELY \$440,000.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATION MISSION
THE PHILADELPHIA FILM SOCIETY (PFS)'S MISSION IS TO UTILIZE FILM'S
UNIQUE CAPACITY TO ENGAGE A BROAD CROSS-SECTION OF THE COMMUNITY, WHILE
FURTHER PROVIDING ACCESS TO POWERFUL FILMS FROM AROUND THE WORLD IN
ORDER TO INCREASE EDUCATION AND UNDERSTANDING. IT DOES SO BY ANNUALLY
PRODUCING A TOP-TIER FILM FESTIVAL FEATURING THE BEST OF AMERICAN AND
INTERNATIONAL CINEMA, AND OFFERING PROGRAMMING AT THE PRINCE AND PFS
ROXY THEATERS, THEREBY PROVIDING DAILY ACCESS TO FILMS AND EXPERIENCES
FROM WHICH THE PHILADELPHIA COMMUNITY CAN BE FURTHER ENGAGED AND
EDUCATED, AS WELL AS BY OFFERING UNIQUE AND VARIED SCREENINGS AND
EVENTS THROUGHOUT THE YEAR THAT FURTHERS THE AWARENESS OF FILM AS AN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Employer identification number Name of the organization 23-3077468 PHILADELPHIA FILM SOCIETY IMPORTANT FORM OF ARTISTIC EXPRESSION AND INSTRUMENT OF CULTURAL CHANGE. PFS BELIEVES IN THE POWER OF FILM TO BE BOTH EDUCATIONAL AND TRANSFORMATIVE. FILM IS AMONGST THE MOST ACCESSIBLE OF ART FORMS, OFFERING A NATURAL PLATFORM NOT JUST FOR ENTERTAINMENT, BUT ALSO FOR PERSONAL EXPLORATION AND ENGAGEMENT. THROUGH THE IDEAS, VOICES AND IMAGES OF FILMMAKERS, FILMGOERS GAIN NEW PERSPECTIVES ON THE EXTRAORDINARY DIVERSITY OF THOUGHT, CULTURE, LANDSCAPE, AND EXPERIENCE THROUGHOUT THE WORLD. IN ADDITION TO PROVIDING PHILADELPHIA ACCESS TO AND EDUCATION THROUGH FILMS FROM AROUND THE WORLD, PFS IS LIKEWISE COMMITTED TO BUILDING IN PHILADELPHIA A STRONG AND VIBRANT FILM COMMUNITY. THROUGH ITS PROGRAMS, PFS WILL HELP CREATE AN EXCITING CITYWIDE FOCUS ON FILM AND ALSO HELP BRING GREATER OUTSIDE ATTENTION TO PHILADELPHIA AS A PLACE WHERE FILM IS FLOURISHING. TO THIS END, IN ADDITION TO THE PHILADELPHIA FILM CENTER, FORMERLY THE PRINCE THEATER, WHICH WAS PURCHASED IN 2015, PFS IS CURRENTLY USING RENTAL AND OTHER VENUES FOR FILM PRESENTATION. THROUGH THE ACQUISITION AND OPERATION OF AN ADDITIONAL VENUE, PFS WILL BE EVEN BETTER ABLE TO FULFILL ITS MISSION BY PROVIDING DAILY ACCESS TO FILMS AND EXPERIENCES FROM WHICH THE PHILADELPHIA COMMUNITY CAN BE FURTHER ENGAGED AND EDUCATED. AS A MEMBER OF THE REGION'S LARGE NON-PROFIT ARTS COMMUNITY, PFS

ACTIVELY COLLABORATES WITH OTHER FILM AND CULTURAL ORGANIZATIONS IN ORDER TO EXPAND THE AUDIENCE FOR HIGH QUALITY FILMS, ESPECIALLY THOSE THAT WOULD NOT OTHERWISE BE SEEN IN PHILADELPHIA. PFS ALSO AIMS TO MAKE

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PHILADELPHIA FILM SOCIETY

Employer identification number 23-3077468

A SIGNIFICANT PORTION OF ITS PROGRAMMING AVAILABLE FREE OF CHARGE IN ORDER TO REACH THE BROADEST CROSS-SECTION OF THE COMMUNITY.

PFS AIMS TO CREATE EXPERIENCES THAT DEEPLY ENRICH THE UNDERSTANDING AND
ENJOYMENT OF FILM. IN DOING SO, PFS'S GOAL IS TO BECOME PHILADELPHIA'S

LEADING RESOURCE ON FILM, COLLABORATING AND PARTNERING WITH OTHER

INSTITUTIONS WHILE ALSO PROVIDING FILM GUIDANCE AND EXPERTISE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND INTERNATIONAL CINEMA TO VENUES THROUGHOUT THE CITY. PFS REGULARLY

PRESENTS FILM-AND-FILM-EVENTS IN A VARIETY OF SETTINGS, AND ENGAGES

DIFFERENT COMMUNITIES IN THINKING AND LEARNING ABOUT VISUAL MEDIA. PFS

IS COMMITTED TO FURTHERING THE AWARENESS OF FILM AS AN IMPORTANT

VEHICLE FOR ARTISTIC EXPRESSION AND CULTURAL CHANGE, AND OFFERS A WIDE

RANGE OF CURATED SCREENINGS, DISCUSSIONS, AND EVENTS TO THAT END.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EVERY OCTOBER, PFS HOSTS THE PHILADELPHIA FILM FESTIVAL WHICH GATHERS

MORE THAN 25,000 FILM LOVERS AND SCORES OF TALENTED FILMMAKERS FOR TEN

DAYS. FOUNDED IN 1992 AS A WORLD-CLASS FILM FESTIVAL, PFF IS THE

CENTERPIECE OF PFS'S ANNUAL PROGRAMMING, CELEBRATING THE BEST OF THE

FILM FROM AROUND THE WORLD. CONSISTING OF NEARLY 200 SCREENINGS, THE

2017 FESTIVAL ATTRACTED NEARLY 25,000 ATTENDEES WITH A RECORD NUMBER OF

ALL-ACCESS BADGES SOLD. NEARLY 5,000 COMPLIMENTARY TICKETS WERE CLAIMED

VIA THE PFS ON US FREE TICKETING PROGRAM AND 1,400 STUDENTS ATTENDED

SCREENINGS FOLLOWED BY A DISCUSSION AT THE FESTIVAL THROUGH THE STUDENT

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SCREENING PROGRAM.

PHILADELPHIA FILM SOCIETY

Employer identification number 23-3077468

EXPENSES \$ 178,726. INCLUDING GRANTS OF \$ 0. REVENUE \$ 253,415.

THE OVERLOOK FILM FESTIVAL

THE OVERLOOK FILM FESTIVAL IS A 4-DAY CELEBRATION OF HORROR HELD IN

ICONIC LOCATIONS THAT EVOKE THE SPIRIT OF THE OVERLOOK HOTEL, HORROR'S

MOST INFAMOUS HAUNTED FICTIONAL LOCATION. THIS YEAR'S FESTIVAL, HELD IN

NEW ORLEANS, PRESENTED FILM PROGRAMMING WITH AN EXPANDED FOCUS ON

EXPERIENTIAL EVENTS, SHOWCASING EXCITING WORK IN NEW AND CLASSIC

INDEPENDENT HORROR CINEMA ALONGSIDE THE LATEST IN INTERACTIVE AND LIVE

SHOWS FOR A FULLY IMMERSIVE WEEKEND.

EXPENSES \$ 70,386. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ACCOUNTANT PREPARES THE 990 AND SUBMITS IT TO THE EXECUTIVE DIRECTOR

FOR REVIEW. ANY CHANGES ARE MADE AND THE 990 IS THEN GIVEN TO THE PRESIDENT

AND TREASURER OF THE BOARD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS

AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE

PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE

BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF

INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE

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Schedule O (Form 990 or 990-EZ) (2017)

MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD DELEGATED POWERS

SHALL CONTAIN:

- A. THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A
 FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF

 INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO

 DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR

 COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED.

 B. THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES

 RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION,

 INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND

 A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS.

 EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD

 DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:
- A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE POLICY,
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS THE CORPORATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS
 FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH
 ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.
- TO ENSURE THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE

 PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS

 TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC

 REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:
- A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.
- B. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT

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Schedule O (Form 990 or 990-EZ) (2017)