Short Form Return of Organization Exempt From Income Tax

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

2018

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

Open to Public Inspection

Inte	ernal Reven	ue Service	► Go to www irs.gov/Form990EZ for instru	ctions and th	e latest intor	mation.			
			r year, or tax year beginning	, 2018, an	d ending			, 20	
B Check if applicable		oplicable 4	C Name of organization			D Emplo	yer ider	ntification number	
\Box	Address ch	•	100 BLACK MEN OF THE PHILA REGION INC			23.	-28694	450	
Ħ	Name change		Number and street (or PO box, if mail is not delivered to street address)		Room/suite	E Teleph			
Ħ	Initial return	•	,						
Ħ		n/terminated	1324 CLEARFIELD ST			12	671238	3-2900	
H	Amended r		City or town, state or province, country, and ZIP or foreign postal code		I		67) 238-2900 Exemption		
冶					03	Numbe			
ᇆ	Account	ing Method	Philadelphia, PA 19132 X Cash					ne organization is not	
	Website	•	Cash		 '	required to	_	-	
				<u> </u>	——————————————————————————————————————				
_			heck only one) -	4947(a)(1)	or 527	(Form 990,	990-EZ	., or 990-PF)	
		organization		☐ Other					
			b to line 9 to determine gross receipts. If gross receipts are \$						
			500,000 or more, file Form 990 instead of Form 990-EZ					<u>37,588</u>	
L	art I		e, Expenses, and Changes in Net Assets or I		-				
_			he organization used Schedule O to respond to any					<u> x </u>	
	1	Contributions	, gifts, grants, and similar amounts received				1	31,588	
	2		vice revenue including government fees and contracts \cdots				2		
	3	Membership	dues and assessments				3	2,735	
	4	Investment ii	come				4		
	5a	Gross amou	nt from sale of assets other than inventory	5a	a			,	
	Ь	b Less cost or other basis and sales expenses · · · · · · · · · · · · · · · · · ·							
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6								
		a Gross income from gaming (attach Schedule G if greater than							
ē		\$15,000) · · · · · · · · · 6a							
Revenue	b	b Gross income from fundraising events (not including \$ of contributions					1		
ě	~		ing events reported on line 1) (attach Schedule Ciffine		_ 0, 00,,,,,,,,	,,,,			
			gross income and contributions exceeds \$18,000	61	. 1	3,265			
	_		expenses from gaming and fundraising events	 -		3,203	1 [
			or (loss) from gaming and fundraising events				1		
	"			u op and subt	raci		6d	2 245	
			<u> </u>		 ₋ 1		- 60	3,265	
	/a	Gross sales	of inventory, less returns an d allowances. goods sold · · · · · · OGDEN, UT				1 1		
	0	Less cost of	goods sold · · · · · · · · · · · · · · · · · · ·	· · · · <u>7</u> t	<u> </u>		- <u></u> -		
			or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c		
	8		e (describe in Schedule O)				8		
_	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	37,588	
	10		imilar amounts paid (list in Schedule O)				10		
	11		to or for members				11		
Ş	12	Salaries, oth	er compensation, and employee benefits				12	·	
Expenses	13	Professional	fees and other payments to independent contractors $\;\cdot\; \cdot\; \cdot\; \cdot\;$				13	1,093	
De	. 14	Occupancy,	ent, utilities, and maintenance				14	1,455	
	15		ications, postage, and shipping				15	1,930	
2	16	Other expenses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·					16	52,007	
? 3_	17	Total expenses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·						56,485	
.7	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)				18	(18,897)	
₽ŧ	19		fund balances at beginning of year (from line 27, column (A)						
ŝ			gure reported on prior year's return)				19		
FNetBasels 2	20		es in net assets or fund balances (explain in Schedule O)				20		
Ž	21		fund balances at end of year Combine lines 18 through 20				21	(18,897)	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018

Form 990-EZ (2018) 100 BLACK MEN OF THE PHI	ILA REGION INC		23-28	3694	50 Page 2
Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to res	nond to any guestio	in in this Part II			
Check it the organization used Schedule O to les	porta to any questio		ginning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments		,		22	0
23 Land and buildings				23	0
24 Other assets (describe in Schedule O)			0	24	, , 0
25 Total assets			0	25	10
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with			0	27	0
Part III Statement of Program Service Accomplishme			_		Expenses
Check if the organization used Schedule O to re-	spond to any questi	on in this Part III .		/Requ	ired for section
What is the organization's primary exempt purpose?					(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	of its three largest proj	gram services,			zations, optional for
as measured by expenses. In a clear and concise manner, describe the	e services provided, the			others	•
persons benefited, and other relevant information for each program title	<u> </u>				,
28		· · ·			
					
	cludes foreign grants, c	heck here · · · ·	··· > 📋	28a	
29				- 1	
					
(On		hadi basa		20-	
(Grants \$) If this amount inc	cludes foreign grants, c	neck nere	· · · · • 🔟	29a	
30					
	· <u> </u>				
(Grants \$) If this amount inc	cludes foreign grants, c	heck here		30a	
	· · · · · · · · · · · · ·			30a	
the program continue (accounts in contact c)	cludes foreign grants, c		— 1	31a	
32 Total program service expenses (add lines 28a through 31a) · ·				32	0
Part IV List of Officers, Directors, Trustees, and Key Employee					
Check if the organization used Schedule O to respond to					
	(b) Average	(c) Reportable	(d) Health benefits,		
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to emplo benefit plans, and	yee (e) Estimated amount of other compensation
	devoted to position	(if not paid, enter -0-)	deferred compensation	on	
FRED WHITEN					
PRESIDENT	24.00	0		0	0
		<u> </u>		-4-	
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EEA		·	<u> </u>		Form 990-EZ (2018)

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	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u>· · · · </u>	Yes	
22	Did the annual to the IDCO IS INCO II agreed a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		1
34				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		🗸
25 -	change on Schedule O See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a		🗸
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35b	 	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O · · · · ·	350	 	├─
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25-		l ,
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
30	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		V
27 -	during the year? If "Yes," complete applicable parts of Schedule N	36	-	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	ا محد		v
	Did the organization file Form 1120-POL for this year?	37b	 	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			1,7
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Ì	Х
	If "Yes," complete Schedule L, Part II and enter the total amount involved · · · · · · · · · · · · · · · · · · ·	-	i	
39	Section 501(c)(7) organizations Enter	l		
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			l
1	section 4911 ►, section 4912 ►, section 4955 ►	İ		1
Q	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	401		٠,
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,	1		
لب	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
u	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations. At-any time during the tax year, was the organization a party to a prohibited tax shelter	40-		\ _V
44	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► FRED WHITEN Telephone no ► 267-2	38-2	900	
_	Located at ► 1324 CLEARFIELD ST, Philadelphia, PA ZIP+4 ► 19132	- 1	, T	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	401	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States? • • • • • • • • • • • • • • • • • • •	42c		
42	If "Yes," enter the name of the foreign country		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	L
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · · · · · · · · · · · ·		١,,	
44 -	Did the consequence of the state	Yes	No	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			.,
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			İ
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			l
	Form 990-EZ See instructions	45b	j	X

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

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

2018 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Harris	Oi till	organization					Linployer identili	Janon Harrister	
		ACK MEN OF THE PHILA REG		·			23-28694		
	rtili	Reason for Public Charity) See instruction	s	
The	orgai	nization is not a private foundation beca					$\mathbf{}$		
1	\mathbb{H}	A church, convention of churches, or)(A)(i).	\		
2	\vdash	A school described in section 170(b)		•			`		
3	Н	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Ш	A medical research organization opera	ated in conjunction	with a hospital described	in section	170(b)(1)	(A)(III). Enter the		
5	П	hospital's name, city, and state	oft of a college or u	any are the any and ar an are	tod by a go		l unit desembed in		
3		An organization operated for the bene section 170(b)(1)(A)(iv). (Complete F		miversity owned or opera	ied by a go	vernnenta	ii utiii described iii		
6	П	A federal, state, or local government of		it described in section 17	70/h\/4\/A\	(4)			
7	H	· .	-				the general nublic		
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)									
8	П	A community trust described in section							
9	П	An agricultural research organization of			ed in conju	nction with	a land-grant college		
		or university or a non-land-grant colle					-		
		university							
10		An organization that normally receives	s (1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gross	3	
		receipts from activities related to its e	xempt functions - s	ubject to certain exception	ns, and (2)	no more t	han 33 1/3% of its		
		support from gross investment incom-	e and unrelated but	siness taxable income (le	ss section	511 tax) fr	om businesses		
		acquired by the organization after Jun	e 30, 1975 See se	ction 509(a)(2). (Comple	ete Part III)				
11	Ц	An organization organized and operat	-						
12	Ш	An organization organized and operat	-	•			•		
		of one or more publicly supported orga					, , , ,		
	а	Check the box in lines 12a through 12 Type I. A supporting organization						129	
	ū	the supported organization(s) the							
		supporting organization You mus			.,		30.000 01 11.0		
	b	Type II. A supporting organization	•	•	its support	ed organız	ation(s), by having		
		control or management of the sur	•		• •	-		l	
		organization(s) You must compl	lete Part IV, Sectio	ns A and C.					
	С	Type III functionally integrated.	A supporting organ	ization operated in conne	ction with,	and function	onally integrated with,		
		its supported organization(s) (see	instructions) You	must complete Part IV,	Sections A	A, D, and E	<u>.</u>		
	d	Type III non-functionally integra	ated. A supporting of	organization operated in o	connection	with its sup	oported organization(s	s)	
		that is not functionally integrated		•			t and an attentivenes	s	
		requirement (see instructions) Yo	•	•					
	е	Check this box if the organization				a Type I, 1	Type II, Type III		
		functionally integrated, or Type III		•	nization				
	7	Enter the number of supported organi							L
	<u>g</u> "	Provide the following information about Name of supported organization	(ii) EIN	(iii) Type of organization	(w) le the e		(v) Amount of monetary	(.d) Amo	
	11	Trains of Supported Organization	(1) 2.11	(described on lines 1-10	(iv) is the organization listed in your governing		support (see	(vi) Amount of other support (see	
			!	above (see instructions))	docum	ent?	instructions)	Instruct	ions)
					Yes	No	1		
/A)									_
(A) ——									
(B)									
(C)									
					 			<u> </u>	
(D) ——									
(E)									
Total			ないないない	<u> </u>	1,3				
For F	ape	rwork Reduction Act Notice, see the	Instructions fat F	orm 990 or 990-EZ.		,	Schedu	le A (Form 990	or 990-EZ) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2018

Open to Public Inspection.

100 BLACK MEN OF THE PHILA REGION INC 23-2869450 01. Description of other expenses (Part I, line 16) Description Amount 20,754 MENTEE EXPENSE ADMINISTRATION EXPENSES 7,967 100 NATIONAL DUES 1,875 LIABILITY INS 2,794 SPECIAL EVENTS 1,415 TRAVEL EXP 17,202