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STATUTE CLEARED

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

nterna	al Revenu	le Service Ine organization may have to use a copy of this return to satisfy state re	porting requirements.		Inspection
A Fe	or the 2	006 calendar year, or tax year beginning SEP 1, 2006 and ending	AUG 31, 20	07	
Вс	nack if	Riseas C Name of organization	D Empl	over identifi	cation number
ap	neck if plicable	USE IRS PASSOVER LEAGUE OF PHILADELPHIA		.,	
v	Address) 23	3-6267	034	
^	change	print or C/O LAPENSOHN ACCOUNTING PROF., LLC type Number and street (or B.O. boy if mail is not delivered to street address)			
=	change	See Notified and Street (of F.O. DOX II mail is not delivered to street address)	1 .	hone numbe	
_	ireturn	Specific 121 SOUTH BROAD STREET, 5TH FLOOR		<u> 15-985</u>	
	Final return	tions City or town, state or country, and ZIP + 4		nting method	Cash X Accrua
	Amende return	PHILADELPHIA, PA 19107-4544	(s	ther specify)	
_	Applicat	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	l are not applicable t	o section 5	27 organizations.
	-pending	must attach a completed Schedule & (Form 000 or 000-F7)	this a group return for		Yes X N
14	/aha!4a.	1 , ,	"Yes," enter number of		N/A
			re all affiliates included		Yes N
	· -		f "No," attach a list.)	, IV/W	tesN
		re \to	this a separate return	filed by an or	
		······································	anization covered by a	group ruling	
cl	nooses	to file a return, be sure to file a complete return.	roup Exemption Numb	er ►	N/A
			heck 🕨 🗶 if the or	ganization is	not required to attac
G	ross rec	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 249, 144.	ch. B (Form 990, 990-l	EZ, or 990-PI	₹).
		Revenue, Expenses, and Changes in Net Assets or Fund Balances			
Ĩ	1	Contributions, gifts, grants, and similar amounts received:			
	-				
	a	Contributions to donor advised funds 1a 14	75 070		
	Ь	Direct public support (not included on line 1a) 1b	75,970.		
	C	Indirect public support (not included on line 1a)			
	d	Government contributions (grants) (not included on line 1a)			_
١	е	Total (add lines 1a through 1d) (cash \$ 75,970 . noncash \$)	1e	75,970
١	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
ı	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	RECEIVE	4	2,798
1		Dividends and interest from securities	RECENTAL	75	13,065
-	5	Dividends and interest nom securities	-0L,0E		13,003
1	6 a	Gross rents 6a	FEB 16 2014		
	b	Less. Terrair experises	FEB 16 2011		
<u>o</u>	C	Net rental income or (loss). Subtract line 6b from line 6a	<u> </u>	6c	
Revenue	7	Other investment income (describe CAPITAL GAIN DISTRIBUTIONS	DP BE)	7	1,624
ě	8 a	Gross amount from sales of assets other (A) Securities	色質的で		
Ť		than inventory 155, 687. 8a	- ODT14		
ŀ	h	Less: cost or other basis and sales expenses 155,880.8b			
ļ					
ŀ	ان د			84	<193
	d	Net gain or (ibss). Combine line 8c, columns (A) and (B) Special Events and activities (attach schedule). If any amount is from gaming, check here Gross revenue Inot included 2 0 of contributions reported on line 1b) 9a		8d	
	9	Special events and activities (arrach schedule). If any amount is from gaming, check here			
	a	Gross reference (not including) 2 0 0 00 of contributions reported on line 1b) 9a			
- [b	Less: duadt expenses other than fundraising expenses 9b			
	C	Net income or (1955) from special events. Subtract line 9b from line 9a	Ĺ	9c	
	10 a	Gross sales of mysotory, less returns and allowances 10a			
	b	Less: cost of goods sold			
	C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	
			ľ	11	
-	11	Other revenue (from Part VII, line 103)		_	03 264
-	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	93,264
ا ي	13	Program services (from line 44, column (B))	-	13	34,016
Se	14	Management and general (from line 44, column (C))		14	<u>11,371</u>
ĕ	15	Fundraising (from line 44, column (D))	15		
Expenses	16	Payments to affiliates (attach schedule)	Γ	16	
-	17	Total expenses. Add lines 16 and 44, column (A)	T	17	45,387
\dashv	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	47,877
			 		
्ध	19	Net assets or fund balances at beginning of year (from line 73, column (A))	_	19	<u>271,512</u>
Sets		01 1			
Assets	20 21	Other changes in net assets or fund balances (attach explanation) SEE STAT Net assets or fund balances at end of year. Combine lines 18, 19, and 20	rement 2	20	1,473 320,862

Form 990 (2006)

Part II Statement of

C/O LAPENSOHN ACCOUNTING PROF., LLC 23-6267034 Page 2 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)

Functional Expenses and (4	l) org	janizations and section 4947	'(a)(1) nonexempt charitable	e trusts but optional for othe	ers.
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •	2				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)				
(cash \$ 34,016 • noncash \$ 0 •	2				
If this amount includes foreign grants, check here	22b	34,016.	34,016.		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key			_	i	
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26				
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a · 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees 33 Supplies	33	1,176.		1,176.	
34 Telephone	34	1,170.		1,1700	
35 Postage and shipping	35	43.		43.	
36 Occupancy	36	7,200.		7,200.	
37 Equipment rental and maintenance	37	7,2000		. , , 0 0 0	
38 Printing and publications	38	812.		812.	
39 Travel	39				
40 Conferences, conventions, and meetings	40	281.		281.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a INSURANCE	43a	1,580.		1,580.	
b WEBSITE	43b	279.		279.	
c	43c				
d	43d				
e	43e				· · · · · · · · · · · · · · · · · · ·
f	43f				
0	43g				·
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),		4		44	_
carry these totals to lines 13-15)	44	45,387.	34,016.	11,371.	0.
Joint Costs. Check ▶ ☐ If you are following				, , , ,	
Are any joint costs from a combined educational campai	-				Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos			(ii) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$ 923011		N/A ; and	(iv) the amount allocated to	runoraising \$	N/A
01-23-07					Form 990 (2006)

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23-6267034

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	nat is the organization's primary exempt purpose? ROVIDE SEDERS AND FOOD BASKETS FOR DISADVANTAGED PEOPLE.	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	PROVIDE SEDERS FOR DISADVANTAGED PEOPLE IN AND AROUND THE PHILADELPHIA AREA	
b	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ PROVIDE DISADVANTAGED PEOPLE WITH FOOD BASKETS FOR PASSOVER	33,540.
c	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	476.
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
f	(Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	34,016.
÷	Total 5.1.1.5 State Contract C	<u> </u>

Form **990** (2006)

C/O LAPENSOHN ACCOUNTING PROF., LLC

23-6267034

Page 4

Pai	t IV	Balance Sheets (See the instructions.)					
Note		re required, attached schedules and amounts wit ild be for end-of-year amounts only.	hin the	e description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			499.	45	9,211.
	46	Savings and temporary cash investments			10,881.	46	17,137.
		Accounts receivable	47a	ļ			
	b	Less: allowance for doubtful accounts	47b			47c	
		Pledges receivable	48a 48b				
	b 49	Less: allowance for doubtful accounts Grants receivable		48c 49			
		Receivables from current and former officers, di	rectors	s, trustees, and		13	
		key employees		50a			
	b	Receivables from other disqualified persons (as					
Assets	F4 -	4958(f)(1)) and persons described in section 495	1)(B) 		50b	
Ass		Other notes and loans receivable Less; allowance for doubtful accounts	51a 51b				
	52	Inventories for sale or use	910	! <u></u>		51c 52	
	53	Prepaid expenses and deferred charges		·		53	
		Investments - publicly-traded securities		Cost FMV		54a	
		Investments - other securities		Cost FMV		54b	
	55 a	Investments - land, buildings, and			_	۴.,	
		equipment: basis	55a				
		Less. accumulated depreciation	55b	M2 MENTEN 2	260 120	55c	204 514
	56 57.0		1	TATEMENT 3	260,132.	56	294,514.
,		Land, buildings, and equipment basis Less accumulated depreciation	57a 57b			57c	
	58	Other assets, including program-related investments	375			370	
	•	(describe ▶)		58	
	59	Total assets (must equal line 74) Add lines 45 t	hroug	h 58	271,512.	59	320,862.
	60	Accounts payable and accrued expenses				60	
	61	Grants payable .				61	
s	62	Deferred revenue			 .	62	
lities	63	Loans from officers, directors, trustees, and key	emplo	oyees .		63	
Liabi		Tax-exempt bond liabilities		-		64a	
	65	Mortgages and other notes payable Other liabilities (describe				64b 65	
	00	Otter nationales (describe			· · ·	03	
	66	Total liabilities. Add lines 60 through 65			0.	66	0.
	Orga	nizations that follow SFAS 117, check here	X	and complete lines			
,		67 through 69 and lines 73 and 74					
ğ	67	Unrestricted			<u>271,512.</u>	67	320,862.
alar	68	Temporarily restricted		-		68	
<u>B</u>	69	Permanently restricted				69	
필	Orga	inizations that do not follow SFAS 117, check h complete lines 70 through 74	iere J	► and			
ō	70	Capital stock, trust principal, or current funds			70	1	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and	nent fund		71		
Asi	72	Retained earnings, endowment, accumulated in				72	
Net	73	Total net assets or fund balances. Add lines 67 throu-					
_		(Column (A) must equal line 19 and column (B) must e			271,512.	73	320,862.
	74	Total liabilities and net assets/fund balances.	Add lir	nes 66 and 73	271,512.	74	320,862.

Form 990 (2006)

	PASSOVER LEAGUE OF PI C/O LAPENSOHN ACCOUNT	ring prof., LL	C	<u>23-626</u>	570:	34 Page 5
Pa	art IV-A Reconciliation of Revenue per Audited Fina	anciai Statements Wi	tn Revenue p	er Keturi	ı (See	e the
	Total revenue, gains, and other support per audited financial statem	ents		a		N/A
ь	Amounts included on line a but not on Part I, line 12:	onto.	•			11/11
1	Net unrealized gains on investments	l _b	1	1 1		
2	Donated services and use of facilities	· "	2			
3	Recoveries of prior year grants	b	3			
4		 b	4			
	Add lines b1 through b4			ь		
C	Subtract line b from line a			С		
d	Amounts included on Part I, line 12, but not on line a:					
1	Investment expenses not included on Part I, line 6b		1			
2	Other (specify):		2			
	Add lines d1 and d2			d		
e	Total revenue (Part I, line 12) Add lines c and d			▶ e		
Pa	art IV-B Reconciliation of Expenses per Audited Fin	ancial Statements W	ith Expenses	per Retu	ırn	
a	Total expenses and losses per audited financial statements	••		а		N/A
b	Amounts included on line a but not on Part I, line 17:	1	ı			
1	Donated services and use of facilities	<u>b</u>	1			
2		F-	2			
3	Losses reported on Part I, line 20	F	3			
4		<u>b</u>	4			
	Add lines b1 through b4			Ь		
C	Subtract line b from line a		•	С		
ď	Amounts included on Part I, line 17, but not on line a:	1.	الد			
	Investment expenses not included on Part I, line 6b	· · · · –	1			
2	Other (specify).		2			
	Add lines d1 and d2	•		d		
P ₂	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and K	ev Employees (List oad	h parean who was	e e	direc	tor truston
	or key employee at any time during the year even if they w			an onicei,	direc	tor, trust ee ,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contributi employee be plans & defe compensation	erred i	(E) Expense account and other allowances
PA	UL PERLSTEIN, ESQUIRE	PESIDENT	· · · /	oomponediion	7.2.0	
	13 SMOKE ROAD					
	YLESTOWN, PA 18901	0.00	0.		0.	0.
	RC FELLER, ESQUIRE	VICE PRESIDEN				
	O DILWORTH PAXSON, 1735 MARKET ST,					
	ILADELPHIA, PA 19103	0.00	0.		0.	0.
RO	BERTA ESCOURT	VICE PRESIDEN	T			
	47 ALGON AVENUE					
	ILADELPHIA, PA 19152	0.00	0.		0.	0.
	CHARD CHAITT	SECRETARY				
	64 WINDSOR PARK LANE					
HA	VERTOWN, PA 19083	0.00	0.		0.	0.
FR	ANK BRODSKY	TREASURER				
	6 MCCLENAGHAN MILL ROAD					
<u>WY</u>	NNEWOOD, PA 19096	0.00	0.		0.	0.

Form **990** (2006)

0.

Part VI Other Information See the instructions		990 (20				23-6267	034		age 6
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V.A., or highest compensated employees listed in Schedule A, Part I. or highest compensated professional and other independent contractors listed in Schedule A, Part II. A or III. Prefated to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explaint the relationships of the relationships of the individuals and explaint the relationships of the relationships of the individuals and explaint the relationships of the rela				<u> </u>				Yes	No
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest componsated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization have a written conflict of interest policy? Part IV II III Process compensation from 1990, Part IV A Trust Professional Professiona	75 a		•	to vote on organization bu	siness at board	•			
Islated in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II and tills, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(e) and Schedule A, Part II (a) or highest compensated employees listed in Schedule A, Part II (a) or highest compensated professional and other independent contractors listed in Schedule A, Part II (a) or highest compensated myboless listed in Schedule A, Part II (a) or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related degranization." See the instructions for the definition of "related degranization." See the instructions for the definition of "related degranization." See the instructions of the definition of "related degranization." See the instructions of the definition of "related degranization." See the instructions of the definition of "related degranization." See the instructions of the definition of "related degranization." See the instructions of the degranization of the seemed. See the instructions of the seemed of the see		meeting	s			0			
Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explanars the relationships? If "Yes," attach a statement that identifies the relationships? If "Yes," attach a statement that identifies the relationships? If "Yes," attach a statement that includes the information described in the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions of the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions of the information described in the instructions. Described in the instructions to the definition of "related organization." To be the organization have a written conflict of interest policy? Part V-B Tommer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Part September (all and the state of the instructions). (B) Loans and Advances (C) Compensation (I) Compensation or Other benefits in the appropriate column. See the instructions.) NONE (B) Loans and Advances (C) Compensation (I) Compens	b	•				•			
the individuals and explains the relationship(e) Do any officers, directors, trustees, or key employees listed in Form 990, Part VA, or highest compensated employees listed in Schedule A, Part II A or II-B, receive compensated professional and other independent contractors listed in Schedule A, Part II A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions of the definition of "related organization." See the instructions of the definition of "related organization." See the instructions of the seem of of th									
o Do any officers, directors, trustees, or key employees listed in Form 990, Part VA, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II or highest compensated professional and other independent contractors listed in Schedule A, Part II or highest compensated professional and other independent contractors listed in Schedule A, Part II or highest compensation from your foreign actions, whither tax exempt or taxable, that are related to the organization? See the instructions for the definition of related organization. If Yes, "attach a statement that includes the information described in the instructions." Joses the organization have a written conflict of interest policy? Part V-B Demort Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officers, director, trustees, and Key Employees received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (B) Loans and Advances (B) Loans and Advances (B) Loans and Advances (C) Compensation (I) Commenses to the instructions. NONE (B) Loans and Advances (B) Loans and Advances (C) Compensation (I) Commenses to the instructions of the instruction				tionsnips? if "Yes," attach	a statement that i	aentines	75h		V
isted in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ### Does the organization have a written conflict of interest policy? ### Part IVa Other Information (See the instructions) ### Part IVa Other Information (See the instructions.) ### Part IVa Other Informatio				• • • •		·	730		
Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related droganization." 756	C								
organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions 4 Does the organization have a written conflict of interest policy? Part VB Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation or Other than the year control of the appropriate column. See the instructions or other benefits in the appropriate column see the instructions of entering the year column. See the instructions of entering the year column see a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. Part VI Other Information (see the instructions.) Yes No. Yes No. Yes No. Yes No. If "Yes," attach a detailed statement of each change. If "Yes," attach a conformed copy of the changes. If "Yes," attach a conformed copy of the changes. If "Yes," attach a conformed copy of the changes. If "Yes," attach a software or power power of the year covered by this return? If yes no year and year or year year or year year? If "Yes," attach a statement of year covered by this return? If yes, "attach a software or power power or year year year," attach a statement or year year year year. If yes, "attach a software year year year," attach a statement or year year. If year year year year year year year year			·	•		•			
If Y'es," attach a statement that includes the information described in the instructions Does the organization have a written conflict of interest policy?							75c		X
Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee), or key employee received compensation or the benefits (descinated below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (D) Convencions or (III) Compensation plans of the price and compensation of the price and compensation plans		If "Yes,"	attach a statement that includes the information described	in the instructions					
Benefits (if any former officer, director, fustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column? Set the instructions.) (A) Name and address NONE (B) Loans and Advances (C) Compensation of the compensation or other benefits in the appropriate column set the instructions. (I)	d	Does th	e organization have a written conflict of interest policy?				75 d		X
the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (A) Name and address NONE (B) Loans and Advances (C) Compensation (D) Compensation (I)	Pa	rt V-B							
(A) Name and address NONE (B) Loans and Advances (C) Commensation (In (10) paid, either '0-) in the second of the reliance of the second of the reliance of			Benefits (If any former officer, director, trustee, or key er	nployee received compen-	sation or other ben	efits (describe	d belo	w) dur	ing
(A) Name and address NONE (B) Loans and Advances (If not paid, enter -0-) (If not paid, enter			the year, list that person below and enter the amount of co	mpensation or other bene					
Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) Yes No				(B) Loans and Advances		èmployee benefi	1 3		
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 If "Yes," attach a conformed copy of the changes. 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 If "Yes," has it filed a tax return on Form 990-T for this year? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement lis the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			NONE		enter -0-)	compensation pla	ns othe	er allow	ances
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 If "Yes," attach a conformed copy of the changes. 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 If "Yes," has it filed a tax return on Form 990-T for this year? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement lis the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?									
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If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The big is the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? N/A Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement So a list the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? So a X 80 a X		stateme	nt of each change						
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80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			•			-			
membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?				= = =			79		X
/_	80 a			-		on			
D II res, enter the name of the organization	L			exempt or nonexempt orga	anization?	•	80a		<u>X</u>
	D	IT "Yes,"	enter the name of the organization N/A	and shack the first of					
and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0 .	Q1 ^	Enter de	act or indirect political expenditures. (See line 91 instruction	•		•			
				o., .	_ SIS	<u> </u>	046		y
b Did the organization file Form 1120-POL for this year? 81b X Form 990 (2006)		214 1116	rigornacion mo i Gitti 1120 i GE foi una your					990	2006)

	990 (2006) C/O LAPENSOHN ACCOUNTING PROF., LLC 23-6267	034		age 7		
Pai	rt VI Other Information (continued)		Yes	No		
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially					
	less than fair rental value?	82a	X			
b	If "Yes," you may indicate the value of these items here. Do not include this					
	amount as revenue in Part I or as an expense in Part II	_				
	(See instructions in Part iii)					
83 a	a Did the organization comply with the public inspection requirements for returns and exemption applications?					
b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?					
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not		-			
	tax deductible? N/A	84b				
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a				
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b				
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	1				
	waiver for proxy tax owed for the prior year.					
C	Dues, assessments, and similar amounts from members 85c N/A	1				
d	Section 162(e) lobbying and political expenditures		ľ			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		_	,		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		-	~		
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g				
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f					
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the					
	following tax year? N/A	85h	, g\\\y _ /	<u> </u>		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on		54 5. 3			
	line 12 86a N/A	4	\$ %			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	- 1	()			
87	501(c)(12) organizations. Enter. a Gross income from members or shareholders 87a N/A	-				
b	Gross income from other sources. (Do not net amounts due or paid to other sources			1 1 1		
	against amounts due or received from them.) 87b N/A	-		~ ;		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,					
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3?		.8			
	If "Yes," complete Part IX	88a		X		
D	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	006		3 ,		
00 -	section 512(b)(13)? If "Yes," complete Part XI	88b		X		
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under:			.4.3		
_	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •					
D	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	4	,.	ĺ		
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	906	0.7-m vm	v		
_	If "Yes," attach a statement explaining each transaction	89b	ļ	X		
C	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	,		***		
	Enter Amount of tax on line 89c, above, reimbursed by the organization	/	>			
u	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	 	X		
,	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	031	_	<u> </u>		
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		x		
90 a	List the states with which a copy of this return is filed NONE	208	Ь			
b	Number of employees employed in the pay period that includes March 12, 2006			0		
	The books are in care of \triangleright PRESIDENT Telephone no. \triangleright 610 – 66	0 – n	510			
J. U	Located at ▶ 215 PRESIDENTIAL BLVD, BALA CYNWYD, PA ZIP+4▶1					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	<u> </u>	X		
	If "Yes," enter the name of the foreign country N/A					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank					
	and Financial Accounts			,		
		Form	990	(2006)		

	n 990 I rt VI	(2006) C/O L. Other Information (con	APENSOHI	N ACCO	UNTING PROF	., LLC	23-6	5267034 Page 8 Yes No
Щ.		ny time during the calendar year.		ization main	tain an office outside (of the United	l States?	91c X
G		es," enter the name of the foreig	-			or the Office	i States?	AIC V
92		tion 4947(a)(1) nonexempt chanta	_			Check here		_
VL		enter the amount of tax-exempt		=		Silcok ficio	▶ 92	N/A
Pa		Analysis of Income-P					<u> </u>	-1/
		er gross amounts unless otherwi		Unrelat	ed business income	Excluded by	y section 512, 513, or 514	(E)
	cated	-	-	(A)	(B)	(C)	(D)	Related or exempt
93	Progr	am service revenue.		Business code	Amount	sion	Amount	function income
a	Ū		Ī					
b								
C								
d					-			
е					•			
f	Medic	care/Medicaid payments						
g	Fees	and contracts from government	agencies					
94	Mem	bership dues and assessments	. [
95	Intere	st on savings and temporary cash inv	vestments			14	2,798.	
96	Divide	ends and interest from securities	; <u> </u>			14	13,065.	
97	Net re	ental income or (loss) from real e	state:				* /. * .	· · · · · · · · · · · · · · · · · · ·
а	debt-	financed property	L			_ _		
b	not d	ebt-financed property						
98	Net re	ental income or (loss) from perso	nal property			ļ ļ. <u></u>		
99	Other	investment income	. [14	1,624.	
100	Gain	or (loss) from sales of assets						
		than inventory .	-			14	<u><193.</u>	<u> </u>
		ncome or (loss) from special ever	<u> </u>					
		s profit or (loss) from sales of inve	entory					
103	Other	. teneune.						
a								
b				-	 			
C						 		
a								
104	Cubt	etal (add calumns (B) (D) and (E	<u></u>		0		17,294.	0.
		otal (add columns (B), (D), and (E (add line 104, columns (B), (D), a	-		<u> </u>	•	11,494.	17,294.
		105 plus line 1e, Part I, should e		nt on line 12	P Part I			11,434.
	rt VII					nt Purpos	Ses (See the instruction	ns l
	e No.	Explain how each activity for which						
	▼	exempt purposes (other than by pr				o importantly	to the accomplishment of	the organization 5
								
		,						
-				•				
Pa	rt IX	Information Regarding	g Taxable S	Subsidiari	ies and Disregard	ded Entiti	es (See the instruction	s.)
. Ale	.m	(A)	(B)		(C)		(b)	(E)
IV	partn	dress, and EIN of corporation, ership, or disregarded entity ov	Percentage of wnership interest	t	Nature of activities		Total income	End-of-year assets
			9	6	•		,	
	N/A %							
	%							
			9/					
Pa	rt X	Information Regarding	g Transfers	Associat	ted with Persona	I Benefit	Contracts (See the	instructions.)
(b)	Did ti	ne organization, during the year, rece ne organization, during the year, pay	premiums, direc	tly or indirect	ly, on a personal benefit o	•	enefit contract?	Yes X No
No	ote: /f	"Yes" to (b), file Form 8870 and F	Form 4720 (see	Instruction	s)			Form 990 (2006)
								FULLI 220 (2006)

623163 01-18-07

Pa	Information Regarding Transfers To and From C		S. Complete only if the organi	zation is a
	controlling organization as defined in section 512(b)(13).	N/A		Yes No
106		as defined in section (512(b)(13) of the Code? If "Yes	
	complete the schedule below for each controlled entity. (A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
c				
	Totals			W N.
107	Did the reporting organization receive any transfers from a controlled encomplete the schedule below for each controlled entity.	ntity as defined in sec	tion 512(b)(13) of the Code? If	"Yes,"
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b 				
c				
	Totals			Voc No
108	Did the organization have a binding written contract in effect on August annuities described in question 107 above?	17, 2006, çovering the	e interest, rents, royalties, and	Yes No
Plea Sigi		ring schedules and statemen ch preparer has any knowled	ts, and to the best of my knowledge and lige	belief, it is true, correct,
Her	y digitation of officer	oard Mem		
Paid Prep	signature / U C C C	4/18/11	self- employed	N or PTIN (See Gen Inst X)
Use	Only Self-employed, address, and ZIP+4 LAPENSOHN ACCOUNTING PROF 121 SOUTH BROAD ST. 5TH F PHILADELPHIA PA 19107-45	LOOR	Phone no. ▶ 215-	
				Form 990 (2006)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2006

OMB No 1545-0047

Name of the organization PASSOVER LEAGUE OF PHILADELPHIA Employer identification number 23 6267034 C/O LAPENSOHN ACCOUNTING PROF., Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (e) Expense account and other allowances (b) Title and average hours (a) Name and address of each employee paid (c) Compensation employee benefit plans & deferred per week devoted to more than \$50,000 position compensation NONE Total number of other employees paid 0 over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of others receiving over 0 \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over 0 \$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2006 C/O LAPENSOHN ACCOUNTING PROF., LLC 23-6267034 Page 2 Part III Statements About Activities (See page 2 of the instructions.) Yes No During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or X line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? 2a b Lending of money or other extension of credit? 2b c Furnishing of goods, services, or facilities? 2c X d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d e Transfer of any part of its income or assets? 2e 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) 3a b Dd the organization have a section 403(b) annuity plan for its employees? 3Ь c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3с d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f 4a N/A b Did the organization make any taxable distributions under section 4966? 4b N/A c Did the organization make a distribution to a donor, donor advisor, or related person? 4c d Enter the total number of donor advised funds owned at the end of the tax year N/A e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year N/A f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on

line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2006

PASSOVER LEAGUE OF PHILADELPHIA Schedule A (Form 990 or 990-EZ) 2006 C/O LAPENSOHN ACCOUNTING PROF., LLC 23-6267034 Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.) I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.) 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(II). (Also complete Part V.) 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III). 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.) 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ____ Type I __ Type II Provide the following information about the supported organizations. (See page 7 of the instructions.) (b) (e) Name(s) of supported organization(s) Employer Type of organization is the supported Amount of identification (described in lines organization listed in support number (EIN) 5 through 12 above the supporting or IRC section) organization's governing documents? Yes

Schedule A (Form 990 or 990-EZ) 2006

Total

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

	rt IV-A Support Schedule (C	omplete only if you che	ecked a box on line 10	. 11. or 12.) Use cash	method of acc	ountin	<u>020/034 </u>
Cale	Note: You may use the	e worksheet in the inst 	ructions for converting	from the accrual to the	e cash method o	of acco	unting
	nning in) 🔪 🕨	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	44,818.	41,151.	37,399.	35,7	37.	159,105.
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	15,814.	14,444.	14,142.	15,2	55.	59,655.
19	Net income from unrelated business						
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	60,632.	55,595.	51,541.	50,9		218,760.
24	Line 23 minus line 17	60,632.	55,595.	51,541.	50,9		218,760.
25	Enter 1% of line 23	606.	556.	515.	5	10.	*/
26	Organizations described on lines 1				•	26a	N/A
b	Prepare a list for your records to sho		,	,			* ***
	unit or publicly supported organization not file this list with your return.	,	ū	ded the amount snown in	iine 26a.	006	N/A
	Total support for section 509(a)(1) to					26b 26c	N/A
4	Add: Amounts from column (e) for li	•	19			200	N/A
ŭ	Add. Amounts from column (c) for in	22			_	26d	N/A
e	Public support (line 26c minus line 2					26e	N/A
f	Public support percentage (line 26)	e (numerator) divided by	line 26c (denominator))		•	26f	N/A %
27	Organizations described on line 12				squalified person	," prepa	
	records to show the name of, and to	tal amounts received in ea	ach year from, each "disqi	ualified person." Do not file	e this list with yo	ur retur	n. Enter the sum of
	such amounts for each year:						
	• •	• (2004)	0. (20	,	0. (200	,	0.
b	For any amount included in line 17 th						
	and amount received for each year, t described in lines 5 through 11b, as	well as individuals.) Do n	ot file this list with your r	eturn. After computing th	e difference betw		-
	the larger amount described in (1) of	• •	· _	•			
	, ,	• (2004)	0. (20	•	0. (200	12)	0.
С	Add: Amounts from column (e) for li		159,105.			l I	150 105
d	17 Add; Line 27a total		d line 27b total	21	<u> </u>	27c 27d	159,105. 0.
u a	Public support (line 27c total minus		u iiile 270 totai		- 0 .	27u 27e	159,105.
f	Total support for section 509(a)(2) to	•	23. column (e)	► 27f 2	218,760.	216	100,100.
o	Public support percentage (line		• •	`	<u> </u>	27g	72.7304%
_ h	Investment income percentage	,	•	••	or)) -	27h	27.2696%
28	Unusual Grants: For an organization show, for each year, the name of the coefurn. Do not include these grants in the coefurn.	n described in line 10, 11, ontributor, the date and ar	or 12 that received any u	nusual grants during 2002	2 through 2005. c	repare a	a list for your records to
	1 01-18-07	Ne 13.	ONE	·		Schedul	le A (Farm 990 or 990-EZ) 2006

Part V Private

Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		-
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			,
		_		Ì
		_		
32	Does the organization maintain the following:	-		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:		ià.	•
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		_	,	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	Are .	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	Zažž	40	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	XaaXX	- 2%	
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		
				

Schedule A (Form 990 or 990-EZ) 2006

Scl	hedule A (Form 990 or 990-EZ) 2006 C	O LAPENSOHN ACCOUNTING	PRO	F.,	LLC 2	3-6267034 Page 6
		tures by Electing Public Charities				N/A
	(To be completed ONLY by	an eligible organization that filed Form 5768)				
Ch	eck 🕨 a 🔃 if the organization belon	gs to an affiliated group. Check b	if y	you che	ecked "a" and "limited contr	ol" provisions apply.
	Limits on	Lobbying Expenditures			(a) Affiliated group	(b) To be completed for all
	(The term "expendi	tures" means amounts paid or incurred.)			totals	electing organizations
					N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)		36		
37	Total lobbying expenditures to influence	a legislative body (direct lobbying)		37_		
38	Total lobbying expenditures (add lines 3	6 and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add	lines 38 and 39)		40		
41	Lobbying nontaxable amount. Enter the					
	If the amount on line 40 is -	The lobbying nontaxable amount is -				
	Not over \$500,000	20% of the amount on line 40)			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				n e mann
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	•	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000	J		ou s	2000 - /
42	Grassroots nontaxable amount (enter 25	% of line 41)		42		
43	Subtract line 42 from line 36. Enter -0- if	line 42 is more than line 36		43		
44	Subtract line 41 from line 38. Enter -0- if	line 41 is more than line 38		44		
	Caution: If there is an amount on eit	her line 43 or line 44, you must file Form 4720.			* * *	,

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
45 Lobbying nontaxable amount					0.	
46 Lobbying ceiling amount (150% of line 45(e))		,			0.	
47 Total lobbying expenditures					0.	
48 Grassroots nontaxable amount					0.	
49 Grassroots ceiling amount (150% of line 48(e))					0.	
50 Grassroots lobbying expenditures					0.	

| Part VI-B | Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0.

823151

Schedule	A (Form 990 or 990-EZ) 200	6 C/O LAPENSOHN A	CCOUNTING PR	ROF., LLC 23-	626703	4	Page	
Part '				d Relationships With Nonch	aritable			
<u> </u>		zations (See page 13 of the instr						
		directly or indirectly engage in any of	= -					
		section 501(c)(3) organizations) or if ganization to a noncharitable exempt		ontical organizations?		Yes	No	
	i) Cash	ganization to a noncharitable exempt	organization of.		51a(i)		X	
	ii) Other assets				a(ii)		X	
	ther transactions:						 	
		ets with a noncharitable exempt orgai	nızatıon		b(i)		x	
-		a noncharitable exempt organization			b(ii)		Х	
ii)	ii) Rental of facilities, equipme	ent, or other assets			b(iii)		X	
(i	v) Reimbursement arrangeme	ents			b(iv)		X	
()	v) Loans or loan guarantees				b(v)		X	
(v	i) Performance of services or	membership or fundraising solicitat	ions		b(vi)		<u> </u>	
		, mailing lists, other assets, or paid ei			C		X	
		-		always show the fair market value of the				
		s given by the reporting organization.		_		,_		
		nent, show in column (d) the value of	t the goods, other assets, o			N/ <i>I</i>	<u> </u>	
(a) Line no.	(b) Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, a	and sharing arrangements			
		<u> </u>						
					••			
						- "		
					_			
			· · · · · · · · ·					
		-						
		,					-	
					_			
C	the organization directly or in ode (other than section 501(c) "Yes," complete the following:)(3)) or in section 527?	one or more tax-exempt org	anizations described in section 501(c) of	the Yes	1	Nα	
	(a Name of or)	(b) Type of organization	(c) Description of relati	опѕһір			
					-			
							_	
	<u>.</u>				<u>.</u>		_	
		·						
		<u> </u>	· · · · · -					
	·							
			ļ	<u> </u>				

FORM 9,90 GAIN (LOSS) F	FROM PUBLICLY T	RADED SECURIT	IES	STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS	
BANK HAPOALIM CD	25,000.	25,000.	0.	·	0.
TOLEDO ED	5,550.	5,500.	0.	5	0.
PROVIDENT	15,000.	15,000.	0.		0.
GMAC BANK	25,000.	25,000.	0.		0.
BANCORP BANK	15,000.	15,000.	0.		0.
ISRAEL DISC	25,000.	25,000.	0.		0.
IDEARC, INC	137.	380.	0.	<24	
BANKGOR SVGS	15,000.	15,000.			0.
ISRAEL DISC	30,000.	30,000.	0.		0.
TO FORM 990, PART I, LINE 8	155,687.	155,880.	0.	<19	3.:
FORM 990 OTHER CHANGES DESCRIPTION	S IN NET ASSETS			STATEMENT AMOUNT	
UNREALIZED LOSS ON INVESTMENT	rs.			1,47	3.
TOTAL TO FORM 990, PART I, LI	INE 20		=	1,47	3.
FORM 990	OTHER INVESTM	ENTS	-	STATEMENT	
FORM 990 DESCRIPTION	OTHER INVESTM	ENTS VALUATI METHO	ON	STATEMENT	3
	OTHER INVESTM	VALUATI	ON D		

PASSOVER LEAGUE OF PHILADELPHIA FORM: 990-0308 YEAR ENDED AUGUST 31, 2007 EIN: 23-6267034

SECURITY	# of SHS	RATE	MATURITY	COST	MARKET VALUE
?referred Stock					
Royal Bank Scotland 6.125%	200	6 13%	N/A	5.000	4,650
General Motors Corp Preferred	400	7 25%	N/A	10,000	7,000
•				15,000	11,650
2ommon Stock					· ———
Five Star Quality Care	10	N/A	N/A	73	79
Senior HSG PPTY TR	50	N/A	N/A	747	1,017
HRPT Properties Trust	500	N/A	N/A	9,895	4,890
Verizon	92	N/A	N/A	9,459	3,853
Bank of America Corp	90	N/A	N/A	4,238	4,561
				24,411	14,400
ixed Income Group					
Israel Discount Bank CD	15000	5 25%	09/20/07	15,000	15,000
IndyMac FSB CD	30000	5 20%	11/26/07	30,000	30,000
				45,000	45,000
<u>)pen End Mutual Funds</u>					
Franklin High Income Trust Age Fund Class A	22297 081	N/A	N/A	63,253	45,709
Delaware Group Delchester High Yield Bond Fund C	13746 475	N/A	N/A	85,755	45,363
Dryden High Yield Fund-CL A	6104 651	N/A	N/A	38,284	34,064
Davis NY Venture Fund - Class B	31 566	N/A	N/A	948	1,205
Davis NY Venture Fund - Class A	1021.635	N/A	N/A	35,333	40,896
Prudential Jennison Equity Opportunity Fund Class B	230 92	N/A	N/A	3,589	3,679
Putnam High Yield Trust II Class B	1219.73	N/A	N/A	10,391	9,502
Putnam Investment Funds - Growth Opp Class B	259 395	N/A	N/A	7,502	3,608
Seligman High Income Fund Series-Class A	2238 945	N/A	N/A	12,837	7,299
Seligman High Yield Fund - Class B	2422 427	N/A	N/A	13,915	7,897
Dryden Funds Midcap Fund B	900 653	N/A	N/A	14,885	14,960
				286,691	214,182
Closed End Mutual Fund					
Blackrock Core Bond Trust	350	N/A	N/A	5,250	4,309
Nuveen Multi Strategy Inc & Growth	400	N/A	N/A	4,878	4,972
				10,128	9,281
			,	381,230	294,513
DELAWARE GROUP				85,755	45,363
PRUDENTIAL				41,873	37,743
FRANKLIN FUND				63,253	45,709
GNMA					
OTHER SECURITIES				190,349	165,698
			•	381,230	294,513



COMMONWEALTH OF PENNSYLVANIA GOVERNOR'S OFFICE OF GENERAL COUNSEL DEPARTMENT OF STATE OFFICE OF CHIEF COUNSEL 302 NORTH OFFICE BUILDING HARRISBURG, PA 17120

Christal Pike-Nase Assistant Counsel Telephone: (717) 787-6802 FAX. (717) 787-1734

E-Mail: cpikenase@state.pa.us Department's Website, www dos state.pa us

April 9, 2002

Howard C. Lapensohn, Certified Public Accountant Accredited Personal Financial Specialist, President Lapensohn & Associates 1530 Chestnut Street, Suite 500 Philadelphia, PA 19102-2742 STATUTE UNIT

FEB 16 2911

TPR BHANCH

Dear Mr. Lapensohn

I have been requested to respond to your March 26, 2002 letter addressed to Mr. Karl Emerson, Director of the Department of State's Bureau of Charitable. Organizations, requesting a letter confirming that our Office has determined that the Passover League of Philadelphia (League) would be classified as a religious organization and is, thus, exempt from the filing requirements of the Solicitation of Funds for Charitable Purposes Act (Act), 10 P.S. § 162.1 et seq. I serve as an Assistant Counsel to the Department of State's Office of Chief Counsel and as Counsel to the Bureau of Charitable Organizations.

Our Office does not issue advisory opinions or rulings. However, based on a review of the documentation that you submitted regarding the League, our Office has concluded that the League would qualify for the exemption for the following major reasons: 1) the League is tax-exempt under the Internal Revenue Code; 2) no part of the League's net income inures to the direct benefit of any individual; 3) the League's conduct is primarily supported by funds solicited from its own membership or previous donors; 4) the League is organized and operated exclusively for religious purposes, 5) the particular religious beliefs of the League are truly and sincerely held, and 6) the practices and rituals associated with the League's religious belief or creed are not illegal or contrary to clearly defined public policy.

I am pleased to have been of assistance to you Thank you for your attention to this matter.

Sincerely,

Christal Pike-Nase Assistant Counsel

Christal Pike Mase

Department of State

cc Mr. Karl E. Emerson, Director, Bureau of Charitable Organizations