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Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(HTA)

benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization Why Not Prosper Inc. D Employer Identification number use IRS Address change Doing Business As 23-3089308 label or print or Name change Number and street (or P O. box if mail is not delivered to street address) Room/suite E Telephone number type. Initial return 215-842-2360 See Specific Terminated City or town, state or country, and ZIP + 4 Instruc-Amended return 19404 G Gross receipts \$ PA tions. 89.312 Application pending Name and address of principal officer: H(a) Is this a group return for affiliates? Yes X No H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status: 501(c) (4947(a)(1) or 3) **◄** (insert no.) 527 J Website: ▶ H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Why Not Prosper assists female ex-offenders' transition from prison back to society. Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 . . . **Current Year** 85.712 82,220 8 Contributions and grants (Part VIII, line 1h) 9 20,955 7,092 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 106,667 89,312 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16ar Professionalប្រើប្រាជ្ញាraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 7 3 B Other expenses (Partix, column (A), lines 11a-11d, 11f-24f) 112,759 92,412 Jidtel இந்தையே Add lines 13–17 (must equal Part IX, column (A), line 25) . . 112,759 92,412 -6,092-3,100 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year Tate assets (Rart X, line 16). 220,779 226,512 151,253 165.242 Total liabilities (Part X, line 26) 69,526 61,270 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Signature of officer Here Muchella Type or print name and title Preparer's identifying number Check if Preparer's selfsignature Paid X | Leopold Galliera CPA employed Preparer's Firm's name (or yours EIN Leopold Galliera CPA **Use Only** ► (215) 291-0400 1822 E Cambria Street, Philadelphia, PA 19134 Phone no Yes May the IRS discuss this return with the preparer shown above? (see instructions) . . . Form **990** (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

6-17-19

_	willy not Prosper inc.	23-3089308	Page 2
	art III , Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	Help female ex-offenders return back to society.		

2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	. Yes	X No
	If "Yes," describe these new services on Schedule O.		۰۰۰ لیت
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services		
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am	by expenses.	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	ount of grants a	ariu
	anocations to others, the total expenses, and revenue, if any, for each program service reported.		
4-	/Onder		
48	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue	\$	<u></u> 0)
	Residential Program for female ex-offenders and half-way house		
			-
	*,		.

	•••••••••••••••••••••••••••••••••••••••		
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue	•	0.)
70	Mentoring and resource center with job training for female ciminal ex-offenders	Ψ	,
	•••••••••••••••••••••••••••••••••••••••		
			.
			·
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue 5	\$	0)

		·	
	••••••		
		·	
		·	
-			
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ▶ 0		

Part IV

Par	t IV Checklist of Required Schedules		· · · ·	-9
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	3		X
_	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			1
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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.			
•	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			7
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			(1)
	Schedule D, Parts XI, XII, and XIII.	12	\$100 F (4.5)	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			25/4
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	- ``		<u> </u>
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16	ŀ	Х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
13	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20		Х
	Did the organization operate one or more hoopitale; it is one or more than the organization operate one or more hoopitale; it is one or more than the organization of	Form	990 (

Form	990 (2009), Why Not Prosper Inc. 23-3	089308	F	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	L.,	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	i	Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	<u> </u>	
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		 ^ -
200	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	230		 ^- -
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		i	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		^
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	į į	V
07		26	-	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	0.7	1	v
	If "Yes," complete Schedule L, Part III	27	. ja . c	_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1	3-	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<u>28a</u>		X
D	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
	Part I	31		_ <u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1 1	· }	
	If "Yes," complete Schedule N, Part II	32		_X_
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		<u>_x</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	ļ ļ	[
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		j	
	Schedule R, Part V, line 2	35	i	_ <u>X</u> _
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		ŀ	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ŀ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		ĺ	
	VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		į	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
			990 (2000)

orm 9	990 (2009) Why Not Prosper Inc. 2	3-3089308		age 5
Par				
			Yes	No
1a				
_	U.S. Information Returns. Enter -0- if not applicable	0	}	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	_0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<u> </u>		ļ
0-	gaming (gambling) winnings to prize winners?	1c	Ĺ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		ĺ	
L	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	0	<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	}		\
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		,.	j
Ja	this return?	2-		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3a 3b	├	^-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	 	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ŀ		1
	account)?	4a	ĺ	x
b	If "Yes," enter the name of the foreign country:			
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	·-		1
	and Financial Accounts.		,.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
	and services provided to the payor?	7a_		<u> </u>
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 dispose 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	-	s * *	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	. 7e		X
£	benefit contract?	76 7f		×
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	, <u>, , , , , , , , , , , , , , , , , , </u>		
"	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		-	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	. 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	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.)	_		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
ь	If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	[•]	[

Form 990 (2009) Why Not Prosper Inc. 23-3089308 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

OCCL	ion A. Governing Body and Management		_	
1a	Enter the number of voting members of the governing body	1. 3.2	Yes	No 왕국-영
b	Enter the number of voting members of the governing body			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2 [[[]]	4 250	
_	any other officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Χ_
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	F. 7		
а	The governing body?	8a	_X	
b	Each committee with authority to act on behalf of the governing body?	8b	_X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	_		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	l	<u>_x</u>
	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)		Yes	No
100	Does the organization have local chanters, branches, or affiliates?	10a	Tes	X
	Does the organization have local chapters, branches, or affiliates?	Iva		
b	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	ļ	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100	\neg	
• •	form?	11	х	
11A		*******		E-75 45 1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	_X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		_	
	describe in Schedule O how this is done	12c	_X_	
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	3,000	·	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	قـــــــــــــــــــــــــــــــــــــ	<u> </u>	لتصا
а	The organization's CEO, Executive Director, or top management official.	15a		
b	Other officers or key employees of the organization	15b		
40-	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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		$\widehat{}$
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		- 1	-
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ► PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization for the section 6104 requires and 6104 requires an organization for the section 6104 requires and 61	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website Another's website V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he		
	organization: ► Michelle Simmons 610-716-11	13		
_	PO Box 949, Norristown, PA 19401			

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average					that ap	-	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Brain Olgesby President	4.	х						0	0	0
Marcia Travaglina Esquire Board Member	4.	X						. 0	0	0
Bonnie Vample Treasurer	4.	Х		ļ 				0	0	0
Dr. Robin Laysear-Smith Secretary	4.	Х		<u> </u>				0	_ 0	0
Patricia Powell Board Member	4.	Х						0	0	0
Shineal Andrews Board Member	4.	X						0	0	0
Stephanie Fairfax Board Member	4.	Х						0	. 0	0
Mellissa Gamble Board Member	4.	Х						0	0	0
Matt Leif Board Member	4.	Х						0	. 0	0
Reverend Michelle Simmons CFO	40.	Х		х	x			0	0	0
										_

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	, , , , , , , , , , , , , , , , , , , ,								(E)		(F)	
Name and title	Average	Po	sition		k all ti	hat ap	ply)	Reportable	Reportable		Estima	
	hours per week	or a	Inst	Officer	Æ	불	Former	compensation from	compensation from related		amour othe	
		Individual trustee or director	nstitutional	ď	<ey employee<="" td=""><td>oye es</td><td>를</td><td>the organization</td><td>organizations (W-2/1099-MISC</td><td></td><td>mpens from t</td><td></td></ey>	oye es	를	the organization	organizations (W-2/1099-MISC		mpens from t	
		阜	ᇛ		loye	# <u>8</u>		(W-2/1099-MISC)	(** 2 *****	0	rganiz	ation
		stee	trustee		Ď	pens					and rela rganiza	
			⁸			Highest compensated employee						
	-											
	-											
	-											
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	-											
	-											
	-											
	-									<u> </u>		
	-			:	:							
	<u>-</u>											
1b Total			· ·	<u></u>		• •	. •	0)		0
2 Total number of individuals (including but		e list	ed a		e) wh	ю ге	ceive	ed more than \$1	00,000 in			
reportable compensation from the organiz	auon 😕			0				 			Yes	No
3 Did the organization list any former office	. director or truste	ee. k	ev er	nolo	vee.	or hi	iahes	st compensated	Γ			,]
employee on line 1a? If "Yes," complete S										3		X
4 For any individual listed on line 1a, is the	um of reportable	com	pens	atior	n and	d oth	er co	mpensation from	m		İ	
the organization and related organizations	greater than \$15	0,00	0? If	"Yes	s," cc	omple	ete S	Schedule J for su	ıch	_		
ındıvıdual			•							4		X
5 Did any person listed on line 1a receive or												
services rendered to the organization? If "	Yes," complete S	ched	ule J	tor :	such	pers	son .	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	5	l	X
Section B. Independent Contractors 1 Complete this table for your five highest co		and	ent c	ontr	actor	re tha	at red	reived more that	n \$100 000 of		·	
compensation from the organization.	impensated indep	Jenu	CIII C	O I III (actor	io uie	20100	served more man	11 \$ 100,000 01			
(A) Name and business address								(B) Description of serv	ices C)) ompens	C) sation	
												0
												0
						_						0
												0
2 Total number of independent contractions	notuding but act	limit -	d +=	thee	م انم	tod o	hove	a) who received				0
Total number of independent contractors (more than \$100,000 in compensation from			יט נט	u 108	C (15)	ieu a 0	DUVE	and received				
more than \$100,000 in compensation non	organization					_ <u> </u>				Form	990	(2009)

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses Program service Manager		(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			-27	,
	organizations in the U.S. See Part IV, line 21	0	<u></u>		ļ ·
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22	0]-
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				A 3 5-
	U.S See Part IV, lines 15 and 16	0		,	
4	Benefits paid to or for members	0		· // / / / / / / / / / / / / / / / / /	25 19 St. St. S.
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
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	0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	-			
а	Management	0			
b	Legal	0		-	
C	Accounting	7,351		7,351	
ď	Lobbying	0			· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services See Part IV, line 17	0		v. 40 - 46 //	
f	Investment management fees	0	2.000	3, 7/	
g	Other	0			
12	Advertising and promotion	35	35		
13	Office expenses	2,427	2,184		
14	Information technology	0	2,104	240	
15	Royalties	0			
16	Occupancy	22,800	20,520	2,280	
17	Travel	4,056	3,650	406	
18	Payments of travel or entertainment expenses	4,000	3,000	400	
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	12,253	11,028	1,225	
21	Payments to affiliates	12,233		1,220	
22	Depreciation, depletion, and amortization	4,941	4,447	494	· · · · · · · · · · · · · · · · · · ·
23	Insurance	1,717	1,545	172	<u> </u>
23 24	Other expenses, Itemize expenses not	_1,1 11	1,040	1/2	
24	covered above. (Expenses grouped together	•	• • • • • •		
	and labeled miscellaneous may not exceed	•			
	5% of total expenses shown on line 25 below.)		,	, <u>.</u>	
_	Des arom Fundamen	22.224	22.224		· · · · · · · · · · · · · · · · · · ·
a	Program Expense	22,224	22,224		
b	Program Consultants	9,829	9,829	070	
C	Telephone	3,786	3,408	378	
d	Postage	0	004		
9	Bank Charges	993	894	99	
f oe	All other expenses Dues	00.440	70 70 1	10.070	
25	Total functional expenses. Add lines 1 through 24f	92,412	79,764	12,648	0
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

	990 (20				23-3089308	Page 11
Pa	rt X	Balance Sheet		,		
		`	(A) Beginning of year	1	(B) End of y	ear
1	1	Cash—non-interest-bearing	885	1		93
]	2	Savings and temporary cash investments		2		
ł	3	Pledges and grants receivable, net	0	3		0
ı	4	Accounts receivable, net	0	4		0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of		,*.		پ ب
i		Schedule L	0	5		
	6	Receivables from other disqualified persons (as defined under section				
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		,		
ļ		Part II of Schedule L	0	6		
g	7	Notes and loans receivable, net	0	7		
Assets	8	Inventories for sale or use		_		0
As	9	Prepaid expenses and deferred charges		8		
			,	9		· · · · · · · · · · · · · · · · · · ·
	iva		min in the second	4 李	1 3 16 15	1. 1
l	L	other basis. Complete Part VI of Schedule D	* * * * * * * * * * * * * * * * * * * *			
	b	Less: accumulated depreciation	225,627	10c		220,686
l	11	Investments—publicly traded securities	0			0
j	12	Investments—other securities. See Part IV, line 11	0	12		0
- 1	13	Investments—program-related. See Part IV, line 11	0			0
ĺ	14	Intangible assets	0			0
	15	Other assets. See Part IV, line 11	0	15		0
\rightarrow	16_	Total assets. Add lines 1 through 15 (must equal line 34)	226,512			220,779
1	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
ŀ	19	Deferred revenue		19		
ļ	20	Tax-exempt bond liabilities	0	20		
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key	· · · · · · · · · · · · · · · · · · ·	2,		
a B		employees, highest compensated employees, and disqualified		-		1
<u> </u>		persons. Complete Part II of Schedule L	9,714	22		
- 1	23	Secured mortgages and notes payable to unrelated third parties	155,528	23		151,253
Ì	24	Unsecured notes and loans payable to unrelated third parties	0	24		0
	25	Other liabilities. Complete Part X of Schedule D	0	25		0
	26	Total liabilities. Add lines 17 through 25	165,242	26		151,253
es		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	, - <u>-</u>	-		٠٠. ,
5	27	Unrestricted net assets	61,270	27		69,526
 	27		61,270			09,520
8	28	Temporarily restricted net assets		28		
5	29	Permanently restricted net assets		29		 1
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34.	16		, d	
ets	30	Capital stock or trust principal, or current funds	61,270	30		69,526
ŠŠ	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
Ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32		
S	33	Total net assets or fund balances	61,270	33		69,526
-	34	Total liabilities and net assets/fund balances	226,512			220,779
		Total habilities and not assets/fully balances	220,012			220,7000

Part XI Financial Statements and Reporting			age 1
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Ot	ther	-	
If the organization changed its method of accounting from a prior year or checked "Other," exp	plain in	1.	
Schedule O.		1	
2a Were the organization's financial statements compiled or reviewed by an independent account	tant? 2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	or oversight of		
the audit, review, or compilation of its financial statements and selection of an independent ac	countant? 2c		
If the organization changed either its oversight process or selection process during the tax year	ar, explain in		
Schedule O.			
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the	year were	١.	~;*
issued on a consolidated basis, separate basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as	set forth in	1	
the Single Audit Act and OMB Circular A-133?			X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not u	undergo the		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo s	_	1	
<u> </u>		orm 99 0	(20

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Why	Not	Prosper Inc.						 		23-3	3089308		
Par				harity Status (All or						<u>instructio</u>	ons.		
	orga		•	dation because it is: (F		•	•	•	•				
1	\sqsubseteq			urches, or association				ction 170	(b)(1)(A)	(i).			
2		A school de	scribed in secti	on 170(b)(1)(A)(ii). (A	ttach Sch	nedule E.)							
3		A hospital o	r a cooperative	hospital service organ	ization de	escribed in	n section	170(b)(1)(A)(iii).				
4			esearch organız ame, city, and st	ation operated in conjutate:	unction w	ith a hosp	ital descr	ibed ın s e	ection 17	0(b)(1)(A)(iii). En	ter the	
5		_	•	or the benefit of a colle (Complete Part II.)	ge or uni	versity ow	ned or op	erated by	/ a goverr	nmental u	ınıt desc	ribed	
6	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 communit	y trust describe	d in section 170(b)(1)	(A)(vi). (Complete	Part II.)						
9		A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)											
10		An organiza	ition organized a	and operated exclusive	ely to test	for public	safety. S	ee secti o	on 509(a)	(4).			
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III—Functionally integrated d Type III—Other											
e		persons oth 509(a)(1) or	er than foundati section 509(a)(· · · ·	er than on	ne or more	publicly	supported	dorganiza	ations des	scribed ii		on
f g		organization	i, check this box st 17, 2006, has	a written determination the organization acce						oe III supp	porting 		
				or indirectly controls,	either alo	ne or toge	ether with	persons	described	d in (ii)		Yes	No
		and (ii	ii) below, the go	verning body of the su	pported o	organizatio	on?	·			11g(i)		
			•	person described in (i	•						11g(ii)		
				ty of a person describe							11g(iii)		
<u>h</u> (i)		e of supported anization	(ii) EIN	ation about the support (iil) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the		(v) Did y the orgai col (i)	you notify nization in of your port?	(vi) Is the organization in col (I) organized in the US?		(vli) Amount of support		of
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No	1		
							}						
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					 								0
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											۷		0
Total													0

23-3089308

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 0 2 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf 0 0 0 3 The value of services or facilities furnished by a governmental unit to the 0 organization without charge 0 0 0 0 0 Total. Add lines 1 through 3. 4 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. 0 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 0 0 0 0 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets 0 (Explain in Part IV). . . . 0 Total support. Add lines 7 through 10. 11 12 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) 13 organization, check this box and stop here. Section C. Computation of Public Support Percentage 0.00% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 0.00% 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . ▶ 10%-facts-and-circumstances test-2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 80,233 include any "unusual grants"). . 175,506 85,445 85,712 82,220 509,116 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4,980 9,650 6,371 20,995 7,092 organization's tax-exempt purpose 49,088 3 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 5 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 89.883 181.877 90.425 106.707 89.312 558.204 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 Add lines 7a and 7b 0 0 0 0 0 0 Public support (Subtract line 7c from *** line 6). 558,204 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 89,883 181,877 90,425 106,707 89,312 558,204 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 Add lines 10a and 10b. 0 0 0 0 0 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 0 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 13 Total support. (Add lines 9, 10c, 11, and 12.) 89,883 181,877 90,425 106,707 89,312 558,204 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) Section C. Computation of Public Support Percentage 15 100.00% Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 100.00% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 0.00% 18 18 0.00% 19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form	990 or 990-EZ) 2009	Why Not Prosper Inc.	23-3089308	Page 4
Part IV		Information. Complete this part to provide the explanations required	by Part II, line 10);
	Part II, line 17a	or 17b; and Part III, line 12. Provide any other additional information.	See instructions.	
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•				

SCHEDULE.O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990. Inspection Employer identification number

Why Not Prosper Inc	23-3089308
Form 990 Part VI Section B Line 11 IRS Form 990 is reviewed by the Board of Directors before it is	
filed.	
Form 990 Part VI Section C Line 19 IRS Form 990 and governing organization documents are	available
for public review daily during normal business hours (9:00 am to 5:00 pm) Mondays through Fri	idays.
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