Form	990
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# 6/3/2019 **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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On

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

Do not enter social security numbers on this form as it may be made nublic

Department of the Treasury Internal Revenue Service

artment of the Treasury mal Revenue Service			-		d the latest inform		nn.	Inspec	
For the 2017 cale	ndar year, or tax year beg	inning	Oct 1	, 201	7, and ending	Sej	5 30 V	A 2018	
Check if applicable:	C Name of organization HIAS	AND COUNCIL	MIGRATION	SERVICES	OF PHILADELPHIA	, INC	D Employe	er identification	number
Address change	Doing business as HTAS	PENNSYLVA	ANTA				23-14	105597	sumer.

	Address	change	Doing business as HIAS PENNSYLVANIA		500 a Abrill	23-140	5597
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telephone	number
	Initial ret	turn	2100 ARCH STREET City or town, state or province, country, and ZIP or foreign postal code	THIRD FL	OOR	(215)8	32-0900
	Final retu						
	Amende	ed return	PHILADELPHIA, PA 19103		G	Gross rece	ipts\$ 3,248,722.
	Applicat	tion pending	F Name and address of principal officer:		H(a) Is this a grou	p return for sub	ordinates? 🗌 Yes 🔀 No
			Cathryn Miller-Wilson, 2100 Arch St, 3rd Fl., Phila, 1	PA 19103			
1	Tax-exe	mpt status:	∑ 501(c)(3) □ 501(c) ( ) ◄ (insert no.) □ 4947(a)(1) or □	527	lf "No,	" attach a lis	t. (see instructions)
	Website		WW.HIASPA.ORG		H(c) Group ex	kemption nu	mber 🕨
And in case of the local division of the loc		organization:	X Corporation ☐ Trust ☐ Association ☐ Other ► L Year	of formation:	1953	M State of	legal domicile: PA
Pa	art I	Summ					
	1		scribe the organization's mission or most significant activities:				
Activities & Governance			ES TO IMMIGRANTS, REFUGEES AND ASYLUM SEEKE				
nan			TO ASSURE THEIR FAIR TREATMENT AND FULL INT				
ver	2		is box $\blacktriangleright$ if the organization discontinued its operations or disp			25% of its	
Go	3		of voting members of the governing body (Part VI, line 1a)			3	33
Š	4		of independent voting members of the governing body (Part VI, I	1월 21일 : 20 21 2 <b>8</b> - 21 21		4	33
itie	5		nber of individuals employed in calendar year 2017 (Part V, line 2			5	42
tivi	6		nber of volunteers (estimate if necessary)			6	
Ac	7a		elated business revenue from Part VIII, column (C), line 12 .			7a	0.
	b	Net unrel	ated business taxable income from Form 990-T, line 34	· · · ·		7b	0.
	LALEN.	0.2010-01-00-02-00-00			Prior Yea		Current Year
a	8		tions and grants (Part VIII, line 1h)		3,373,		3,150,854.
ent	9	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	service revenue (Part VIII, line 2g)			589.	51,103.
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)			878.	46,765.
-	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			658.	
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line		3,501,		3,248,722.
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		406,	869.	438,426.
	14		paid to or for members (Part IX, column (A), line 4)				
ses	15		other compensation, employee benefits (Part IX, column (A), lines 5-		1,829,	145.	2,057,616.
ens	16a		onal fundraising fees (Part IX, column (A), line 11e)		the state of the state	a local data data	
Expenses	b		draising expenses (Part IX, column (D), line 25) 74, 6		5.5.0	C00	571.000
	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			698.	571,899.
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,786,		3,067,941.
	19	Revenue	less expenses. Subtract line 18 from line 12		/ 14 , jinning of Curr	325.	180,781. End of Year
Net Assets or Fund Balances	00	Total cos	ata (Dat V line 16)				
Bala	20 21		ets (Part X, line 16)	· ·	3,006,	the second s	3,278,328.
Vet A	21		illities (Part X, line 26)	· ·	the second s	350.	97,050.
	22 art II		ts or fund balances. Subtract line 21 from line 20		2,944,	,490.	3,181,278.

Part II Signature Block

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.

Sign Here	Signature of officer <u>CATHRYN MILLER-WILSON</u> , Type or print name and title	EXECUTIVE DIRECTOR		Date	
Paid Preparer	Print/Type preparer's name Joseph P Leonard	Preparer's signature Joseph P Leonard	Date 06/03/20	Check X if 19 self-employed	PTIN P00229620
Use Only	Firm's name SNYDER, DAITZ			irm's EIN ► 23-1	
		Y BLVD., SUITE 720, PHILADELPHIA, shown above? (see instructions)			. X Yes No

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

Page	2
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Form 99	0 (2017) Page 2
Part	Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HIAS PENNSYLVANIA PROVIDES LEGAL AND SUPPORTIVE SERVICES TO IMMIGRANTS, REFUGEES AND ASYLUM SEEKERS FROM ALL BACKGROUNDS IN
	ORDER TO ASSURE THEIR FAIR TREATMENT AND FULL INTEGRATION INTO AMERICAN SOCIETY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	<pre>(Code:)(Expenses \$ 1,525,377.including grants of \$146,528.)(Revenue \$51,103.) IMMIGRATION LEGAL SERVICES - Representation and legal counseling before immigration agencies and courts provided by staff attorneys, accredited representatives and other immigration specialists. Also provides technical assistance and training to other attorneys and service providers and performs community education. See attached details of service accomplishments.</pre>
4b	(Code:       ) (Expenses \$ 769,062. including grants of \$ 0. ) (Revenue \$ 0. )         RESETTLEMENT - Resettlement, social and other services to assist         newly arriving refugees.         See attached details of service accomplishments.
4c	<pre>(Code: )(Expenses\$ 177,219. including grants of \$ 44,930.)(Revenue\$ 0.) NATURALIZATION - Provides additional legal and representation to those seeking to naturalize, with a special focus on the elderly and disabled. Conducts an ESL/civics education class. See attached details of service accomplishments.</pre>
	Other program services (Describe in Schedule O.)
	(Expenses \$ 148,140. including grants of \$ 0.) (Revenue \$ 0.)         Total program service expenses ▶ 2.619.798.

HIAS & COUNCIL MIGRATION SERVICES OF PHILADELPHIA

**DBA HIAS PENNSYLVANIA** 

FORM 990, Part III, Schedule O Attachment

September 30, 2017

PROGRAM SERVICE ACCOMPLISHMENTS

During fiscal year 2016-17 our legal services program served more people than ever before. Statistics are available in our annual report, on our website at:

http://hiaspa.org/sites/hiaspa.org/files/hias 2017 annual report online.pdf. We were co-counsel on the litigation that freed the immigrants that were detained at the airport after the first Executive Order in January, 2017. We were also co-counsel on the case that returned the Syrian family who had been put on a plane bound for Qatar when they arrived at the airport that same weekend. We increased our policy advocacy a great deal, signing on to several amicus briefs in litigation across the country regarding the Muslim ban. We produced and distributed talking points booklets regarding the facts about immigration, refugee resettlement and the DACA program. We provided an unprecedented number of trainings and community presentations in an effort to ensure that facts about immigration and refugee resettlement were made widely available. We joined with the city, the Philadelphia Bar Association and several other public interest law firms to recruit, train and mentor an unprecedented number of pro bono attorneys to assist low income immigrants with citizenship and adjustment of status and to educate the public about a large variety of civil rights issues impacted by the federal government's policies and pronouncements

23-1	4055	97.	 •,•,•,•	
		ere Altere		

Form 99	90 (2017)		1	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	205	1	
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	-	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
25a	and the second sec	2.14		-
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		End S	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			T.C.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	280	-	×
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.5	-	
00	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	-	×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		×
04	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
125204	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	07		+^
	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	

Form 990 (2017)

#### Page 4

	00 (2017)				Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Secti	on A. Governing Body and Management	TATA A 1	TT W	1	
		TINA	1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 33	12/15/20		1000
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2	×	
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or oth		3	×	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization	ion's assets? .	5	1	×
6	Did the organization have members or stockholders?		6		×
7a	Did the organization have members, stockholders, or other persons who had the power to				
b	one or more members of the governing body?	al by) members,	7a		×
	stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	ndertaken during			
а	The governing body?		8a	×	
b	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule (		9		×
Secti	on B. Policies (This Section B requests information about policies not required by th	ne Internal Reven	ue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities or affiliates, and branches to ensure their operations are consistent with the organization's exer		10b	2,	A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi	ve rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c	×	
13	Did the organization have a written whistleblower policy?		13	×	
14			14	×	
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberatio				
а	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b	2	1A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1122		S. S. S.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		10		
×.,			16a	of River Const	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the			
0	organization's exempt status with respect to such arrangements?	• • • • •	16b	N/	1A
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed <b>EA</b> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, available for public inspection. Indicate how you made these available. Check all that apply	and 990-T (Section	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	chedule O)			

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► THE ORGANIZATION, 2100 ARCH ST., 3RD FL, PHILADELPHIA, PA 19103 (215)832-0900

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	Average bo				C) ition more rson	than c is both pr/trust	one an cee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	crganizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)Dveera Segal	2.00									
President		×		×				0.	0.	0.
(2) Carol Gantman First Vice President	2.00	×		×				0.	0.	0.
(3) Ed Brant Vice President	1.00	×		×				0.	0.	0.
(4) Ed Sholinsky Vice President	2.00	×		×				0.	0.	0.
(5)Carole Wilder Vice President	2.00	×		×				0.	0.	0.
(6) Bud Hirsch Treasurer	2.00	×		×				0.	0.	0.
(7) Margret Trotzky Secretary	1.00	×	-	×				0.	0.	0.
(8) Hon.Harold Berger Board Member	0.50	×						0.	0.	0.
(9) Ann Cohen Board Member	1.00	×				ļ		0.	0.	0.
(10) Emily Cohen Board Member	0.50	×						0.	<u> </u>	0.
(11) Judith Drasin Board Member	2.00	<b>  ×</b>			ļ			0.	0.	0.
(12)Linda Harker Board Member	0.20	<u>  ×</u>					<u> </u>	0.	0.	0.
(13) Adam Herzig Board Member	0.50	<u>  ×</u>						0.	0.	0.
(14)Wendy Castor Hess Board Member	0.50	<b>X</b>						0.	0.	0.

#### Form 990 (2017)

# 6/3/2019

q	qe

(A) Name and title		(B) Average hours per week (list any	box, i office	ot che unless er and	a di	more rson	than o is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	A	mated ount of	
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	comp from organ and	nta m the nization related izations	
	ivian Isaak	0.50	×						0.	0.			0.
	bard Member Abbi Alan Iser	1.00	-		-	_			0.				
	bard Member		×						0.	0.			Ο.
	aroline Kamesar	1.00											0
	bard Member	1.00	×		-			_	0.	0.			0.
	dda Katz Dard Member	1.00	×						0.	0.			0.
19) Re	ebecca Katz	1.00								125			
	bard Member	0.50	×						0.	0.			0.
	dele s. Lipton pard Member	0.50	×						0.	0.			0
	rwin Lipton	0.50			-	-							
	bard Member		×						0.	0.			0
	anford K. Mozes	0.50											0
	bard Member	2.00	×					_	0.	0.			0
	nily Breslin Markos oard Member	2.00	×						0.	0.			0
	enny Perkins	2.00											
	oard Member		×						0.	0.			0
*******	lan Rosenberg	0.50	×						0.	0.			0
1b	bard Member Sub-total		<u> </u>						0.	0.			0
c	Total from continuation sheets to Part							•	81,421.	0.			0
-	Total (add lines 1b and 1c)				•			►	81,421.	0.			0
2	Total number of individuals (including bu	it not limited	d to th	nose	list	ted	above	e) v	ho received m	ore than \$100,00	0 of		
	reportable compensation from the organ	ization	0		-							Yes	No
3	Did the organization list any former o	fficer, direc	ctor, o	or tri	uste	ee.	kev e	emp	olovee, or high	nest compensate	d 🚺	res	NO
	employee on line 1a? If "Yes," complete	Schedule J	l for s	uch	ind	ivid	ual	. '			3		×
4	For any individual listed on line 1a, is th												
	organization and related organizations	-						s,"	complete Scl	nedule J for suc			2
-	individual							•	· · · · · ·		4	10020000	×
5	for services rendered to the organization										5		×
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Re year.												ах
	(A)			11.00					(B)		(C)		
	Name and business ad	dress						-	Description of :	services	Compen	sation	
								-					
				-				1					
													-

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

# Form 990: Return of Organization Exempt from Income Tax

#### Part VII: Section A (continued)

Continuation	Statement
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Name and title	Average hour per week (list any hours for related organization on the right)	<sup>s</sup> dire C2 - C3 - C4 - s C5 - empl	Position C1 - Individual trustee or director C2 - Institutional trustee C3 - Officer C4 - Key employee C5 - Highest compensated employee C6 - Former					Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		C1	C1 C2 C3 C4 C5		C6					
Michael Slotznick Board Member	1.00	x						0.	0.	ο.
Felicia Smith	2.00									· · · · · · · · · · · · · · · · · · ·
Board Member	2.00	X						0.	0.	0.
Bonnie Squires	0.50									
Board Member		X						_0.	0.	0.
Marty Tuzman	0.50				1		1			
Board Member		x						0.	0.	0.
Chinh Vu	1.00	x				1				
Board Member		^					<u> </u>	0.	0.	0.
Norman Weinstein	0.50	x								
Board Member					ļ			0.	0.	0.
Richard Weisbrot	2.00	x								0.
Board Member					1	<b> </b>	<b> </b>	0.	0.	<u> </u>
Roger Youman	1.00	x				ļ				
Board Member			ļ			<u> </u>		0.	0.	0.
Cathryn Miller-Wilson	35.00			x						
Executive Director			<u> </u>					81,421.	0.	
								81,421.	0.	0.

**N** \* (manual)

231405597

# 8/7/2018

Schedule C (Form 990 or 990-EZ) 2016 HIAS AND COUNCIL MIGRATION SERV	
Part II-B Complete if the organization is exempt under se	ction 501(c)(3) and has NOT filed Form 5768
(election under section 501(h)).	

	·· + (a	1-1-1	
For each 'Yes' response on lines to through ti below, provide in Part IV a detailed description of the lobbying activity.			Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local fegislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			an (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
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		1,029.
e Publications, or published or broadcast statements?	X		4,114.
f Grants to other organizations for lobbying purposes?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		425.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		4,419.
i Other activities?		Х	
j Total, Add lines 1c through 1i			9,998.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			N/A
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			N/A
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	N/	1A	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	), or	1.J/A
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?	• • • •	•••	
2 Did the organization make only in-house tobbying expenditures of \$2,000 or less?	· · · ·	• • •	2
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	), or 9 111-A,	line 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year	• • •	2 a	
b Carryover from last year		2 b	
c Total		2 C	
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			

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

During 2016-2017, members of HIAS PA's staff developed informational Pt II-B Line 1 material concerning legislation and court cases that affect refugees and immigrants, and spoke at a number of panels and seminars. We urged our Board and volunteers to contact our Congressional legislators on numerous occassions with respect to a particular bill via e-mail "call to action".

Page 3

N/A

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

(b) Event #2

(event type)

(c) Other events

(total number)

►

NONE

Cash prizes	1		 	
Noncash prizes .	•		 	
Rent/facility costs .		•		
Food and beverages	•			
Entertainment		•	 	
			1 1	

Direct expense summary. Add lines 4 through 9 in column (d) 10 Net income summary. Subtract line 10 from line 3, column (d) 11

(a) Event #1

ANNUAL FUNDRAISER

(event type)

Schedule G (Form 990 or 990-EZ) 2017

Gross receipts .

Other direct expenses

Less: Contributions . .

Gross income (line 1 minus

line 2) . . . . . . .

gross receipts greater than \$5,000.

· ·

Part II

Revenue

Direct Expenses

1

2

3

4

5

6

7

8

9

BAA

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

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue			4	i d
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a ls	nter the state(s) in which the or the organization licensed to c "No," explain:	rganization conducts ga conduct gaming activities	s in each of these state		🗌 Yes 🗌 No
10		Vere any of the organization's g "Yes," explain:	jaming licenses revoked	I, suspended, or termin	nated during the tax yea	r? . 🗌 Yes 🗌 No

Schedule G (Form 990 or 990-EZ) 2017

(d) Total events (add col. (a) through col. (c))

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING & RELATED SUPPORT		246,968.		Estimate	Food, clothing, furniture
2					
rt IV Supplemental Information. Provid		a suite of in Dort I. lin	o 2: Port III. colum	(b): and any other addi	tional information
se management system. Applicable					
		·····			
					procest

	6/3/2019		
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific question		OMB No. 1545-0047
(,	Form 990 or 990-EZ or to provide any additional information.		2017
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	TA TA	Open to Public Inspection
Name of the organization		Employer Identific	n and an
HIAS AND COUNCI	L MIGRATION SERVICES OF PHILADELPHIA, INC	23-1405597	
Pt VI, Line 111	PROCESS FOR REVIEW OF FORM 990		
The Form 990 is	reviewed by the Finance Committee, which includes	s a CPA, the	2
Treasurer and t	he Board President Ex-Officio. After review by the	Finance Co	ommittee
and Executive E	Director, it is approved for filing. The approved v	version is s	sent
to all Board me	embers ia electronic mail.		
Pt VI, Line 19:	AVAILABILITY OF DOCUMENTS		
The Organizatio	on makes the necessary governing documents, policie	es and fina	ncial
statements aail	able upon request. The annual report with the fina	ancial state	ements
is on the websi	te, together with instructions to the public on he	ow to acces	5
our Form 990, o	conflict of interest policy and audit.		
<u>.</u>			
Pt III, Line 3	NEW PROGRAM ASPECTS		
In legal servio	ces, the Organization created the Immigrant Victim	s of Crime	Initiative,
which includes	a partnership with other organizations to provide	immigratio	n
legal advocacy	and victim services to immigrant victims of crime	. In refuge	e
resettlement, o	case managers also began providing comprehensive se	ervices to	asylees
as well as ref	ugees.		
<u></u>			
Pt VI, Line 3:	DELEGATION OF DUTIES		
The internal a	ccounting services are provided by H&S Business Pa	rtners.	
······			
Pt VI, Line 8b	: COMMITTEES AUTHORIZED TO ACT ON BEHALF OF THE BO	ARD	
The Executive	Committee is authorized and reports to the full Bo	ard on recc	mmendations
or actions and	those reports are part of the full board meeting	minutes.	

	Page 2
Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Employer identification number
HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC	23-1405597
Pt VI, Line 12c: CONFLICT OF INTEREST POLICY	
Board Members complete and sign an information sheet listing their	organizational
affiliations. The Executive Director reviews all contracts to ensu	re no conflicts
of interest.	
<u></u>	
Pt VI, Line 15a: PROCESS FOR DETERMINING COMPENSATION	
board Committee compared pay rate to that of other equivalent non-	profit organizations,
and set rate based on aailable funds, with the Executive Director	earning at,
or below, comparable positions. The Executive Director's salary an	d performance
is evaluated annually.	
Pt VI, Line 2: BOARD MEMBERS WITH FAMILY RELATIONSHIPS	
Board Members are husband and wife:	
Irwin Lipton and Adele Lipton	
Other: PT I, LINE 1 - MISSION STATEMENT	
Pt III, LINE 1 - MISSION STATEMENT	
HIAS Pennsylvania provides legal and supportive services to immic	grants, refugees
and asylum seekers from all backgrounds in order to assure their f	air treatment
and full integration into American society. HIAS Pennsylvania adv	rocates for
just and inclusive public policies and practices.	
<u>·</u>	
Pt III, Line 4d:	
Expenses: \$148,140 including grants of: \$0 Revenue: \$0	
Description: ASYLEE PROJECT - Provides information, referral and	<u>i</u>
at the supervised to explore in Reprovinging In addition the project	t doublong and discominates

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC	23-1405597
	I
training materials to professionals, service providers and asylee	S.IDEB A EVEN
See attached details of service accomplishments.	
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	•
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