Exempt Organization Business Income Tax Return OMB No 1545-0687 Form 990-T (and proxy tax under section 6033(e)) For calendar year 2016 or other tax year beginning Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service for 501(c)(3) Organizations Check box if D Employer identification number Check box if name changed and see instructions) Name of organization (address changed (Employees' trust, see instructions) Place of Refuge, Inc. Exempt under section 501 (C)(3) Number, street, and room or suite no. If a P.O. box, see instructions 23-3030159 Print E Unrelated business activity codes 408(e) 220(e) l2938 North 5th Street or (See instructions) State 7IP code 408A 530(a) City or town **Type** 19133 PA 529(a) Philadelphia Foreign country name Foreign province/state/county Foreign postal code Book value of all assets at Group exemption number (See instructions) end of year 20.089 G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Describe the organization's primary unrelated business activity. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation▶ The books are in care of ▶ Bryan Dickey, Interim Executive Director Telephone number ▶ (267) 909-8550 (B) Expenses (C) Net Part I Unrelated Trade or Business Income (A) Income 1 a Gross receipts or sales **b** Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) . 3 Gross profit. Subtract line 2 from line 1c . . . 4 a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) . 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) . 10 Advertising income (Schedule J) . 11 12 STATE OF THE STATE OF Other income (See instructions, attach schedule) . . . 13. 06.5 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.) **14** Compensation of officers, directors, and trustees (Schedule K) ~15 15 Salaries and wages 16 Repairs and maintenance . . 17 Bad debts . . . Interest (attach schedule) 18 18 19 Taxes and licenses . 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 23 RECEIVED 24 24 Contributions to deferred compensation plans 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) . 27 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) . 28 29 29 Total deductions. Add lines 14 through 28 . . . n

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

. .

Net operating loss deduction (limited to the amount on line 30).

32, enter the smaller of zero or line 32

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32

33

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Part	III T	ax Computation										
35	Organiza	ations Taxable as Corp	orations. See ins	structions for tax	computat	ion Co	ontrolled group				1	
	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here.									: · · · · · · · · · · ·		
а		ur share of the \$50,000,					(in that order)		ľ		Ì	
	(1) \$										ì	
h		ganization's share of (1)		i								
		onal 3% tax (not more th		\$_			i					
С		ax on the amount on line	•					▶	35c		}	
36		axable at Trust Rates.		or tax computati	on. Income			Ì				
		on line 34 from						▶ [36			
37		x. See instructions				•		▶ [37			
38	_	ve minimum tax							38	31 E		
39	Tax on h	Non-Compliant Facility	Income. See insti	ructions				. [39			
40	Total. Ad	dd lines 37, 38 and 39 to	line 35c or 36, wh	nichever applies		<u> </u>		[40		0	
Part	IV T	ax and Payments										
41 a	Foreign f	tax credit (corporations a	ttach Form 1118,	trusts attach Fo	rm 1116)	41a						
b		edits (see instructions)				41b			}			
С	General	business credit Attach F	orm 3800 (see in	structions) .	[41c			ì			
d	Credit fo	r prior year mınımum tax	(attach Form 880	1 or 8827) .	. [41d						
е		edits. Add lines 41a thro	ugh 41d						41e		0	
42		line 41e from line 40		- · -	<u> </u>	·		- 1	42		0	
43		s. Check if from: Form 425		Form 8697	Form 8866		Other (attach schedu	ıle) [43			
44		c. Add lines 42 and 43 .				ı i		. [44	 -	0	
45 a	-	ts A 2015 overpayment				45a						
b		imated tax payments			·	45b			ì			
C	•	osited with Form 8868 .				45c						
d	-	organizations Tax paid o		•		45d 45e						
e		withholding (see instructi r small employer health i		 ma (Attach Form		45e						
1		edits and payments	Form 2439	ns (Attach Forn	10941)	431		{			}	
g	_	, •	== -			4-						
40		1 4136	Other		Total -	45g	0	L	46			
46 47		yments. Add lines 45a t			, aabad		_	┌┐╎	46 47		0	
47		ed tax penalty (see instru				i.i.		┕┙╸╽	48.		0	
49								- Ve-17 -	49	2 - 3.4111	<u>، بیان ایان </u> ا	
50						unit Ov	Refunded		50		0	
Par		atements Regarding				ion (se				L		
E 4								r other			Yes No	
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		Form 114, Report of For										
	here ►	Tomi 114, Report of For	eigh bank and i n	ianciai Account	3 11 120, 0	ottor ti	ic name of the	loicigi	ii Coui	·u y		
52		e tax year, did the organiza	tion receive a distri	bution from, or wa	as it the gran	ntor of.	or transferor to, a	foreio	an trus	?		
	•	see instructions for other			_		,,		,			
53	-	e amount of tax-exempt	•	•		ear 🕨	\$				S) N	
	Unde	r penalties of perjury, I declare that I	have examined this return	, including accompanyii	ng schedules an	d stateme	ents, and to the best of	my know	dedge an	d belief, it is true	е, соптесt,	
Sign	andro	compete Declaration of preparer (of	her than taxpayer) is base	d on all information of w	hich preparer h	as any kn	owledge		B d ov the	IRS discuss th	un maturm with	
Her		Dy My		1/15/17	Interir	n Exec	cutive Director		the pre	parer shown bel		
		nature of officer		Date (Title				instruct	ions)? X Y	88 No	
		Proof ype preparer's name		Preparer's signature	,		Date	Chec	·k 「	PTIN		
Paid			1	SELF-PREPAR		SN			employe	d"	•	
Pre	parer	Firm's name		OLLI AINLI AIN	<u> </u>	··-	<u> </u>		EIN ▶			
Use	Only	Only Firm's address							Phone no			
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Form 9	90-T (2016) Pla	ce of Refuge,	nc				23-	3030159	Page 3
Sche	edule A-Cost of Good			inventory valu	ation				
1 2 3 4 a b	Inventory at beginning of Purchases. Cost of labor Additional section 263A c (attach schedule) Other costs (attach sched	6 Inventory at et 7 Cost of good line 6 from line and in Part I, I 8 Do the rules o property produ			soldSubtract- 5 Enter here ne 2 section 263A (wo ced or acquired to	O Yes No			
5	Total. Add lines 1 throug		5	0 1			janization?		
(se	edule C—Rent Income e instructions) scription of property	(From Real	Property ar	nd Personal P	rope			operty) 	
(1)	中ゥステー					ري ري رهـ ا			
(2)									
(3)								<u>_</u>	
(4)									
		2. Rent recei	red or accrued						
	From personal property (if the per for personal property is more than more than 50%)	m real and personal personal the rent is based on	propert	y exceeds		rectly connected with a) and 2(b) (attach so			
(1)									· · · · · · · · · · · · · · · · · · ·
(2)									
(3) (4)									
Total			Total				 		
(c) To here a	otal income. Add totals of colorand on page 1, Part I, line 6, c	umns 2(a) and 2 olumn (A)	(b) Enter			0	(b) Total deduc Enter here and o Part I, line 6, col	on page 1,	0
<u>Sch</u>	edule E—Unrelated De	bt-Financed	Income (se	e instructions)					
	1. Description of debt-	Gross income from or allocable to debt-financed property			Deductions directly connected with or allocable to debt-financed property				
				(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)									
(2)						 -			
(3) (4)	1 minute - 1 cast - 1 total fre		gge. canns	in india silm	ماده (رسیه د	2 6 10\$ c .	conficur competition	De Agir Compression	المرقمة الموتية
	4. Amount of average adjusted basis acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6. Column 4 divided by column 5		7. Gross income reportable (column 2 × column 6) 8. Allocable deduction (column 6 × total of column 3(a) and 3(b))			of columns

(1)

(2)

(3)

(4)

Totals

Total dividends-received deductions included in column 8

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Enter here and on page 1,

Part I, line 7, column (B)

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Enter here and on page 1, Part I, line 7, column (A)

organization dentification number (loss) (see instructions) (1) (2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income (loss) (see instructions) 8. Net unrelated income (loss) (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (loss) (see instructions) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (attach schedule) Enter here and on page 1, Enter	Connected with income in column 5 11. Deductions directly connected with income in column 5 11. Deductions directly connected with frome in column 10 Add columns 6 and 11 Enter here and on page 1 Part I, line 8, column (B) 5 Total deductions and set-asides (col 3 plus col 4)
2) 3) 4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 10. Part of column 9 that is included in the controlling organization's gross income 1) 2) 3) 4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule) 2) 3) 4) Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (A)	Add columns 6 and 11 Enter here and on page 1 Part I, line 8, column (B) 5 Total deductions and set-asides (col 3 plus col 4)
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Enter here and on page 1, Part I, line 9, column (A)	
Enter here and on page 1, Part I, line 9, column (A)	
Enter here and on page 1, Part I, line 9, column (A)	
Part I, line 9, column (A)	
<u> </u>	er here and on page 1 I, line 9, column (B)
Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)	
2. Gross 3. Expenses 4. Net income (loss) from unrelated connected with or business (column from activity that	7. Excess exemples expenses (column 6 minus
1. Description of exploited activity business income from trade or business business income from trade or business income business income from trade or business income busi	Column 5 but no
(1)	
2) 0	
3) 0	
(4)	
Enter here and on page 1, Part I, Inne 10, col (A) Inne 10, col (B)	Enter here and on page 1, Part II, line 26
Totals 0 0	
Schedule J—Advertising Income (see instructions)	
Part I Income From Periodicals Reported on a Consolidated Basis	
2. Gross advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	7. Excess readersh costs (column 6 minus column 5, but not more than column 4)
(1)	
(2)	
(3)	
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Total. Enter here and on page 1, Part II, line 14

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Part II	Income From Per	iodica	ls Reported	on a Separate	Basis (For each p	eriodical listed i	n Part II, fill	in
	columns 2 through	7 on a	line-by-line b	asis)				
	Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising (col gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					0			0
(2)					0			0
(3)					0			0
(4)					0			0
Totals from Part I 0			0		2025		0	
Totale Do	irt II (lines 1-5)		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		70		Enter here and on page 1, Part II, line 27
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Scheau	le K—Compensatior	i or Oi	ncers, Direct	UIS, AND TRUS	tees (see instruction	3. Percent of		
	1. Name				2. Title	time devoted to	time devoted to 4. Compens	
(1)						%		
(2)	_				<u> </u>	%)	
(3)						%	<u> </u>	
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