

6/3/2019

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning Oct 1, 2017, and ending Sep 30, 2018

B Check if applicable: C Name of organization HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC D Employer identification number 23-1405597 E Telephone number (215) 832-0900 G Gross receipts \$ 3,248,722. F Name and address of principal officer: Cathryn Miller-Wilson, 2100 Arch St, 3rd Fl., Phila, PA 19103 I Tax-exempt status: 501(c)(3) J Website: WWW.HIASPA.ORG K Form of organization: Corporation L Year of formation: 1953 M State of legal domicile: PA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance 3-7b 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

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: CATHRYN MILLER-WILSON, EXECUTIVE DIRECTOR Date

Paid Preparer Use Only Print/Type preparer's name: Joseph P Leonard Preparer's signature: Joseph P Leonard Date: 06/03/2019 Check self-employed: [X] PTIN: P00229620

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [ ] Yes [X] 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? [X] Yes [ ] No

If "Yes," describe these changes on Schedule O.

4 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 (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.

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 (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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 148,140. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 2,619,798.

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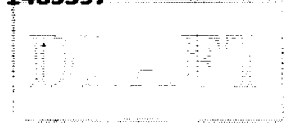
HIAS & COUNCIL MIGRATION SERVICES OF PHILADELPHIA

23-1405597

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](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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (33), 1b (33), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b, 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b (N/A), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (N/A), 16a (X), 16b (N/A).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-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			
(1) Dveera Segal President	2.00	X		X				0.	0.	0.
(2) Carol Gantman First Vice President	2.00	X		X				0.	0.	0.
(3) Ed Brant Vice President	1.00	X		X				0.	0.	0.
(4) Ed Sholinsky Vice President	2.00	X		X				0.	0.	0.
(5) Carole Wilder Vice President	2.00	X		X				0.	0.	0.
(6) Bud Hirsch Treasurer	2.00	X		X				0.	0.	0.
(7) Margret Trotsky Secretary	1.00	X		X				0.	0.	0.
(8) Hon. Harold Berger Board Member	0.50	X						0.	0.	0.
(9) Ann Cohen Board Member	1.00	X						0.	0.	0.
(10) Emily Cohen Board Member	0.50	X						0.	0.	0.
(11) Judith Drasin Board Member	2.00	X						0.	0.	0.
(12) Linda Harker Board Member	0.20	X						0.	0.	0.
(13) Adam Herzig Board Member	0.50	X						0.	0.	0.
(14) Wendy Castor Hess Board Member	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-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			
(15) Vivian Isaak Board Member	0.50	X						0.	0.	0.
(16) Rabbi Alan Iser Board Member	1.00	X						0.	0.	0.
(17) Caroline Kamesar Board Member	1.00	X						0.	0.	0.
(18) Edda Katz Board Member	1.00	X						0.	0.	0.
(19) Rebecca Katz Board Member	1.00	X						0.	0.	0.
(20) Adele s. Lipton Board Member	0.50	X						0.	0.	0.
(21) Irwin Lipton Board Member	0.50	X						0.	0.	0.
(22) Sanford K. Mozes Board Member	0.50	X						0.	0.	0.
(23) Emily Breslin Markos Board Member	2.00	X						0.	0.	0.
(24) Jenny Perkins Board Member	2.00	X						0.	0.	0.
(25) Ilan Rosenberg Board Member	0.50	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								81,421.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								81,421.	0.	0.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization  0

Form 990: Return of Organization Exempt from Income Tax

Part VII: Section A (continued)

Continuation Statement

Name and title	Average hours per week (list any hours for related organizations on the right)	Position						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 - Individual trustee or director C2 - Institutional trustee C3 - Officer C4 - Key employee C5 - Highest compensated employee C6 - Former								
		C1	C2	C3	C4	C5	C6			
Michael Slotznick Board Member	1.00	X						0.	0.	0.
Felicia Smith Board Member	2.00	X						0.	0.	0.
Bonnie Squires Board Member	0.50	X						0.	0.	0.
Marty Tuzman Board Member	0.50	X						0.	0.	0.
Chinh Vu Board Member	1.00	X						0.	0.	0.
Norman Weinstein Board Member	0.50	X						0.	0.	0.
Richard Weisbrot Board Member	2.00	X						0.	0.	0.
Roger Youman Board Member	1.00	X						0.	0.	0.
Cathryn Miller-Wilson Executive Director	35.00			X				81,421.	0.	
								81,421.	0.	0.

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8/7/2018

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)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes/No and (b) Amount. Rows include items 1 through 2d with various 'X' marks and amounts like 1,000, 4,114, 426, 4,458, 9,998, N/A.

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

Table with 3 rows and 2 columns (Yes/No). Rows 1, 2, 3 with '1', '2', '3' in the first column.

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

Table with 5 rows and 2 columns. Rows 1 through 5 with descriptions of dues, lobbying expenditures, and aggregate amounts.

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.

Part II-B Line 1 During 2016-2017, members of HIAS PA's staff developed informational 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 occasions with respect to a particular bill via e-mail "call to action".

**Part II 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 gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL FUNDRAISER (event type)	N/A (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .			
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .			
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .			
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on 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 . . . . .	
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash 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. Subtract line 7 from line 1, column (d) . . . . . ▶				

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

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

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

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

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

\_\_\_\_\_



6/3/2019

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public Inspection**

Name of the organization

HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC

Employer identification number

23-1405597

Pt VI, Line 11b: PROCESS FOR REVIEW OF FORM 990

The Form 990 is reviewed by the Finance Committee, which includes a CPA, the Treasurer and the Board President Ex-Officio. After review by the Finance Committee and Executive Director, it is approved for filing. The approved version is sent to all Board members ia electronic mail.

Pt VI, Line 19: AVAILABILITY OF DOCUMENTS

The Organization makes the necessary governing documents, policies and financial statements aailable upon request. The annual report with the financial statements is on the website, together with instructions to the public on how to access our Form 990, conflict of interest policy and audit.

Pt III, Line 3: NEW PROGRAM ASPECTS

In legal services, the Organization created the Immigrant Victims of Crime Initiative, which includes a partnership with other organizations to provide immigration legal advocacy and victim services to immigrant victims of crime. In refugee resettlement, case managers also began providing comprehensive services to asylees as well as refugees.

Pt VI, Line 3: DELEGATION OF DUTIES

The internal accounting services are provided by H&S Business Partners.

Pt VI, Line 8b: COMMITTEES AUTHORIZED TO ACT ON BEHALF OF THE BOARD

The Executive Committee is authorized and reports to the full Board on recommendations or actions and those reports are part of the full board meeting minutes.

Name of the organization HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC	Employer identification number 23-1405597
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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 ensure no conflicts of interest.

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 available funds, with the Executive Director earning at, or below, comparable positions. The Executive Director's salary and 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 immigrants, refugees and asylum seekers from all backgrounds in order to assure their fair treatment and full integration into American society. HIAS Pennsylvania advocates for just and inclusive public policies and practices.

Pt III, Line 4d:

Expenses: \$148,140 including grants of: \$0 Revenue: \$0

Description: ASYLEE PROJECT - Provides information, referral and limited case management to asylees in Pennsylvania. In addition, the project develops and disseminates

6/3/2019

Name of the organization

Employer identification number

HIAS AND COUNCIL MIGRATION SERVICES OF PHILADELPHIA, INC

23-1405597

training materials to professionals, service providers and asylees.

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See attached details of service accomplishments.

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