Form 990 Return or Urganization Exempt From income fax Translation 501(-): 527, or 497(a)(1) of the Internal Revenue Code (except private fundations) Internations Translation 501(-): 527, or 497(a)(1) of the Internal Revenue Code (except private fundations) Internations The Code of spatial code of the Internal Revenue Code (except private fundations) Internations Code of spatial code of the Internal Revenue Code (except private fundations) Internations Code of spatial code of the Internal Revenue Code (except private fundations) Internations Code of spatial code of the Internal Revenue Code (except private fundations) Internations Code of spatial code of the Internation Revenue Code (except private fundations) Internations Code of spatial code of the Internation Revenue Code (except private fundations) Internations Code of spatial code of the Internation Revenue Code (except private fundations) Internations Code of spatial code of the Internation Revenue Code (except private fundations) Internations Code of spatial code of the Internation Revenue Code (except private fundations) Internations Code of spatial code of the Internation Revenue Code (except private fundations) Internations Code of spatial code of the Internation Revenue Code (except private) Internations Code of the Internatin Revenue Code (except	efile	e GR	APHIC	print - DO NOT PROCESS	As Filed Data -			DL	N: 93	493107001458
Form Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fundation) De not enter social security numbers on the form as it may be made public De not enter social security numbers on the form as it may be made public De not enter social security numbers on the form as it may be made public De not enter social security numbers on the form as it may be made public De not enter social security numbers on the form as it may be made public De not enter social security numbers on the form as it may be made public De not enter social security numbers on the form as it may be made public Demogrammetal Paulocentral Revenue Social (Security numbers) Demogrammetal Paulocentral Revenue Social (Security Networks) Demogrammetal Paulocentral Revenue Social (Security Networks) Demogrammetal Social (Security Networks) Demogramm		00		Return of Org	anization Ex	empt From	Income	Тах	10	MB No 1545-0047
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	Firm's name 🕨 HEFFLER RADETICH & SAITTA LLP
Use Only	Firm's address <a> 1515 MARKET STREET SUITE 1700
,	PHILADELPHIA, PA 19102

May the IRS discuss this return with the preparer shown above? (see instruction For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)				Page 2
Par	t IIII Statem	ent of Program Service Acc	omplishments		
	Check if S	Schedule O contains a response or	note to any line in this Part III		🗹
1		the organization's mission	· · · · · · · · · · · · · · · · · · ·		
BRO	AD RANGE OF SER	VICES TO THE MEMBERS OF THE	DUCATIONAL EMPLOYEES OF THE PHI BARGAINING UNIT THESE SERVICES DN WITH MEMBERS AND THE GENERA	INCLUDE GRIEVANCES, ARBI	
2	Did the organiza	tion undertake any significant prog	gram services during the year which v	vere not listed on	
	the prior Form 9	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	e these new services on Schedule	0		
3	Did the organiza	tion cease conducting, or make sig	inificant changes in how it conducts, a	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe	e these changes on Schedule O			
4	Section 501(c)(3		plishments for each of its three large required to report the amount of grai ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data	a			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					<u> </u>
4d		ervices (Describe in Schedule O)		<i></i>	
	(Expenses \$	including g	grants of \$)	(Revenue \$)
4e	Total program	service expenses ►			Form 990 (2016)

Form 990 (2016)
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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	4		
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	5		No
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 I 🕱	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services ⁷ If "Yes," complete Schedule D, Part IV 😒	9		No
10	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 😒	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸 .	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 🕉	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
16	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	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
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 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i>	24a		No
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 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? \ldots .	24d		
25a	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		
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 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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $$.	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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? If "Yes," complete Schedule R, Part V, line 2	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, Part VI 🛸	37		No
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	38		No
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
	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		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
~	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
Ľ		5c		ĺ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
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).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Bud the exception during the year, pay promume directly or indirectly, on a percent hanglit contract?	7e 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
y	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ĺ
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 sponsoring organization have excess business holdings at any time during the year?			
-		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year? \ldots \ldots .	14a		No
b	If "Yes," has it filed a Form 720 to report these payments 7 If "No," provide an explanation in Schedule O \cdot .	14b		
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Par	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	•	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI			\checkmark
Se	ction 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 35		res	
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_		
	members of the governing body?	7a 7b		No No
	persons other than the governing body?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent			
а				No
b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a 15b		No
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			No
16a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			No No
b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	15b		
b Se	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? ction C. Disclosure	15b 16a		
b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	15b 16a		
b Se	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15b 16a		
b <u>Se</u> 17	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	15b 16a		

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►MARIO DECLERICO 1816 CHESTNUT STREET PHILADELPHIA, PA 19103 (215) 561-2722

 $\mathbf{\nabla}$

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or 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	(C) 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- -2/1/00-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(Ŵ- 2/1099- MISC)	related organizations	
See Additional Data Table											
										Earm 000 (2016)	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and Title	(B) Average hours per week (list any hours	than c ıs b	ne b	ox, ι n of	t che unles ficer	eck mo ss pers and a ee)	on	Repo compe fror organiz	D) ortable ensation in the ation (W-	(E) Reportable compensation from related organizations (w-	(F) Estima amount o compens from	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC		organizat relat organiza	ed
See A	Addıtıonal Data Table													
16.5	ub-Total						 ▶							
сT	otal from continuation sheets to Pa	art VII, Sectio		•	. '		▶							
<u>a</u> T 2	otal (add lines 1b and 1c) .	but not limited	to thos				► e) who	rece		377,040 re than \$1		0		0
	of reportable compensation from the	organization Þ	1											
3	Did the organization list any former of	officer, director	or trust	ee, k	ey e	mplo	oyee, d	or hig	ghest cor	npensated	employee on		Yes	No
	line 1a? If "Yes," complete Schedule 3	for such individ	dual .	•	•	•	• •	•	• •	•••	• •	3		No
4	For any individual listed on line 1a, is organization and related organization										n the			
_	Individual		• •	•	•	•	• •		•••	••		4		No
5	Did any person listed on line 1a receiv services rendered to the organization									tion or ind	ividual for	5		No
Se	ction B. Independent Contract	ors												
1	Complete this table for your five high from the organization Report comper											mpens	ation	
	Name a	(A) and business addre	255	-		_				Desc	(B) ription of services		(C Comper	
1845	G WILLIAMS DAVIDSON, WALNUT STREET 24TH FLOOR DELPHIA, PA 19176									LEGAL SER\			·	232,965
								_						_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

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	Check if Schedule O contains			(A) Total revenue	(B) Related o exempt function revenue	or Ur bi	(C) nrelated usiness evenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigns	1a						012 011
s, Grants Amounts	b Membership dues	1 b						
- Bra	c Fundraising events	1c						
fts. Ir A		1d						
G	e Government grants (contributions)	1e						
ributions, Gift Other Similar	f All other contributions, gifts, grants, and similar amounts not included above	1f						
Contributions, Gifts, Grants and Other Similar Amounts								
	h Total. Add lines 1a-1f		Busines					
Program Service Revenue	2a UNION DUES		Busilies		,295,744	7,295,744		
er ve						.,,		
Ce F	b	_						
ér vi	d							
с С	e							
ogra	f All other program service revenue	2		205 744				
ž	9 Total. Add lines 2a-2f	. ►	/,	.295,744				
	3 Investment income (including divid similar amounts)		rest, and other	4,7	68			4,768
	4 Income from investment of tax-ex		proceeds i		0			,
	5 Royalties	-		►	0			
	(I) Rea		(II) Personal					
	6a Gross rents							
	b Less rental expenses			-				
	c Rental income or	0		0				
	(loss)							
	d Net rental income or (loss) .	• • •	• • •		0			
	(I) Secur 7a Gross amount from sales of assets other	ities	(II) Other	-				
	than inventory b Less cost or other basis and sales expenses			-				
	c Gain or (loss)							
	d Net gain or (loss)		•	_	0			
a	8a Gross income from fundraising ex (not including \$	of						
n ur	contributions reported on line 1c)							
eve	See Part IV, line 18 bLess direct expenses			0				
л. Ц	c Net income or (loss) from fundrai				0			
Other Revenue	9a Gross income from gaming activit		F					
0	See Part IV, line 19	a		0				
	b Less direct expenses	ь		0				
	c Net income or (loss) from gaming		• • •		0			
	10a Gross sales of inventory, less returns and allowances							
	b Less cost of goods sold	a b		0				
	C Net income or (loss) from sales o				0			
	Miscellaneous Revenue	1	Business Code					
	11aSTAFF ASSISTANCE			34,5	60			34,560
	b MISC REVENUE			91	00			900
	c							
	d All other revenue							
	d All other revenue		. ►					
		• • •		35,4	60			
	12 Total revenue. See Instructions	• • •	· · •	7 335 9	7 7	205 744		40.228

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	ion SUI(C)(3) and SUI(C)(4) organizations must complete all co	-		,	_
	Check if Schedule O contains a response or note to any	line in this Part IX			<u>, ⊔</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	246,792			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,872,652			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	37,362			
9	Other employee benefits	1,100,231			
	Payroll taxes	122,294			
	Fees for services (non-employees)				
	Management	0			
		196,813			
		84,327			
		0			
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
	Office expenses	0			
	Information technology	0			
	Royalties	0			
	Occupancy	153,490			
17	Travel	0			
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	155,948			
20	Interest	0			
21	Payments to affiliates	3,210,323			
22	Depreciation, depletion, and amortization	9,962			
23	Insurance	34,548			
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)				
	a STAFF REIMBURSEMENTS	104,319			
I	b PUBLIC RELATIONS	47,991			
	c SUPPLIES	122,902			
	d PRINTING AND PUBLICATIONS	8,745			
	e All other expenses	143,385			
25	Total functional expenses. Add lines 1 through 24e	7,652,084			
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 Given the following SOP 98-2 (ASC 958-720)				Eorm 990 (2016)

Form 990 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗹
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,299,700	1	845,620
	2	Savings and temporary cash investments .		[0	2	0
	3	Pledges and grants receivable, net		· [0	3	0
	4	Accounts receivable, net		[274,938	4	279,138
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L	ated er	nployees Complete Part	0	5	0
S	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations d	(c)(3)(B), and of section 501(c)(9)	0	6	0
Assets	7	Notes and loans receivable, net			0	7	0
SS	8	Inventories for sale or use		· [0	8	0
◄	9	Prepaid expenses and deferred charges		· · [57,003	9	67,421
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	695,723			
	Ь	Less accumulated depreciation	10 b	673,065	28,660	10c	22,658
	11	Investments—publicly traded securities .			0	11	0
	12	Investments—other securities See Part IV, line	11 .		0	12	0
	13	Investments—program-related See Part IV, line	e 11	📑	0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			16,629	15	13,385
	16	Total assets.Add lines 1 through 15 (must equ			1,676,930	16	1,228,222
	17	Accounts payable and accrued expenses			627,290	17	643,217
	18	Grants payable	-	· · ·	1,850,071	18	1,701,548
	19	Deferred revenue	_		0	19	0
	20	Tax-exempt bond liabilities	•••	-	0	20	0
	21	Escrow or custodial account liability Complete R			0	21	0
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	office	rs, directors, trustees,			<u>_</u>
bi		persons Complete Part II of Schedule L .	s, and		0	22	0
Lia	23	Secured mortgages and notes payable to unrela	ted th	rd parties	0	23	0
	24	Unsecured notes and loans payable to unrelated		· · –	0	23	0
				· –	0		0
	25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17-24) Complete Part X of Schedule D		s to related third parties,	0	25	0
	26	Total liabilities. Add lines 17 through 25 .			2,477,361	26	2,344,765
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			-800.431	27	-1,116,543
ala	28	Temporarily restricted net assets		-	0	28	0
8	29	Permanently restricted net assets	•••	· · · · · ·	0	29	0
ŭ	23	Organizations that do not follow SFAS 117	(958)	0	23	
		check here and complete lines 30 th	•				
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or ec	luipme	nt fund		31	
Ass	32	Retained earnings, endowment, accumulated in		F		32	
Net /	33	Total net assets or fund balances			-800,431	33	-1,116,543
ž	34	Total liabilities and net assets/fund balances .			1,676,930	34	1,228,222
							5 666 (301 (

Form **990** (2016)

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,	,335,972
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,	652,084
3	Revenue less expenses Subtract line 2 from line 1	3		-	316,112
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		-	·800,431
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		-1,	,116,543
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Doth consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule C	'		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	Зb		

Form **990** (2016)

Additional Data

Software ID: Software Version:

EIN: 23-1297835 Name: PHILADELPHIA FEDERATION OF TEACHERS

Form 990 (2016)

Form 990, Part III, Line 4a:

NONE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Engeloyees, and Independent, Contractors

Compensated Employees, and Indep	endent ₎ Cont	ractor	S	(C))			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	Positio tha persi	n (do in on on is	o not e bo both ecto	t che x, u n an	eck m inless office ustee)	er	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	related organizations
JERRY T JORDAN PRESIDENT	60 0 	x		x				72,509	0	0
ARLENE KEMPIN GENERAL VICE PRESIDENT	39 0 	x		x				19,823	0	0
JOAN MCGOWAN MIDDLE SCHOOL VICE PRESIDENT	39 0 	x		x				20,003	0	0
LOUISE JORDAN SENIOR HIGH REPRESENTATIVE	1 0	x						0	0	0
AMY GOTTESMAN MIDDLE REPRESENATIVE	10	×						0	0	0
MATTHEW MANDEL MIDDLE REPRESENATIVE	10	x						20,935	0	0
ERIC BLAUSTEIN ELEMENTARY REPRESENTATIVE	10	x						0	0	0
JOHN COATS ELEMENTARY REPRESENTATIVE	1 0 	x						0	0	0
JACKLYN ROSENFELD ELEMENTARY REPRESENTATIVE	1 0	x						0	0	0
MICHAEL LEVISTER NTA REPRESENTATIVE	1 0	x						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Engeloyees, and Independent, Contractors

Compensated Employees, and Indep	endent ₎ Cont	ractor	S	(C))			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	Positio tha pers and	n (do in on on is	o not e bo both ecto	t che x, u n an	nless office ustee)	er)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RUTH GARCIA PROF SUPPORTIVE SERVICE REP	1 0 0 0	x						0	0	0
KRISTEN YOUNG MIDDLE REPRESENTATIVE	1 0 0 0	x						0	0	0
SONNY BAVARO MEMBER AT LARGE	1 0 0 0	x						0	0	0
BONNEE BENTUM MEMBER AT LARGE	10	x						0	0	0
SUZANNE CAPPO MEMBER AT LARGE	10	x						0	0	0
JANET ELLIS READING ASST/SSA REP	1 0	x						0	0	0
GLEN HAMPTON PROFESSIONAL/TECHNICAL REP	1 0 	x						0	0	0
CYNTHIA FELTON PER DIEM SUB REPRSENTATIVE	1 0 	x						0	0	0
STEVEN BRINKLEY FOOD SERVICE MANAGERS REP	1 0	x						0	0	0
WILMA HENDERSON LONG TERM SUB REPRESENTATIVE	1 0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Engeloyees, and Independent, Contractors

Compensated Employees, and Indep	endent ₎ Cont	ractor	s	(C))		•	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	Positio tha persi	n (do in on on is	o not e bo both ecto	t che ix, u n an or/tr	nless office ustee)	er	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
EDWARD OLSEN SENIOR & TECHNICAL VP	39 0 	x		×				18,731	0	0
FREDA SYDNOR-JOELL SECRETARY	39 0 	x		×				19,646	0	0
HILLARY LINARDOPOULOS LEGISLATIVE REPRESENTATIVE	39 0 	x		×				18,723	0	0
WENDY COLEMAN ASSOCIATE SECRETARY	39 0 	x		×				18,935	0	0
VINCENT RUTLAND SENIOR HIGH REPRESENTATIVE	10	x						0	0	0
EARTHA MACK SECRETARY REPRESENTATIVE	1 0	x						0	0	0
LEVELLA MONTGOMERY PARAPROFESSIONAL REP	1 0 	x						0	0	0
STEPHANIE CONACHAN MEMEBER AT LARGE	1 0 	x						0	0	0
JODI FLEISHMAN MEMBER AT LARGE	1 0	x						0	0	0
JEFFREY PRICE MEMBER AT LARGE	1 0	x						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Indep						.s, K	C y L			
Compensated Employees, and Indep Name and Title	Average hours per week (list any hours	Positio tha persi	n (do an one on is	e bo botł	t che x, u n an	eck m Inless office ustee)	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organızatıon and related organızatıons
ANTOINETTE CALIMAG SENIOR HIGH REPRESENTATIVE	1 0 0 0	x						0	0	0
RAINIEL GUZMAN TECHNICAL/SKILL CENTER REP	1 0 0 0	x						0	0	0
THINH THACH MEMBER AT LARGE	1 0 0 0	х						0	0	0
GERALD POLLACK RETIREMENT LIAISON	1 0 0 0	х						0	0	0
DENISE ROGERS ELEMENTARY SCHOOL VP	39 0 	х		x				18,835	0	0
ART STEINBERG TREASURER	35 0 0 0	х						18,652	0	0
CYNTHIA BOLDEN MEMBER	10					x		130,248	0	0

efile G	RAPHIC pr	int - DO NOT PROCESS	As Filed Data -				DL	<u>N: 93493107</u>	
SCHEL (Form 99		Supple	mental Fina	ncial S	tatements			OMB No 15	
Department	of the Treasury	► Complete if	the organization a 8, 9, 10, 11a, 11b ▶ Attach to I	nswered " , 11c, 11d, Form 990.	Yes," on Form 99 11e, 11f, 12a, or	12b.	/fa	20	Public
	enue Service		D (Form 990) and	its instruc	tions is at <u>www.n</u>			<u>0</u> . Inspect Inspective Inspective Inspectiv	
		ION OF TEACHERS					.297835		
Part I	Organi	zations Maintaining Donor	Advised Funds	or Other	Similar Funds o				
	Comple	te if the organization answere			IV, line 6.				
1 Te	otal number :	at end of year	(a) Donor ad	dvised funds		(b)	Funds and	d other accounts	
		ue of contributions to (during							
y	ear)								
		ue of grants from (during year)							
		ue at end of year							<u> </u>
5 Did fun	ds are the organiza	ation inform all donors and donor ganization's property, subject to	the organization's ex	nat the asse xclusive lega	il control?	Ivised		🗌 Yes	
use	ed only for ch ferring impe	ation inform all grantees, donors, aritable purposes and not for the rmissible private benefit?	benefit of the donor	r or donor ad	dvisor, or for any o	ther pu		🗌 Yes	
Part II		vation Easements. Comple				n 990	, Part IV	, line 7.	
1 Pur	,	onservation easements held by th	2	_ '					
	1	on of land for public use (e g , rec of natural habitat	creation or education		Preservation of an Preservation of a c				
	1	on of open space			Preservation of a t	lerune		structure	
	mplete lines 2	2a through 2d if the organization e last day of the tax year	held a qualified cons	servation co	ntribution in the for	rm of a		ition It the End of th	e Year
a Tota	al number of	conservation easements				2a			
	-	stricted by conservation easemer				2b			
-		ervation easements on a certified		•		2c			
		ervation easements included in (c n the National Register	:) acquired after 8/1.	//06, and no	ot on a historic	2d			
	mber of cons year ►	ervation easements modified, tra	nsferred, released, e	extinguished	, or terminated by	the or	ganızatıon	during the	
4 Nui	mber of state	s where property subject to cons	ervation easement is	s located ►					
		zation have a written policy regaint of the conservation easements		onitoring, in	spection, handling	of viola	ations,	🗌 Yes 🗌	No
6 Sta ▶	iff and volunt	eer hours devoted to monitoring,	, inspecting, handling	g of violatior	ns, and enforcing co	onserv	ation ease	ements during th	e year
7 Am ► \$	-	nses incurred in monitoring, insp	ecting, handling of v	riolations, ar	d enforcing conser	vation	easement	ts during the yea	ir
		ervation easement reported on lir (h)(4)(B)(II)?	ne 2(d) above satisfy	y the require	ments of section 1	70(h)(4)(B)(ı)	🗆 Yes 🗌	No
bal	ance sheet, a	scribe how the organization repor and include, if applicable, the text i's accounting for conservation ea	of the footnote to t						
Part II	Comple	zations Maintaining Collect te if the organization answere	ed "Yes" on Form	990, Part I	V, line 8.				
art, pro	, historical tro vide, in Part	on elected, as permitted under S easures, or other similar assets h XIII, the text of the footnote to il	eld for public exhibit ts financial statemer	tion, educations that desc	on, or research in f ribes these items	further	ance of pu	ublic service,	
hist	torical treasu	on elected, as permitted under S res, or other similar assets held f its relating to these items							
(i) Re	evenue includ	ed on Form 990, Part VIII, line 1					▶\$		
(ii)As	sets included	ın Form 990, Part X					▶\$		
_ foll	owing amour	on received or held works of art, its required to be reported under				ncıal g		de the	
		ed on Form 990, Part VIII, line 1					►\$		
b Ass	sets included	in Form 990, Part X					▶ \$		

For Paperwork Reduction	NAct Notice, see th	ne Instructions for Form 990.

Cat No 52283D Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Sche	dule D	(Form 990) 2016													Page 2
Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	listori	cal Tı	eası	ires, oi	r Othe	r Similar	Assets (contin	nued)	
3		g the organızatıon's acq s (check all that apply)	uisition, accessioi	n, and other	· records,	check a	any of	the fo	llowing t	hat are	a significar	nt use of it	s colle	ection	
а		Public exhibition				d		Loan	or exch	ange pr	ograms				
b		Scholarly research				е		Othe	r						
С		Preservation for future	e generations												
4	Provi Part)	de a description of the XIII	organızatıon's col	lections and	l explaın l	how the	ey furth	ner the	e organiz	zation's	exempt pu	rpose in			
5		ng the year, did the orga is to be sold to raise fur									imilar	□ γ	es		D
Pai	rt IV	Escrow and Cust Complete if the org X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, o	r repoi	rted an am	iount on	Form	990,	Part
1a		e organization an agent ded on Form 990, Part)		an or other	Intermed	iary for	contril	oution	s or othe	er asset	ts not	□ v	es	<u>п</u> и	0
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table					Amount			-
с		ning balance				-				1c					-
d	Addıt	ions during the year								1d					-
е	Dıstrı	butions during the year	-							1e					_
f	Endır	ng balance								1f					_
2a	Dıd tl	he organization include	an amount on Fo	rm 990, Par	rt X, line i	21, for	escrow	or cu	stodial a	account	liability?	□ γ	es		- D
b	If "Y∈	es," explain the arrange	ment in Part XIII	Check here	e if the e>	kplanatı	on has	been	provide	d ın Par	tXIII				
Pa	rt V	Endowment Fund	ds. Complete ıf	the organ	ization a	answer	ed "Ye	es" or	ו Form	990, F					
	_			(a)Currer	nt year	(b)Pr	rior yea	r	(c) Two y	ears bac	k (d)Three	years back	(e) Fa	our year	s back
	-	ning of year balance											<u> </u>		
		butions											 		
		vestment earnings, gair											 		
		or scholarships											 		
e		expenditures for facilitie ograms	es												
f	Admini	istrative expenses .													
g	End of	year balance 🔒 🔒													
2		de the estimated percei d designated or quasi-e	-	ent year enc	balance	(line 1 <u>c</u>	g, colui	mn (a)) held a	s					
a		-													
b		anent endowment 🕨													
С		porarily restricted endov		ld agual 10/	20/										
3a		percentages on lines 2a, here endowment funds		•		on that	· are h	ald an	d admini	ictorod	for the				
54		nization by	not in the posses		organizae		. are n		a aanni	ister eu	for the		Г	Yes	No
	(i) u	nrelated organizations				• •	•					3	la(i)		
		elated organizations						•				3	a(ii)		
		es" on 3a(II), are the rel	-					?.	• •	• •	· · ·	• [3b		
4	_	ribe in Part XIII the inte		-	n's endov	vment f	unds								
Pa	rt VI	Land, Buildings, Complete if the org			on Form	n aan	Part 1	IV lur	00110	See F	orm 990 E	Part V lun	no 10		
	Descri	iption of property	(a) Cost or oth (investme	ner basıs	(b)Cost						d depreciation			ok value	<u>.</u>
1~	Land														
	Land														
	Buildin	-													
		nold improvements													
		nent					60	5,723			673,06	5			22,658
е	other				1		05	,,,,23	1		0/3,00	5			۵۲۵,۷۲

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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. . 22,658

	Form 990) 2016			Page 3
Part VII	Investments—Other Securities. Complete if the organization See Form 990, Part X, line 12.	ation answ	vered 'Yes' on Form 990, F	Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b)Book value	(c) Method o Cost or end-of-ye	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
			wared Weel on Form 000	Davt IV lung 11g
Part VIII	Investments—Program Related. Complete if the organi See Form 990, Part X, line 13.			
	(a) Description of investment (b) E	Book value	(c) Method o Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' on Fo	rm 990 P-	ort IV, June 11d, See Form 990	Part V Jupa 15
	(a) Description	IIII 990, Fe	at iv, me iid see tom sso	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Other Liabilities. Complete if the organization answered "		orm 990, Part IV, line 11e	or 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) B	ook value	
(1) Federal II	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 7,335,972 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a а Donated services and use of facilities 2h h c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII) Add lines 2a through 2d . . . е 2e 3 Subtract line **2e** from line **1** 3 7.335.972 4 Amounts included on Form 990. Part VIII, line 12, but not on line 1 а Investment expenses not included on Form 990, Part VIII, line 7b 4a 4h h Other (Describe in Part XIII) Add lines **4a** and **4b** . . . 4c С Total revenue Add lines **3** and **4c**. (This must equal Form 990, Part I, line 12) 5 5 7.335.972 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 7.652.084 1 1 2 Amounts included on line 1 but not on Form 990. Part IX, line 25 Donated services and use of facilities 2a а b Prior year adjustments 2h 2c Other losses С Other (Describe in Part XIII) 2d d . • Add lines 2a through 2d . . . е 2e 7,652,084 3 Subtract line **2e** from line **1** . 3 . . . 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a а Other (Describe in Part XIII) 4b b Add lines 4a and 4b . С **4**c Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18) 5 5 7,652,084

Part XIII Supplemental Information

Schedule D (Form 990) 2016

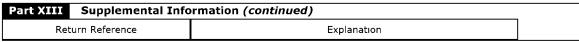
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

|--|

Page 4









efile GRAPHIC print	DLN: 9349310700145					
SCHEDULE O	Supplement	al Informatio	n to Form 990 or 990-EZ	OMB No 1545-0047		
(Form 990 or 990- EZ) Department of the Treasury	Complete to pro Form 990 o ► Information about	vide information for or 990-EZ or to prov Attach to Forn	responses to specific questions on de any additional information. 1990 or 990-EZ. 990 or 990-EZ) and its instructions is at	2016 Open to Public Inspection		
Internal Revenue Service			Employer i	dentification number		
	5					

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 8B	TO BE PROVIDED UPON REQUEST

efile GRAPHIC print - D	O NOT PROCESS As Filed Data -										DLN: 934931	107001	L458					
SCHEDULE R	Balatad	Organi	zations a	nd Un	rolator	Darta	arching	-			OMB No 1	.545-004	47					
(Form 990)		-					-				20	16						
												2016						
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► In	formation al	out Schedule	R (Form	990) and i	ts instructi	ions is at <u>i</u>	www.ii	rs.gov/form	<u>990</u> .	Open to Inspe		С					
Name of the organization PHILADELPHIA FEDERATION OF TEA								Emp	loyer identif	ication	number	,						
PHILADELPHIA FEDERATION OF TEA	ACHERS							23-1	297835									
Part I Identification	n of Disregarded Entities Complete	If the organ	ization answe	ered "Yes	" on Form	990, Part	IV, line 33	3.										
	(a)		(b)		(a	:)	(b)		(e)	I	(f))						
Name, address, and	d EIN (if applicable) of disregarded entity		Primary ac	tivity	(c) Legal domicile (state or foreign country)		Total inco	me	End-of-year a	ssets	Direct cor enti	ntrolling						
	of Related Tax-Exempt Organizati mpt organizations during the tax year		ete if the orga	inization	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or i	nore						
	(a)		(b)	1	(c)	(d)			(e)		(f)	(0	a)					
Name, address, an	d EIN of related organization	Prim	ary activity		Legal domicile (state or foreign country)				Public charity status (if section 501(c)(3))		rect controlling entity	Section (13) col	ntrolled					
												ent Yes	Ity?					
(1)PFT COMMITTEE TO SUPPORT F 1816 CHESTNUT ST	PUBLI	POLITICAL	COM		PA	501(C)(5)				NA			No					
PHILADELPHIA, PA 19103 23-3010511																		
(2)1816 CHESTNUT STREET CORP	PORATION	HOLD PRC	PERTY		PA	501(C)(2)				NA			No					
1816 CHESTNUT STREET																		
PHILADELPHIA, PA 19103 23-1909649																		
(3)PFT HEALTH AND WELFARE FUI 1816 CHESTNUT STREET	ND	ADMN SVO	CS		PA	501(C)(9)				NA			No					
PHILADELPHIA, PA 19103 23-1874001																		
												+						
												<u> </u>						
												+						
For Paperwork Reduction A	ct Notice, see the Instructions for Forn	n 990.		Ca	t No 5013	5Y				Sche	edule R (Form	990) 20)16					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(h) Disproprtionat allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	i) ral or aging ner?	(k) Percentage ownership
				5147			Yes	No		Yes	No			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(I Section (13) con ent	ntrolled
		country)						Yes	No

Schedule R (Form 990) 2016

-	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1p	Yes	
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ne, including covered i	elationships and tra	ansaction thresholds			
	(-)	(1.)	(-)	(b)			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of determining an	nount inv	volved	
(1) 18		Transaction			nount inv	volved	
	Name of related organization	Transaction	Amount involved	Method of determining an	nount inv	volved	
	Name of related organization 16 CHESTNUT STREET CORPORATION	Transaction type (a-s) K	Amount involved 153,490	Method of determining an	nount inv	volved	
	Name of related organization 16 CHESTNUT STREET CORPORATION	Transaction type (a-s) K	Amount involved 153,490	Method of determining an	nount inv	volved	
	Name of related organization 16 CHESTNUT STREET CORPORATION	Transaction type (a-s) K	Amount involved 153,490	Method of determining an		volved	
	Name of related organization 16 CHESTNUT STREET CORPORATION	Transaction type (a-s) K	Amount involved 153,490	Method of determining an		volved	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to related organization(s)		1 b		No
c Gift, grant, or capital contribution from related organization(s)		1 c		No
d Loans or loan guarantees to or for related organization(s)		1d		No
e Loans or loan guarantees by related organization(s)	•	1e		No
f Dividends from related organization(s)		1f		
g Sale of assets to related organization(s)		1 g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)		1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)			Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	•	1n		No
o Sharing of paid employees with related organization(s)	•	10		No
		1	N	
p Reimbursement paid to related organization(s) for expenses		1p		
q Reimbursement paid by related organization(s) for expenses		1q		No
r Other transfer of cash or property to related organization(s)		1r		No
s Other transfer of cash or property from related organization(s)		1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	thresholds		-	

Page **3**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	0	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2016





