



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 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)

2009

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Sep 1, 2009, and ending Aug 31, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Name of organization HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC		<b>D</b> Employer identification number 23-1405597
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2100 ARCH STREET THIRD FLOOR		<b>E</b> Telephone number (215) 832-0900
		City, town or country State ZIP code + 4 PHILADELPHIA PA 19103		<b>G</b> Gross receipts \$ 1,307,695.
		<b>F</b> Name and address of principal officer Judith Bernstein- 2100 Arch St, 3rd Fl. Phila PA 19103		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) 4947(a)(1) or 527		<b>J</b> Website: WWW.HIASPA.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1953		<b>M</b> State of legal domicile PA

<b>Part I Summary</b>		
1 Briefly describe the organization's mission or most significant activities: PROVIDES LEGAL AND SOCIAL SERVICES TO IMMIGRANTS AND REFUGEES (MISSION STATEMENT ATTACHED IN SCHEDULE O)		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
3 Number of voting members of the governing body (Part VI, line 1a) 3 45		
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 45		
5 Total number of employees (Part V, line 2a) 5 17		
6 Total number of volunteers (estimate if necessary) 6 50		
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.		
b Net unrelated business taxable income from Form 990-T, line 34 7b		
Revenue	8 Contributions and grants (Part VIII, line 1h) 962,164.	Current Year 1,162,782.
	9 Program service revenue (Part VIII, line 2g) 92,204.	94,583.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,042.	21,420.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,184.	9,381.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,082,594.	1,288,166.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 58,491.	150,569.
	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) 785,874.	792,433.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) 4,730.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 209,864.	282,734.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,054,229.	1,225,736.
	19 Revenue less expenses. Subtract line 18 from line 12 28,365.	62,430.
	20 Total assets (Part X, line 16) 1,215,123.	1,265,623.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26) 63,512.	46,456.
	22 Net assets or fund balances. Subtract line 21 from line 20 1,151,611.	1,219,167.

<b>Part II Signature Block</b>	
Under penalties of perjury, 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.	
<b>Sign Here</b> Signature of officer: <i>Judith Bernstein-Baker</i>	Date: 7/6/2011
Type or print name and title: Judith Bernstein-Baker, Executive Director	
<b>Paid Preparer's Use Only</b> Preparer's signature: <i>Joseph P. Leonard CPA</i>	Date: 07/06/11
Firm's name (or yours if self-employed), address, and ZIP + 4: SNYDER, DAITZ & COMPANY 1617 JOHN F. KENNEDY BLVD., SUITE 670 PHILADELPHIA PA 19103	Check if self-employed <input checked="" type="checkbox"/> X Preparer's identifying number (see instructions): EIN: (215) 563-6141

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/20/09 Form 990 (2009)

9-17

13

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

PROVIDES LEGAL AND SOCIAL SERVICES  
TO IMMIGRANTS AND REFUGEES (MISSION STATEMENT ATTACHED IN SCHEDULE O)

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 ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 491,758. including grants of \$ 0.) (Revenue \$ 25,385.)

LITIGATION & REPRESENTATION PROJECT - Representation and legal counseling  
before immigration agencies and courts. Provides staff attorneys to  
represent clients and provides technical assistance to non-attorneys  
and service providers in the Organization and the community at large.  
Also see attached details of service accomplishments.  
Effective for the 2010-11 year, the Core Migration/Immigration and  
the Litigation & Representation Programs have been merged to form  
Immigration Legal Services.

4b (Code: ) (Expenses \$ 336,997. including grants of \$ 150,569.) (Revenue \$ 0.)

RESETTLEMENT PROGRAM - Citizenship, refugee resettlement and other  
social services to assist newly arriving immigrants, refugees and  
those recently granted asylum.  
Also see attached details of service accomplishments.

4c (Code: ) (Expenses \$ 157,754. including grants of \$ 0.) (Revenue \$ 52,250.)

CORE MIGRATION / IMMIGRATION PROCESSING - Individual advocacy and  
representation before government and other agencies regarding  
immigration issues.  
Also see attached details of service accomplishments.  
Effective for the 2010-11 year, the Core Migration/Immigration and  
the Litigation & Representation Programs have been merged to form  
Immigration Legal Services.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 155,895. including grants of \$ 0.) (Revenue \$ 16,948.)4e Total program service expenses ▶ 1,142,404.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	N/A	
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
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		X
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	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete 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 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		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		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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		<b>X</b>
<b>22</b> 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	<b>X</b>	
<b>23</b> 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		<b>X</b>
<b>24a</b> 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>N/A</b>	
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>N/A</b>	
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	<b>N/A</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		<b>X</b>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		<b>X</b>
<b>27</b> 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? If 'Yes,' complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		<b>X</b>
<b>28c</b> 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		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

BAA

Form 990 (2009)

**Part VIII Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	<b>1 a</b>	<b>4</b>
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1 b</b>	<b>0</b>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1 c</b>	<b>X</b>
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2 a</b>	<b>17</b>
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2 b</b>	<b>X</b>
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3 a</b>	<b>X</b>
<b>b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<b>3 b</b>	<b>N/A</b>
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4 a</b>	<b>X</b>
<b>b</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 and Financial Accounts		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5 a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5 b</b>	<b>X</b>
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5 c</b>	<b>N/A</b>
<b>6 a</b>	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?	<b>6 a</b>	<b>X</b>
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	<b>6 b</b>	<b>N/A</b>
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7 a</b>	<b>X</b>
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7 b</b>	<b>X</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7 c</b>	<b>X</b>
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year	<b>7 d</b>	<b>N/A</b>
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7 e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7 f</b>	<b>X</b>
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7 g</b>	<b>N/A</b>
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7 h</b>	<b>N/A</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	<b>X</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9 a</b>	<b>X</b>
<b>b</b>	Did the organization make any distribution to a donor, donor advisor, or related person?	<b>9 b</b>	<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10 a</b>	<b>N/A</b>
<b>b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10 b</b>	<b>N/A</b>
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from other members or shareholders	<b>11 a</b>	<b>N/A</b>
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11 b</b>	<b>N/A</b>
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12 a</b>	<b>N/A</b>
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	<b>12 b</b>	<b>N/A</b>

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	1a 45	
b Enter the number of voting members that are independent	1b 45	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2 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	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a 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 or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b N/A	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
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 X	
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers of key employees of the organization	15b N/A	
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 its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b N/A	

**Section C. Disclosures**

17 List the states with which a copy of this Form 990 is required to be filed **Pennsylvania**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest 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 the organization:

**THE ORGANIZATION 2100 ARCH STREET PHILADELPHIA PA 19103 (215) 832-0900**

**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**

**1 a** 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 employees.'
- 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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Wendy Hess, Esq. President (Sch.O)	2.00	X		X				0.	0.	0.
Steven A. Morley, Esq. President (Sch.O)	1.50	X		X				0.	0.	0.
Linda Harker Vice President	2.00	X		X				0.	0.	0.
Thomas Roberts, Esq. Vice President	1.50	X		X				0.	0.	0.
Benjamin Schuster, PhD Vice President	2.00	X		X				0.	0.	0.
Adam Herzig Treasurer	2.00	X		X				0.	0.	0.
Roger Youman Secretary	2.00	X		X				0.	0.	0.
Jacob Aufschauer Board Member	1.00	X						0.	0.	0.
Matthew Baxter, Esq. Board Member	0.50	X						0.	0.	0.
Flora Becker, Esq. Board Member (joined 9/1/09)	1.00	X						0.	0.	0.
Hon. Harold Berger Board Member	1.00	X						0.	0.	0.
Penni Blaskey, Ph.D. Board Member	0.50	X						0.	0.	0.
Jeannette Flamm Brockman Board Member	0.50	X						0.	0.	0.
Susan Brooks, Esq. Board Member	0.50	X						0.	0.	0.
Emily Cohen, Esq. Board Member	0.50	X						0.	0.	0.
Judith Drasin, Esq. Board Member	1.00	X						0.	0.	0.
Judy Eidelson, Ph.D. Board Member	1.00	X						0.	0.	0.



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Arlene Fickler, Esq. Board Member	1.50	X						0.	0.	0.
Jill Freeman Board Member	0.25	X						0.	0.	0.
Rose Gold Board Member	0.50	X						0.	0.	0.
Warren Hyams Board Member	1.00	X						0.	0.	0.
Rabbi Alan Iser Board Member	1.00	X						0.	0.	0.
Marcia Kaplin Board Member (joined 9/1/09)	1.00	X						0.	0.	0.
Marina Kats, Esq. Board Member	0.25	X						0.	0.	0.
Bernard Katz Board Member (dec'd Oct '09)	0.50	X						0.	0.	0.
Michael Katz, Ed.D. Board Member	1.00	X						0.	0.	0.
Lois S. Katzen, MSW Board Member	1.00	X						0.	0.	0.
Lisa Cordeiro Kricun, MSW Board Member	0.25	X						0.	0.	0.
Jason Leckerman, Esq. Board Member	1.00	X						0.	0.	0.
Louis E. Levy, Esq. Board Member	0.25	X						0.	0.	0.
<b>1b Total</b>								<b>0.</b>	<b>0.</b>	<b>0.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns	<b>1 a</b> 108,962.				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b> 45,123.				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b> 570,368.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 438,329.				
	<b>g</b> Noncash contribns included in lns 1a-1f	\$				
	<b>h Total.</b> Add lines 1a-1f		1,162,782.			
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a SERVICES RELATED TO IMMIGRATION</b> Business Code 624100		94,583.	94,583.	0.	0.
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		94,583.			
	<b>3</b> Investment income (including dividends, interest and other similar amounts)		21,420.	0.	0.	21,420.
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>OTHER REVENUE</b>	<b>6 a</b> Gross Rents					
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory					
	<b>b</b> Less: cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ 45,123. of contributions reported on line 1c). See Part IV, line 18		<b>a</b> 28,910.			
	<b>b</b> Less: direct expenses		<b>b</b> 19,529.			
	<b>c</b> Net income or (loss) from fundraising events		9,381.	0.	0.	9,381.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>			
	<b>b</b> Less: direct expenses		<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>a</b>			
	<b>b</b> Less: cost of goods sold		<b>b</b>			
	<b>c</b> Net income or (loss) from sales of inventory					
	<b>Miscellaneous Revenue</b> Business Code					
	<b>11 a</b>					
	<b>b</b>					
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			1,288,166.	94,583.	0.	30,801.

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	150,569.	150,569.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	71,500.	65,780.	4,290.	1,430.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	571,694.	526,838.	43,493.	1,363.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	24,990.	23,026.	1,867.	97.
9 Other employee benefits	73,349.	67,583.	5,463.	303.
10 Payroll taxes	50,900.	46,898.	3,783.	219.
11 Fees for services (non-employees)				
a Management				
b Legal	721.	0.	721.	0.
c Accounting	9,996.	9,476.	520.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees				
g Other	100,293.	94,918.	5,375.	0.
12 Advertising and promotion	1,025.	933.	92.	0.
13 Office expenses	75,348.	68,304.	5,962.	1,082.
14 Information technology				
15 Royalties				
16 Occupancy	42,009.	38,278.	3,550.	181.
17 Travel	11,223.	11,189.	34.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,660.	3,601.	59.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,494.	1,360.	134.	0.
23 Insurance	12,741.	11,594.	1,092.	55.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Case Management System	24,224.	22,057.	2,167.	0.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,225,736.	1,142,404.	78,602.	4,730.
26 Joint costs. Check here <input type="checkbox"/> 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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing . . . . .	35,754.	1	73,552.
	2 Savings and temporary cash investments . . . . .	847,407.	2	806,725.
	3 Pledges and grants receivable, net . . . . .	47,272.	3	39,988.
	4 Accounts receivable, net . . . . .	69,488.	4	125,213.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	7,775.	9	6,706.
	10a Land, buildings, and equipment: cost or other basis . . . . . Complete Part VI of Schedule D . . . . .	10a 42,989.		
	b Less: accumulated depreciation . . . . .	10b 39,883.	10c	3,106.
	11 Investments — publicly-traded securities . . . . .	202,827.	11	210,333.
	12 Investments — other securities. See Part IV, line 11 . . . . .		12	
	13 Investments — program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,215,123.	16	1,265,623.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses . . . . .	24,345.	17	46,456.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .	39,167.	19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	63,512.	26	46,456.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b> . . . . .			
	27 Unrestricted net assets . . . . .	1,017,073.	27	1,134,188.
	28 Temporarily restricted net assets . . . . .	134,538.	28	84,979.
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> . . . . .			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	1,151,611.	33	1,219,167.
	34 <b>Total liabilities and net assets/fund balances.</b> . . . . .	1,215,123.	34	1,265,623.

BAA

Form 990 (2009)

**Part XI Financial Statements and Reporting**1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, 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 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 the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

Form 990 (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	728,615.	997,024.	1,017,743.	990,289.	1,191,692.	4,925,363.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 <b>Total.</b> Add lines 1 through 3	728,615.	997,024.	1,017,743.	990,289.	1,191,692.	4,925,363.
5 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)						538,615.
6 <b>Public support.</b> Subtract line 5 from line 4						4,386,748.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	728,615.	997,024.	1,017,743.	990,289.	1,191,692.	4,925,363.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,989.	40,562.	19,259.	19,042.	26,546.	134,398.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						5,059,761.
12 Gross receipts from related activities, etc. (see instructions)					12	540,508.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	86.70 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	83.79 %
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> 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 <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009</b> 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. <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> 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. <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I)

N/A

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
<b>19a 33-1/3 support tests — 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>b 33-1/3 support tests — 2008.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		



## Part IV

**Part IV** **Supplemental 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.

[illegible]

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► **Complete if the organization is described below.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**



**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

**If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Employer identification number

**HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC**

**23-1405597**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.** N/A

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures

► \$

3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).** N/A

1 Enter the amount of any excise tax incurred by the organization under section 4955

► \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955

► \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No

4a Was a correction made?

☐ Yes

☐ No

b If 'Yes,' describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).** N/A

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

► \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

► \$

3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b

► \$

4 Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). N/A

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

**Limits on Lobbying Expenditures —**  
(The term 'expenditures' means amounts paid or incurred.)**(a)** Filing organization's totals**(b)** Affiliated group totals**1 a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
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.

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No**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 2a through 2f.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2009

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		1,200.
e Publications, or published or broadcast statements?	X		1,200.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,400.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,200.
i Other activities? If 'Yes,' describe in Part IV		X	
j Total. Add lines 1c through 1i			6,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). N/A

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.' N/A

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Pt II-B Line 1i Executive Director, Managing Attorney, Board members

and other staff conduct lobbying efforts in support of

immigration reform and immigrant access to programs

and benefits. This includes writing letters, visiting

federal, state and local officials, and writing opinion

pieces for newsletters and newspapers.

## Part IV Supplemental Information (continued)

[illegible]

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions**

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

Employer identification number

**HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC**

**23-1405597**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. N/A

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. N/A

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. N/A

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange programs  
e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. N/A

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10. N/A

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		4,200.	1,094.	3,106.
d Equipment		38,789.	38,789.	0.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,106.

BAA

Schedule D (Form 990) 2009





**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,288,166.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,225,736.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	62,430.
4	Net unrealized gains (losses) on investments	5,126.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	5,126.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	67,556.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,981,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	5,126.
b	Donated services and use of facilities	2b	668,994.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	19,529.
e	Add lines 2a through 2d	2e	693,649.
3	Subtract line 2e from line 1	3	1,288,166.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,288,166.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,914,259.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	668,994.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	19,529.
e	Add lines 2a through 2d	2e	688,523.
3	Subtract line 2e from line 1	3	1,225,736.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,225,736.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt XII Line 2d Fundraiser expenses

Pt XIII Line 2d Fundraiser expenses

**Part XIV** Supplemental Information (continued)[illegible]

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open to Public Inspection**

Name of the organization

Employer identification number

HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC

23-1405597

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

$$Z/A$$

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- ☐ Mail solicitations  
☐ Internet and email solicitations  
☐ Phone solicitations  
☐ In-person solicitations

- ☐ Solicitation of non-government grants  
☐ Solicitation of government grants  
☐ Special fundraising events

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? \_\_\_\_\_

☐ Yes    ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 ANNUAL FUNDRAISER (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	74,033.			74,033.
	2 Less: Charitable contributions	45,123.			45,123.
	3 Gross income (line 1 minus line 2)	28,910.			28,910.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	11,575.			11,575.
	7 Food and beverages				
	8 Entertainment	3,000.			3,000.
	9 Other direct expenses	4,944.			4,944.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				19,519.
	11 Net income summary. Combine lines 3, column (d) and line 10				9,391.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
DIRECT EXPENSES	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If 'No,' explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If 'Yes,' explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a**

%

**b** An outside facility**13b**

%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶

Address: ▶

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$\_\_\_\_\_ and the amount of gaming revenue retained by the third party \$\_\_\_\_\_.**c** If 'Yes,' enter name and address of the third party:

Name: ▶

Address: ▶

**16** Gaming manager information

Name: ▶

Gaming manager compensation ▶ \$\_\_\_\_\_

Description of services provided: ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$\_\_\_\_\_

**Complete if the organization answered "Yes," to Form 990, Part IV, lines 21 or 22.**  
**► Attach to Form 990.**

Employer identification number

**23-1405597**

## Assistance

- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part IV and Schedule I-1 (Form 990) if additional space is needed

**3 Enter total number of other organizations**



**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC**

Employer identification number

**23-1405597**

Pt VI-B, Line 11A The Form 990 is given to the Executive Committee, which  
consists of all Officers and Committee chairs. The 990  
is also reviewed by the finance committee, which includes  
a CPA and has the Board President sit in on meetings.

Pt VI-C, Line 19 The Organization makes the necessary governing documents,  
policies and financial statements available upon request

Pt VI-A, Line 3 The Organization contracts with Anita V. Young for its  
internal accounting services.

The Organization retained a financial consultant,  
Judith Golden, MBA to review all financial systems,  
update financial reports, and update financial procedures  
and policies. All relevant staff are being trained or  
will be trained with respect to the financial policies.

Pt VI-A, Line 8b The Executive Committee can take urgent action if the  
Board can not meet. Minutes of these meeting are kept,  
however no such action was taken during the reporting  
period.

The Policy Committee has authority to agree on whether  
the Organization should support certain immigration  
policies.



Name of the organization

Employer identification number

HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC

23-1405597

Pt VI-B, Line 12c Board Members complete an information sheet listing their  
organizational affiliations. The Executive Director  
reviews all contracts to ensure no conflicts of interest.

Pt VI-B, Line 15 Board Committee compared pay rate to that of other equivalent  
non-profit organizations, and set rate based on available  
funds, with the Executive Director earning at, or below,  
comparable positions.

Pt VI-A, Line 2 Board Members are husband and wife :  
Robert Washburn, Esq. and Judith Drasin  
Irwin Lipton and Adele Lipton

Pt I, Line 1 HIAS and Council Migration Service of Philadelphia was founded

Pt III, Line 1 more than 125 years ago to provide services to Jewish immigrants  
and refugees fleeing persecution and seeking opportunity by  
migrating to America. Based on the Jewish value of welcoming  
the stranger, HIAS and Council continues to resettle, reunite  
and represent Jewish migrants as well as other migrants residing  
in Philadelphia and surrounding counties who are of limited  
means. The agency seeks the fair treatment and full integration  
into American society of immigrants and refugees from all  
back grounds.

HIAS and Council provides programs involving the following:

- 1) Representation and legal counseling before immigration  
agencies and courts;
- 2) Citizenship, refugee resettlement and other social services

Name of the organization

HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC

Employer identification number

23-1405597

. to assist newly arriving immigrants, refugees and those

. recently granted asylum; and

3) Advocacy and education related to immigrant issues and

. rights, as well as being a component of all the

. Organization's other programs.

Pt VII The following changes to the Board occurred during the year:

. Hon. Steven Morley - was President until he resigned

. from the board on 8/1/10

. Wendy Hess, Esq. - was First Vice President until 8/1/10,

. when she became President

. Bernard Katz - passed away in October 2009

. Flora Becker, Esq., Marcia Kaplin & Michael Slotznick, Esq.

. joined the board 9/1/09, and Margret Trotsky joined

. in October 2009.

**SCHEDULE J-2**  
(Form 990)

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See instructions for Form 990.



Name of the Organization: **HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC** Employer Identification number: **23-1405597**

**Part I** Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Lieberman, Esq., MSW Board Member	0.25	X						0.	0.	0.
Ilan Rosenberg, Esq. Board Member	1.50	X						0.	0.	0.
Sara Simpson-Rafalin, DDS, DMD Board Member	1.00	X						0.	0.	0.
Dveera Segal, Esq. Board Member	1.00	X						0.	0.	0.
Sharon Sherman Board Member	1.50	X						0.	0.	0.
Michael Slotznick, Esq. Board Member (joined 9/1/09)	2.00	X						0.	0.	0.
Julia Swain, Esq. Board Member	0.25	X						0.	0.	0.
Margret Trotzky, MD Board Member (joined Oct '09)	1.00	X						0.	0.	0.
Marty Tuzman Board Member	0.50	X						0.	0.	0.
Ethel Verticelli Board Member	0.25	X						0.	0.	0.
Kenneth Kaiserman Board Member	0.50	X						0.	0.	0.
Benita Fair Langsdorf, Esq. Board Member	1.00	X						0.	0.	0.
Adele S. Lipton Board Member	1.50	X						0.	0.	0.
Irwin Lipton Board Member	1.50	X						0.	0.	0.
Sanford K. Mozes, Esq. Board Member	1.00	X						0.	0.	0.
Robert Washburn, Esq. Board Member	0.50	X						0.	0.	0.
Norman Weinstein, Esq. Board Member	1.00	X						0.	0.	0.
Judith Bernstein-Baker Executive Director	35.00	X	X					67,733.	0.	1,500.

Schedule O (Form 990), Supplemental Information to Form 990

**Form 990, Page 2, Part III, Line 4d (continued)**

**4d** Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: _____	Description: <u>NATURALIZATION PROJECT - Provides additional legal and</u>
Expenses <u>88,013.</u>	<u>paralegal support for the Organization's work in</u>
Grants Of <u>0.</u>	<u>providing naturalization counseling and representation</u>
Revenue <u>16,948.</u>	<u>on behalf of elderly and disabled applicants for</u>
	<u>U.S. citizenship.</u>
	<u>Also see attached details of service accomplishments.</u>

Code: _____	Description: <u>ASYLEE PROJECT - Provides information, referral and</u>
Expenses <u>67,882.</u>	<u>limited case management to asylees in Pennsylvania.</u>
Grants Of <u>0.</u>	<u>In addition, the project develops and disseminates</u>
Revenue <u>0.</u>	<u>training materials to professionals, service providers</u>
	<u>and asylees.</u>
	<u>Also see attached details of service accomplishments.</u>

**HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA**  
**FORM 990**

**23-1405597**

**Year ended August 31, 2010**

**PAGE 2, PART III – STATEMENT OF PROGRAM SERVICE  
ACCOMPLISHMENTS**

**Program Descriptions**

**#4a/#4c**

**HIAS and Council's Immigration Legal Services center** provides a broad range of activities to assist immigrants to stabilize their status and place newcomers on a pathway to citizenship. Our non-attorney staff handles administrative processing cases, while the attorney staff handles complex immigration cases in administrative and court proceedings. HIAS and Council has special initiatives to represent unaccompanied youth who interact with the immigration system and victims of domestic and interpersonal violence. Last year, our legal services program provided brief services to 1400 adults and comprehensive services in over 900 matters.

**#4b**

**Refugee Resettlement Services** provides case management, acculturation and a pathway to self-sufficiency for the newest arrivals. During the federal fiscal year 2009-10 we resettled 135 refugees, ranging from ethnic minorities who fled Burma/Myanmar, refugees from Iran and the former Soviet Union and Eritrea. Our main goal of this program is to ensure refugees become self-sufficient as soon as possible.

**#4d**

**Citizenship Assistance for Vulnerable Adults Program** provides application and support services to the elderly and vulnerable refugees and immigrants who are seeking to naturalize. We also have a citizenship class at the Klein JCC, the only one of its sort designed for elderly citizenship applicants. Last year, our staff carried a caseload of 525 citizenship matters.

**#4d**

**The Asylee Outreach Project** began in November 2001 as a project linking those granted asylum to social and refugee services. This project works with asylees from more than 40 countries, ensuring that they gain access to employment services and public benefits, and are placed on a path to citizenship. During the last fiscal year, 244 clients were served.

**Community Education and Advocacy** is integrated into all our programmatic areas. We provide training and education on immigration issues to service providers, immigrant community members and the general public. Our staff members are frequent presenters at conferences, synagogues, and continuing legal education venues.

**HIAS AND OUNCIL MIGRATION SERVICES OF PHILADELPHIA**  
**FORM 990**  
**Year ended August 31, 2010**

**23-1405597**

**PAGE 2, PART III – STATEMENT OF PROGRAM SERVICE  
ACCOMPLISHMENTS**

**Statistics at a glance:**

135 refugees resettled  
1400 brief service/intakes  
900 immigration matters handled  
525 citizenship cases  
244 asylees served

41 Community Presentations/Training Sessions

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	<b>HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC</b>	<b>23-1405597</b>
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	<b>2100 ARCH STREET, THIRD FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>PHILADELPHIA PA 19103</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of **THE ORGANIZATION**  
Telephone No **(215) 832-0900** FAX No \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **Jul 15**, 20 **11**
- For calendar year \_\_\_\_\_, or other tax year beginning **Sep 1**, 20 **09**, and ending **Aug 31**, 20 **10**
- If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **Additional time is needed to accumulate the information necessary to file an accurate return.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$	<b>0.</b>
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **4-8-11**

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	<b>HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC</b>	<b>23-1405597</b>
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	<b>2100 ARCH STREET, THIRD FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>PHILADELPHIA</b>	<b>PA 19103</b>

**Check type of return to be filed** (file a separate application for each return).

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **THE ORGANIZATION**

Telephone No. ► **(215) 832-0900**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Apr 18**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20\_\_ or  
► ☒ tax year beginning **Sep 1**, 20 **09**, and ending **Aug 31**, 20 **10**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)