# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2016

Department of the Treasury

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

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

Open to Public

1	nternal	Reven	ue Service	<u></u> ▶ In	formation about	Form 99	00 and its instruct	ions is at www.irs.g				% Inspec	tion
4	A F	or the	2016 calend	ar year, or tax yea	r beginning			, 2016, and	endin	g		, 20	
ī	<b>3</b> Cr	eck if a	pplicable	C Name of organization	n PHILADELPH	IA WE	LFARE PRIDE					Employer identif	fication no
ſ	Ac	dress c	change	Doing business as			<del>-</del> :					23-72 <u>727</u> 88	3
Ī	Na	Name change Number and street (or PO box if mail is not delivered to street address) Room/su									E	Telephone number	er
Ī	₹	tial retu	·		ANKLIN STRE						ı	(215) 765-1	.705
Ĭ	=		rn/terminated		r province, country, and		eign postal code					480,0	
ĭ	╗	nended	1	•	HIA, PA 191:		ng. r posto, occo				٠	Gross receipts\$	•
ř	╡			F Name and address			YN ORTIZ		т.	d(a) to the carrie		subordinates? Ye	s X No
L	<b>-</b> ا	piicatio	in pending	SAME_AS_C		LIMIT	IN ORITZ					mcluded?—[]-Ye	=
	— <del>-</del>		pt status 🔯				4947(a)(1) or	527	'			list (see instructions	
:		ebsite		501(c)(3) 501(	c)( ) (Illisei	(110)	4547(a)(1) 01		─┤,			_	9)
:					. Fl	1 au - <b>L</b>	<del></del>	<u> </u>		(c) Group exe			
ľ	Par			Corporation frus	t Association	Other P		L Year of formation	1973	M State	of legal	domicile PA	
l	Fai		Summar	<del></del>									
		1	•	be the organization		•	-	O PROVIDE JOB	TRA	INING, P	LACE	MENT, EDUC	CATION
	9		AND OUTREACH SERVICES IN THE COMMUNITY.										
	Jan	İ											
රා	le.	_											
SCANNED	Activities & Governance						•	ed of more than 25%			1 -	l	
5	<b>ઝ</b>	3		iting members of the	,	•	•		• • •		3_		4
Ž	es	4			•	•	body (Part VI, line 1	lb)	• • •		4		0
Ш	<u>vit</u>	5		of individuals emp	-	-	6 (Part V, line 2a)			• • • • •	5		0
_	ζĘ.	6	Total number	of volunteers (esti	mate if necessary	)	• • • • • • • • •	· · · · · · · · · · ·			6		·
Z	•	7a	Total unrelate	d business revenu	e from Part VIII, o	olumn (C	c), line 12 · · ·				7a		0
Z		b	Net unrelated	business taxable	income from Form	1 990-T, I	ine 34 · · · ·	· · · · · · · · · · · ·			7b		0
							-			Prior Year		Current Ye	ar
		8	Contributions	and grants (Part V	/III, line 1h)					489	,698	4	80,007
2017	ne	9	Program serv	rice revenue (Part '	VIII, line 2g) · ·								0
=	/en	10	Investment in	come (Part VIII, co	olumn (A), lines 3,	4, and 76	d)						0
<u>.</u>	Revenue	11	Other revenue	e (Part VIII, columi	n (A), lines 5, 6d, 8	Bc, 9c, 10	oc, and 11e) • •						0
		12	Total revenue	- add lines 8 throu	igh 11 (must egua	l Part VII	I, column (A), line 1	12)		489	, 698	41	80,007
_		13	Grants and si	milar amounts paid	(Part IX, column	(A), lines	s 1-3) · · · · ·				,		0
				to or for members	•		•						0
							column (A), lines 5	-10)		292	,400	3:	17,423
	ses			undraising fees (P		•	٠,,	•			, 100	<u></u>	0
	en			ing expenses (Parl				0	<b></b>	<b>VI</b> : :	10:	. 48. 1	
	Expenses			es (Part IX, columi		,		<del></del>	3.5		,465		67,372
			•	es Add lines 13-17	• •		•				,865		84.795
											,167		
-		<del></del>	1101011001000	CAPOTIOCO CODITO	tot inte 10 il oli il ili	<u> </u>			Paris				<u>(4,788</u> )
	Net Assets or Fund Balances	20	Total assets (	Part X, line 16)					ведии	ning of Current		End of Yea	
	Bal		•	(Part X, line 26)					<b>-</b>	718	,940	3.	14,152
	P P			fund balances Su	ibtract line 24 from	 					2.0		<u> </u>
Г	Part		Signatur		ibtract line 21 IIOI	II line 20		<del> </del>	<u> </u>	318	,940	3.	14,152
L,		£ 17			d this return, including	accompany	ing schodules and state	ments, and to the best of m	ne lenouede	ndan and hallof	14.10		<del></del>
							mation of which prepare		y KIIOWIC	edge and belier,	II IS		
		ШΙ	(1)	Marley	hath -							N.5-	
ç	Sign	II	Signature	4 mmy			<del></del>	<del></del>			Doto	<u> </u>	1
				, <u>, , , , , , , , , , , , , , , , , , </u>	, ,						Date		
•	lere	\$ ∣			OOKKEEPER								
_		P	<del></del>	nnt name and title				т. т.		<del></del>			
_		4	Print/Type prep	arer's name	Preparer's s	1	1.1.	Date		Check	ıf P	ΓIN	
	Paid	مريو م	Barbara	J Younge	San	para	V. Journs	04-26-2017		self-employe	id _	P00573514	<u> </u>
	rep	A = 0 .	Firm's name	▶ Johi	nson Family	Finan	cial Service	es	Firm	's EIN			
ι	Jse (	<b>Anly</b>	Firm's address	▶ 623	S 52nd Str	eet			Phor	ne no			
		<u> </u>	<u> </u>	Phi	ladelphia P	A 1914	3			21	5-47	6-2130	
Ň	lay th	e IRS	discuss this re	eturn with the prep	arer shown above	? (see in	structions)	· · <u>·</u> · · · · · · · ·				· · Yes	No ✓

	t III Statement of Program Service Accomplishments
I a	Chèck if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	TO PROVIDE, JOB TRAINING, PLACEMENT, EDUCATION AND OUTREACH SERVICES IN THE COMMUNITY.
	10 1200 1252 TOB TRAINING, TENCHEMAT, ESCUTTION TENS COTTAINED UNIVERSE IN THE COLLECTION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	-If-"Yes," describe these changes on Schedule ⊙
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$167,372 including grants of \$) (Revenue \$\$)
	PROVISION OF JOB TRAINING , PLACEMENT, EDUCATION AND OUTREACH SERVICES IN THE COMMUNITY.
	HATELANT.
	·
4b	(Codo ) (European C ) makedon avanta of C )
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 167,372

PHILADELPHIA WELFARE PRIDE

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

Χ

Page 3

Checklist of Required Schedules (continued) Part IV Yes No Χ 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I Parts I and II Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III 22 Χ 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 Χ 23 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, 20027 If "Yes," answer lines 246 Χ through 24d and complete Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I 25a Χ 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? 25b Χ 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 Χ 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 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) а A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b Χ C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ conservation contributions? If "Yes," complete Schedule M ................ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 32 Did the organization sell, exchange, dispose of, or tran. fer more than 25% of its net assets? If "Yes," 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Did the organization have a controlled entity within the meaning of section 512(b)(13)? ...... Χ 35a 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 Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 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. Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O

Page 5

L P a	Check if Schedule O contains a response or note to any line in this Part V			
	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	3 3	4 %	, ř
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	3, 3	أ روا الجُرِ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		*	, 3,7
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax	\$ 1.44	李斌城	· ,
	Statements, filed for the calendar year ending with or within the year covered by this return 2a0		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	15.13	1.3	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
p_	"If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	_3b−		
4a	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
b	If "Yes," enter the name of the foreign country	* ;	T &	10.7
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	3		-,;;
	(FBAR)	3		
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		X
С	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			ĺ
	organization solicit 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		.	l
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		žt.	ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1.53		. ž.
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispuse of tangible personal property for which it was		.	
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		33	
e	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		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	\$12	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			`
_	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			, %4.5 3* }
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	_ ^		130
a	Initiation fees and capital contributions included on Part VIII, line 12	357 45	15.4	,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ráká
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	1 20 30	253	
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	250	2. 3.	.,
	against amounts due or received from them )	40-	~	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		7
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		t	211
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	125		
а	Is the organization licensed to issue qualified health pl. as in more than one state?	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O	_		
b	Enter the amount of reserves the organization is required to maintain by the states in which	, <u>:</u> -		
_	the organization is licensed to issue qualified health plans	4,50	٠,	, .
C 140	Enter the amount of reserves on hand	145		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\dashv$	Χ
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000 (	2046
EEA		COLLI	990 (2	.u 10)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trusiee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Are any governance decisions of the organization reserved to (or subject to approval by) members, b 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ а X 8ь Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? Χ 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regulariy and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . . . . . 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Pennsylvania 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records MARILYN ORTIZ (215)765-1705, 1231 N FRANKLIN STREET, PHILADELPHIA, PA 19122

Form	aan	(2016)	

PHILADELPHIA WELFARE PRIDE

23-7272788

Page 7

1 01111 330 (20		METERVE EVIDE				
Part VII	Compensation of Officers	, Directors, Trustees,	, Key Employees,	<b>Highest Compensated</b>	Employees,	and
	<b>Independent Contractors</b>					

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 nor any related organization compensated any current officer, director, or trustee

(A)  Name and Title	(B)  Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
(1) 100771111 00777	organizations below dotted line)	Individual trustee or director	Institutional trustee	ær	Key employee	Highest compensated employee	ner	(VV-2/1099-MISC)		organization and related organizations
(1) MARILYN ORTIZ BOOKKEEPER	40.00			Х				o	o	0
(2) DOROTHY YOUNG VICE PRESIDENT	40.00			Х				0		0
(3) SONIA BROOKINS CEO	40.00				_X			0	o	, 0
(4) YVETTE LONG SECRETARY	40.00				Х			0	0	0
(5)					_					
(6)										
(7)										
(8)					_					
(9)										
(10)										
(11)										
(12)	<b>-</b>									
(13)										
(14)										

	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, ai	na n	ugne	est c	ombe	ensa	itea Employees (d	onunuea)	
	. (A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15)		ļ						=			
16)_						-	<u> </u>				_
17)_											
18)_											
19)_											
20)											
21) 											
22)_		<u> </u>									
23)_					_	_					
24)											
25)											
С	Sub-total	n A						<b>&gt;</b>			
<u>2</u>	Total (add lines 1b and 1c)							ore	than \$100,000 of	<u> </u>	)   )
3 4	Did the organization list any <b>former</b> officer, director, employee on line 1a? If "Yes," complete Schedule J For any individual listed of line 1a, is the sum of reporganization and related organizations greater than individual	for such indi- ortable comp \$150,000? If  ompensation	vidual ensati "Yes," • • • • from a	on a com	nd o plete	ther e Sc	comp hedule organ	ensa e J fo 	ation from the		Yes 3
	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization Report compensation report rep	· ·									
	(A)		<del></del>						(B)	Т	(C)

	,		
	(A)	(B)	(C)
	Name and business address	Description of services	Compensation
	(1		
2	Total number of independent contractors (including but not limited to those listed above) who	<del> </del>	-x -1

received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (A) (D) Related or Revenue excluded from tax Total revenue exempt function revenue business revenue Federated campaigns Contributions, Giffs, Grants and Other Similar Amounts Membership dues . 1b 1c Fundraising events Related organizations . . . . . . . 1d 1e Government grants (contributions) . . All other contributions, gifts, grants, and-similar-amounts.not.included\_above 1f 480,007 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f ...... 480,007 **Business Code** Program Service Revenue 2a f All other program service revenue . . . . . . g Total. Add lines 2a-2f Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds (II) Personal 6a Gross rents . . . . . . b Less rental expenses . . . . c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ 7a Gross amount from sales of (r) Securities (ii) Other assets other than inventory **b** Less cost or other basis and sales expenses . . . c Gain or ('oss) Other Revenue 8a Gross income from fundraising \$\_ events (not including of contributions reported on line 1c) See Part IV, line 18 . . . . . . . . . . a b Less direct expenses .... b c Net income or (loss) from fundraising events 9a Gross income from gaming activities 19  ${\bf b}$  Less direct expenses  $\cdots$   ${\bf b}$ c Net income or (loss) from gaming activities . . 10a Gross sales of inventory, less returns and allowances . . . . . **b** Less cost of goods sold . . . . . . . . **b** c Net income or (loss) from sales of inventory . . . . . . . . Miscellaneous Revenue **Business Code** 11a e Total. Add lines 11a-11d Total revenue. See instructions . . . . . . . . . . . . . . . . 480,007 0

Part IX

#### PHILADELPHIA WELFARE PRIDE Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Do not include amounts reported on lines 6b. 7b. Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV. lines 15 and 16 5 Compensation of current officers, directors. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... 7 Other salaries and wages . . . . . . . . . . . . . . . 244,633 244,633 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 72,790 72,790 11 Fees for services (non-employees) b C d Lobbying e Professional fundraising services See Part IV, line 17 . f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 1,572 1,572 12 13 46,803 46,803 14 15 Royalties 16 12,264 12,264 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 9,548 9,548 20 21 22 Depreciation, depletion, and amortization . . . . . . 23 .401 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 O) а OTHER EXPENSES 25,784 25,784 b C All other expenses e 25 Total functional expenses. Add lines 1 through 24e 484,795 167,372 317,423 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 

L if following SOP 98-2 (ASC 958-720) . . . . . . . . .

23-7272788 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 1 318,940 314,152 · Cash - non-interest-bearing 2 2 Pledges and grants receivable, net ........ 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . 6 7 7 Notes and loans receivable, net ....... 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 12 other basis Complete Part VI of Schedule D . . . . 10a 10c Less accumulated depreciation . . . . . . . . . 10b b 11 11 12 Investments - other securities See Part IV, line 11 ..... 12 13 Investments - program-related See Part IV, line 11 ..... 13 14 14 15 15 16 16 318,940 314,152 17 17 18 18 19 19 Deferred revenue 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund

314,152

314,152

32

33

318,940

318,940

318,940

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances .......

Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

the Single Audit Act and OMB Circular A-133?

EEA

#### SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

**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.

2016

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

		ELPHIA WELFARE PRIDE					23-72727						
	rt I	Reason for Public Charity					t.) See instructio	ns					
The	orgai	nization is not a private foundation beca	ause it is (For lines	1 through 12, check only	one box )								
1		A church, convention of churches, or a	association of chure	ches described in <b>sectio</b> i	n 170(b)(1	)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )												
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
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					. <del> </del>						
5		An organization operated for the bene	fit of a college or un	niversity owned or operat	ed by a go	vernmenta	al unit described in		<del></del>				
		section 170(b)(1)(A)(ıv). (Complete Part II )											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
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		A community trust described in section	on 170(b)(1)(A)(vi).	(Complete Part II)									
9		An agricultural research organization of	described in <b>sectio</b>	on 170(b)(1)(A)(ix) opera	ted in conji	unction wit	h a land-grant college	9					
		or university or a non-land-grant colleg	ge of agriculture (se	ee instructions) Enter the	e name, cit	y, and stat	e of the college or						
		university											
10		An organization that normally receives	s (1) more than 33	1/3% of its support from	contributio	ns, memb	ership fees, and gros	s					
		receipts from activities related to its ex	xempt functions - s	ubject to certain exceptio	ns, and (2)	no more t	han 33 1/3% of its						
		support from gross investment income	e and unrelated bus	siness taxable income (le	ss section	511 tax) fr	om businesses						
		acquired by the organization after Jun	e 30, 1975 See <b>se</b>	ction 509(a)(2). (Comple	ete Part III	)							
11		An organization organized and operate	ed exclusively to te	st for public safety. See s	section 50	9(a)(4).							
12		An organization organized and operat	ed exclusively for the	he benefit of, to perform t	he function	ns of, or to	carry out the purpose	es					
		of one or more publicly supported orga	anizations describe	ed in <b>section 509(a)(1)</b> or	section 5	09(a)(2)	See section 509(a)(3)	).					
		Check the box in lines 12a through 12	d that describes the	e type of supporting orga	nızatıon ar	d complet	e lines 12e, 12f, and	12g					
	а		operated, supervis	ed, or controlled by its su	ipported or	ganızatıon	(s), typically by giving	l					
		the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the dir	ectors or t	rustees of the						
		supporting organization You mus	st complete Part I	V, Sections A and B.									
	b		•			_							
		control or management of the sup			sons that of	control or r	nanage the supported	d					
		organization(s) You must comp	lete Part IV, Section	ons A and C.									
	С	Type III functionally integrated.					<u>=</u>	٦,					
		its supported organization(s) (see	instructions) You	must complete Part IV,	Sections	A, D, and	Ε.						
	d	Type III non-functionally integra	• • • •	· •									
		that is not functionally integrated		•			t and an attentivenes	S					
		requirement (see instructions) You	•	•									
	е	Check this box if the organization				a Type I,	Type II, Type III						
		functionally integrated, or Type III		tegrated supporting organ	nization								
	f	Enter the number of supported organi							L				
	_g_	Provide the following information about		<del></del>			<del> </del>						
	()	) Name of supported organization	(îı) EIN	(III) Type of organization (described on lines 1-10	(iv) is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amo					
				above (see instructions))	docum		instructions)	)	ctions)				
					\	I		•					
			<del></del>	<del></del>	Yes	No	<del></del>	ļ					
(A)			· ]		[	ſ		)					
<u> </u>			<del></del>		<u> </u>	<del> </del>		<u> </u>					
(B)						1							
(C)					<u> </u>	}		}					
		<del></del>	<del></del>		<del> </del>	<del> </del>		<u> </u>					
(D)					1	]							
				<del></del>	ļ	<b> </b>		<del> </del>	<del></del>				
(E)			}										
				* , , ,	<b></b>			<del> </del>	<del></del>				

Total

Schedule A (Form 990 or 990-EZ) 2016 PHILADELPHIA WELFARE PRIDE Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2016 (a) 2012 (b) 2013 (c) 2014 (d) 2015 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 480,007 2,797,658 710,311 614,516 503,126 489,698 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 614,516 480,007 2,797,658 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . 2,797,658 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 710,311 614,516 503,126 489,698 480,007 2,797,658 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned 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 2,797,658 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 100.00 % Public support percentage from 2015 Schedule A, Part II, line 14 % 100.00 X box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check П this box and stop here. The organization qualifies as a publicly supported organization

Section C. Computation of Public Support Percentage 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2016

### 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.

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

OMB No 1545-0047

Open to Public

Employer identification number Name of the organization 23-7272788 PHILADELPHIA WELFARE PRIDE 01. Form 990 governing body review (Part VI, line 11) UPON REQUEST 02. Officer, director, etc mailing address (Part VI, line 9) CAN BE REACHED AT BUSINESS ADDRESS 03. Governing documents, etc, available to public (Part VI, line 19) UPON REQUEST