(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a	senarate	application	for each	return
гие а	Separate	application	IOI eaci	i return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type c print						n number (TIN)
File by th due date filing you return. Se	Number, street, and room or suite no. If a P.O. box, s		ions.			
instructio		oreign addi	ress, see instructions.			
Enter t	ne Return Code for the return that this application is for (file	e a separa	te application for each return)	<u></u>	<u></u>	
Applic	ation	Return	Application		Return	
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation) MARGARET O'SULI	07				
 If th If th box 1 1 t t 2 1 	request an automatic 6-month extension of time until he organization named above. The extension is for the orga	Group Exe and atta APR anization's , an heck rease	mption Number (GEN), I ich a list with the names and TINs of <u>IL 15, 2024</u> , to file return for: d ending <u>MAY 31, 2023</u> on: Initial return	f this is for all membe	r the whole <u>c</u> ers the exter npt organizat 	group, check this
	in ans application is for Forms 990-F, 990-1, 4720, or 6009 iny nonrefundable credits. See instructions.	, enter the	teritative tax, less	<u>3a</u>	\$	0.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year overp			3b	\$	0.
C E	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by			
<u> </u>	ising EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	3868 (Rev. 1-2022)

223841 04-01-22

	-			Return	EXTI of Or	ended ganiz	то atio	APRII n Exe	15, mpt	2024 From	In	come Ta	x	OMB No. 1545-0047	
Form 990			1			-			•			pt private found		2022	
Dena	tment c	f the Treesury		Do not	t enter soc	ial securit	ty num	bers on ti	nis form a	as it may	be n	nade public.		Open to Public	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning JUN 1, 2022 and ending MAY 31, 2023								Inspection							
******					' beginning	JUN	[1,	2022	and	d ending			23		
Bc	heck if pplicabl	e: C Name o			den tra							D Employer ide	entificati	on number	
[Addre			ITIES		CE CEI	N.I.EL	۲							
]chang ⊓Name			DELPHI							_	23-135			
	chang initial		business :	as eet (or P.O. I	hav if mail in	not dollvor	od to ot	reat addread		Deem/au	uita	E Telephone nu			
]return Final	1216		H STRE					»)	Room/si	TILE	215-89		00	
L	Jreturn termin ated	-		ate or provin				ian nostal	code	<u> </u>		G Gross receipts \$	<u> </u>	13,975,042.	
	Amen return	ded DUTT		PHIA,	-	-	01 1010	ign posta	0000		-	H(a) Is this a gro	uo retur		
	Applic dition			ess of princ		•	RET	0'SU	LLIVA	N		for subordir	•		
	pendir			ABOVE								H(b) Are all subordin			
IT	ax-ex	empt status:			501(c) ()	(insert	no.)	4947(a)(1)	or 📃 !	527	• •		. See instructions	
JV	Vebsi	te: WWW.	.NSCP	HILA.C	RG							H(c) Group exen	nption n	umber	
		organization;		oration	Trust	Assoc	iation	Othe	r	LY	ear o	formation: 192	21 M S	tate of legal domicile; \mathbf{PA}	
Pa	rt I	Summary													
a												ES SERVI			
Governance		WELCOME	<u>es an</u>									JR COMMUN			
rne	2	Check this bo	iox 🗌	if the o	rganization	discontin	ued its	operation	s or dispo	osed of m	ore t	han 25% of its ne	et assets		
0V6			r of voting members of the governing body (Part VI, line 1a)								19				
			ber of independent voting members of the governing body (Part VI, line 1b) 4 number of individuals employed in calendar year 2022 (Part V, line 2a) 5							19					
ies													5	124	
Activities &			nber of volunteers (estimate if necessary) elated business revenue from Part VIII, column (C), line 12					6 7a	349						
Aci													0.		
	D	Net unrelated	a pusines	s taxable in	come from	Form 990	-1, Par	t i, iine 11		1		Prior Year	Current Year		
	8	Contributions	e and ara	nte (Part VII	il line th)							110, 100, 100, 100, 100, 100, 100, 100,	7	12,263,753.	
Revenue		Program serv	-	•								692,84		468,553.	
ver		Investment in		•								142,53		22,443.	
ñ		Other revenue										-81,64		-68,097.	
		Total revenue									1	L3,342,47		12,686,652.	
		Grants and si										4,456,14		4,330,294.	
	14	Benefits paid	d to or for	members (Part IX, col	umn (A), lii	ne 4)						0.	0.	
ŝ		Salaries, othe										4,383,33	7.	6,269,741.	
nses	16a	Professional	fundraisir	ng fees (Par	t IX, colum	n (A), line	11e)						0.	0.	
Expen	b	Total fundrais							359,4						
Ŵ	••	Other expens										2,914,34		2,933,869.	
		Total expense]	L1,753,82		13,533,904.	
		Revenue less	s expense	es. Subtract	line 18 fro	m line 12			·····		_	1,588,64		-847,252.	
Net Assets or Fund Balances											Beg	inning of Current Y		End of Year	
Sset	20	Total assets (-									6,008,90		5,229,158.	
let A Ind	21	Total liabilitie	• •	• • •		d 6						1,239,04		<u>1,301,508</u> . 3,927,650.	
	22 art 11	Net assets or Signatur			tract line 2	1 from line	20					4,709,00	13.	3,947,050.	
					amined this	return incl	uding a	Companyle	n schedule	es and etet	eman	ts and to the best	of my ke	owledge and belief, it is	
												as any knowledge.	vi sny Kil	איייטעשה מווח חבוובוי וו וא	
	00110	Mas								anon prope			10/20	7	
Sig	1	Signature of t										Date	<u></u>	 ,	
Her		MARGARE	ET O'	SULLIV	AN, E	XECUT	IVE	DIRE	TOR						

Here	MARGARET O'SULLIVAN, EXECUTIVE DIRECTOR								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	HARRISON PEREIRA		04/10/24	self-employed P00746867					
Preparer	Firm's name TAIT, WELLER & BA	KER LLP	Firm's I	EIN 23-1144520					
Use Only	Firm's address 50 SOUTH 16TH STR	REET, SUITE 2900							
	PHILADELPHIA, PA	19102	Phone	no.215-979-8800					
May the If	May the IRS discuss this return with the preparer shown above? See instructions								

232001 12-13-22

			EXTENDED TO APRIL 15, Return of Organization Exempt F	2024 From I	ncome Tax	OMB No. 1545-0047					
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)											
FOI		50	Do not enter social security numbers on this form as								
Depai Intern	Open to Public Inspection										
			ar year, or tax year beginning JUN 1 , 2022 and	ending 1	MAY 31, 2023	•					
Вс	heck if	C Name o	forganization		D Employer identific	ation number					
a	pplicab	NAT 1	ONALITIES SERVICE CENTER								
	_Addre	ge OF P	HILADELPHIA								
	Name Chang	ge Doing b	usiness as		23-135233	6					
	Initial return	Number	,	Room/suite							
	Final return termin	~	ARCH STREET, 4TH FLOOR		215-893-8						
	ated Amen	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,975,042.					
	_return]Applie		ADELPHIA, PA 19107	т	H(a) Is this a group ref						
	_tiòn pendi		nd address of principal officer: MARGARET O'SULLIVAN	N	for subordinates?						
		empt status:		or 527	H(b) Are all subordinates inc	ist. See instructions					
-	Vebsi		NSCPHILA.ORG		H(c) Group exemption						
			X Corporation Trust Association Other	I Year		State of legal domicile: PA					
	rt I					otate et logal definient, = ==					
	1	Briefly describ	be the organization's mission or most significant activities: NATI	ONALIT	IES SERVICE	CENTER					
Governance	-		S AND EMPOWERS IMMIGRANTS TO THRIV								
naı	2	Check this bo									
INC	3	Number of vo	ber of voting members of the governing body (Part VI, line 1a)								
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)	21							
se å	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)	124							
vitio	6	Total number	of volunteers (estimate if necessary)		349						
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
	_				Prior Year	Current Year					
ne	8		and grants (Part VIII, line 1h)		12,588,747.	12,263,753.					
Revenue	9	•	ce revenue (Part VIII, line 2g)		142,530.	<u>468,553.</u> 22,443.					
Re	10 11		come (Part VIII, column (A), lines 3, 4, and 7d) @ (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-81,643.	-68,097.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,342,474.	12,686,652.					
	13		milar amounts paid (Part IX, column (A), lines 1-3)		4,456,149.	4,330,294.					
	14		to or for members (Part IX, column (A), line 4)		0.	0.					
	15	-	r compensation, employee benefits (Part IX, column (A), lines 5-10)		4,383,337.	6,269,741.					
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.					
per			ing expenses (Part IX, column (D), line 25) 359, 46	51.							
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,914,340.	2,933,869.					
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,753,826.	13,533,904.					
	19	Revenue less	expenses. Subtract line 18 from line 12		1,588,648.	-847,252.					
Assets or Balances				B	eginning of Current Year	End of Year					
sets	20	Total assets (F			6,008,905.	5,229,158.					
et As Dd B	21		; (Part X, line 26)		1,239,042.	1,301,508.					
INet	_		fund balances. Subtract line 21 from line 20		4,769,863.	3,927,650.					
	nrt II				and and the state of the state of the						
	•		I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is					
uue,	corre	ci, and complete	. Declaration of preparer (other than officer) is based on all information of wh	non preparei	nas any knowledge.						

Sign	Signature of officer		Date				
Here	MARGARET O'SULLIVAN, EXECU	JTIVE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	HARRISON PEREIRA				₽00746867		
Preparer	Firm's name TAIT, WELLER & BAI	KER LLP		Firm's EIN 23-	1144520		
Use Only	Firm's address 50 SOUTH 16TH STR	EET, SUITE 2900					
	PHILADELPHIA, PA		Phone no. 215 -	979-8800			
May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Check if Schedule O contains a response or note to any line in this Part III
	TO WELCOME AND EMPOWER IMMIGRANTS TO THRIVE IN OUR COMMUNITIES AND
	PURSUE A JUST FUTURE.
	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 N
	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? Yes X N 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.
a	(Code:) (Expenses \$10,734,461. including grants of \$4,326,943.) (Revenue \$388,799.
	IMMIGRANT & REFUGEE RESETTLEMENT SERVICES: FOUNDED IN 1922, NSC
	WELCOMES INDIVIDUALS AND FAMILIES FROM AROUND THE GLOBE WHO SEEK
	REFUGE, HOPE, AND OPPORTUNITY IN THE PHILADELPHIA AREA, INCLUDING
	REFUGEES, ASYLEES, AND VICTIMS OF HUMAN TRAFFICKING, DOMESTIC VIOLENCE,
	AND TORTURE. THROUGH A WIDE RANGE OF INTEGRATED, TRAUMA-INFORMED
	SERVICES, INCLUDING HOUSING ASSISTANCE; HEALTH ACCESS; FOOD; WELLNESS
	AND MENTAL HEALTH TREATMENT; LEGAL SERVICES; JOB READINESS, PLACEMENT,
	AND SKILLS UPGRADING; ENGLISH LANGUAGE LEARNING, NSC WORKS WITH A RANGE
	OF PUBLIC AND PRIVATE PARTNERS TO HELP NEWCOMERS CREATE SAFE, HEALTHY,
	AND SELF-SUSTAINING LIVES FOR THEMSELVES AND THEIR FAMILIES. EACH YEAR
	OUR TEAM OF COMPASSIONATE, EXPERIENCED, AND CULTURALLY BALANCED STAFF
	AND VOLUNTEERS DELIVER THESE WHOLISTIC SUPPORTS TO APPROXIMATELY 5,000
)	(Code:) (Expenses \$1,031,624. including grants of \$32.) (Revenue \$139,754. PROTECTING & PROMOTING THE RIGHTS OF IMMIGRANTS AND REFUGEES/ LEGAL:
	NSC'S LEGAL STAFF PROVIDES CLIENTS WITH LEGAL PROTECTIONS AND REMEDIES
	ON A RANGE OF ISSUES FROM BASIC APPLICATIONS TO REPRESENTATION IN
	FEDERAL COURT. WE SERVE CLIENTS REGARDLESS OF THEIR LEGAL STATUS OR
	ABILITY TO PAY AND RECEIVE A VARIETY OF CASES THROUGH OUR WEEKLY
	WALK-IN CONSULTATIONS. SERVICES INCLUDE: FAMILY REUNIFICATION;
	REMOVAL/DEPORTATION DEFENSE; DOMESTIC VIOLENCE CASES; LAWFUL PERMANENT
	RESIDENCE (GREEN CARD) APPLICATIONS; CITIZENSHIP AND NATURALIZATION;
	AND ASYLUM APPLICATIONS.
;	(Code:) (Expenses \$ 508,999. including grants of \$ 3,319.) (Revenue \$
	LANGUAGE ACCESS/ENGLISH PROFICIENCY: NSC HAS CONTRACTS WITH SEVERAL
	CITY OF PHILADELPHIA AGENCIES AND OTHER COMMUNITY ORGANIZATIONS TO
	PROVIDE INTERPRETATION AND TRANSLATION IN MORE THAN 150 LANGUAGES,.
	NSC OFFERS YEAR-ROUND, IN-PERSON AND ON-LINE CLASSES AT FOUR LEVELS
	(BEGINNER TO ADVANCED), USING A LEARNER-CENTERED, WHOLE LANGUAGE
	APPROACH FOR ADULTS. OUR INSTRUCTORS ARE EXPERIENCED TO PROVIDE A
	SUPPORTIVE AND ENGAGING LEARNING ENVIRONMENT AND PRACTICAL, USEFUL
	ENGLISH FOR OUR CLIENTS WHO HAVE WIDE-RANGING ENGLISH LEVELS - FROM NO
	OR LOW NATIVE LANGUAGE LITERACY TO FORMAL COLLEGE ENGLISH.
	Other program services (Describe on Schedule O.)
ł	
	(Expenses \$ including grants of \$) (Revenue \$)

OF PHILADELPHIA

Form 990 (2022)

232002 12-13-22

3 2022.05080 NATIONALITIES SERVICE CEN 3173.001

SEE SCHEDULE O FOR CONTINUATION(S)

23-1352336 Page 2

23-1352336 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	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	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	<u> </u>
IZd		12a	х	
h	Schedule D, Parts XI and XII	IZa	- 23	<u> </u>
D		104		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
232003	12-13-22	Form	990	(2022)

4

Form **990** (2022)

16340410 758275 3173.000

Form 990 (2022)

Part IV Checklist of Required Schedules

Form	990 (2022) OF PHILADELPHIA 23-1352	2336	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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			x
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4a	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and executions):			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>
-	"Yes," complete Schedule L. Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	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 related organization?	36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		1	<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			<u>.</u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 71			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	<u> </u>
232004	↓ 12-13-22 E	Form	990	(2022
	5			

Form	990 (2022) OF PHILADELPHIA		23-1352	336	Р	_{age} 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	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	2a	124			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority ov	er, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FE	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organizati	ion solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provide	ed to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required				
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Fo	orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			-		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

232005 12-13-22

OF PHILADELPHIA

Form 990 (2022)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	1					
	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 on Schedule 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	1					
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?								
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision						
	of officers, directors, trustees, or key employees to a management company or other person?								
4									
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea								
а	The governing body?	-	-	8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		-						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y								
	on Schedule O how this was done	,		12c	х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,							
а	The organization's CEO, Executive Director, or top management official			15a	Х				
	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
	taxable entity during the year?			16a	1	x			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-						
	exempt status with respect to such arrangements?			16b					
Sec	tion 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 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s only)	availal	ble			
	for public inspection. Indicate how you made these available. Check all that apply.			, ,,					
	X Own website Another's website X Upon request Other (explain	on Sr	chedule (O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd finan	cial				
	statements available to the public during the tax year.		,,, u						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records						
-	MARGARET O'SULLIVAN - 215-893-8400								
	1216 ARCH STREET, PHILADELPHIA, PA 19107								
232006	j 12-13-22			Form	1 990	(2022)			
	7					. /			
404				~		D D D			

Form 990 (2	2022)	OF	PHILADELPHIA	23-1
Part VII	Compensation	of O	ficers, Directors, Trustees, Key	Employees, Highest Compensated
	Employees, an	d Inc	ependent Contractors	

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

OF PHILADELPHIA

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title Average hours per veck week Description (more per veck body Description (more per veck body Peoptable (more persion body Peoptable (more persion from partication (more persion from (more persion from (more persion from (more persion from related organization Estimated aunual persion (more persion from (more persion from related organization Estimated aunual persion from (more persion from related organization (1) MARGARET O' SULLIVAN 40.00 x x 130,519 0. 14,334. (2) BITM KIM 4.00 x x 0. 0. 0. (3) MARGARET O' SULLIVAN 4.00 x x 0. 0. 0. (4) MELLY GERMAN KUSCHMENT CHAIR (5) TRESE MALLACE 4.00 x x 0. 0. 0. (5) TRESE MALLACE 4.00 x x 0. 0. 0. (6) THOMAS CHAPIN 4.00 x x 0. 0. 0. (6) THOMAS CHAPIN 4.00 x 0. 0. 0. 0. (3) MELLY GERMA	(A)	(B)	(C)					(D)	(E)	(F)	
hours per week (lst any not and a distance of the section and an origination provided and a distance of the section and an origination (l) MARGARET O' SULLIVAN Concurrent person is both and the section and a distance of the organizations compensation from the organizations compensation from the organizations compensation from the organizations compensation from the organizations compensation from the organizations (1) MARGARET O' SULLIVAN 40.00 x x 130,519. 0. 14,334. (2) BRIAN FIM 4.00 x x 0. 0. 0. (3) ALICIA KAR x x 0. 0. 0. 0. (4) KELLY GEMAN KUSCHEL ESQ. 4.00 x x 0. 0. 0. (5) TERESA WALLACE 4.00 x x 0. 0. 0. RECENTRY 4.00 x x 0. 0. 0. (6) THORAS CHAPIN 4.00 x x 0. 0. 0. (10) LESLIE LAIRD KNUHLE, M.D. 4.00 x 0. 0. 0. 0. (10) LESLIE LAIRD KNUHLY 4.00 </td <td>Name and title</td> <td>Average</td> <td>(do</td> <td></td> <td></td> <td></td> <td></td> <td>ne</td> <td>Reportable</td> <td>Reportable</td> <td>Estimated</td>	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
Week (list ary burs for ganizations below line) week (list ary burs for ganizations (list ary burs for ganizations (list ary burs for ganizations (line) Introduction (list ary burst for ganizations (list ary burst for ganizations (line) Introduction (list ary burst for ganizations (list ary burst for ganiza		hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
(1) MARGARET O' SULLIVAN 40.00 X 130,519. 0. 14,334. C2) BRIAN KIM 4.00 X X 0. 0. 0. BOARD CHAIR X X 0. 0. 0. 0. BOARD CHAIR X X X 0. 0. 0. BOARD CHAIR MENUTOR 4.00 X X 0. 0. 0. BOARD CHAIR MENUTOR 4.00 X X 0. 0. 0. BOARD CHAIR AND DEVELOPMENT CHAIR 4.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. 0. REASURER X 0. 0. 0. 0. 0. 0. 0. 0											
(1) MARGARET O' SULLIVAN 40.00 X 130,519. 0. 14,334. C2) BRIAN KIM 4.00 X X 0. 0. 0. BOARD CHAIR X X 0. 0. 0. 0. BOARD CHAIR X X X 0. 0. 0. BOARD CHAIR MENUTOR 4.00 X X 0. 0. 0. BOARD CHAIR MENUTOR 4.00 X X 0. 0. 0. BOARD CHAIR AND DEVELOPMENT CHAIR 4.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. 0. REASURER X 0. 0. 0. 0. 0. 0. 0. 0			recto							J.	
(1) MARGARET O' SULLIVAN 40.00 X 130,519. 0. 14,334. C2) BRIAN KIM 4.00 X X 0. 0. 0. BOARD CHAIR X X 0. 0. 0. 0. BOARD CHAIR X X X 0. 0. 0. BOARD CHAIR MENUTOR 4.00 X X 0. 0. 0. BOARD CHAIR MENUTOR 4.00 X X 0. 0. 0. BOARD CHAIR AND DEVELOPMENT CHAIR 4.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. 0. REASURER X 0. 0. 0. 0. 0. 0. 0. 0			: or di	ee			sated		, , , , , , , , , , , , , , , , , , ,	•	
(1) MARGARET O' SULLIVAN 40.00 X 130,519. 0. 14,334. C2) BRIAN KIM 4.00 X X 0. 0. 0. BOARD CHAIR X X 0. 0. 0. 0. BOARD CHAIR X X X 0. 0. 0. BOARD CHAIR MDEVELOPMENT CHAIR X.00 X X 0. 0. 0. C3) XALICIA KARR 4.00 X X 0. 0. 0. C4) KELLY GERMAN KUSCHEL ESQ. 4.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. 0. RUSTEE X 0. 0. 0. 0. 0. 0. (1) TRUSTEE X 0. 0. 0. 0. 0. 0.			ustee	l trust		ee	npens			1099-NEC)	-
(1) MARGARET O' SULLIVAN 40.00 X 130,519. 0. 14,334. C2) BRIAN KIM 4.00 X X 0. 0. 0. BOARD CHAIR X X 0. 0. 0. 0. BOARD CHAIR X X X 0. 0. 0. BOARD CHAIR MENUTOR 4.00 X X 0. 0. 0. BOARD CHAIR MENUTOR 4.00 X X 0. 0. 0. BOARD CHAIR AND DEVELOPMENT CHAIR 4.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. 0. REASURER X 0. 0. 0. 0. 0. 0. 0. 0		1 0	dual ti	itiona		nploy	st cor yee	-	1000 NEO)		
(1) MARGARET O' SULLIVAN 40.00 x 130,519. 0. 14,334. EXECUTIVE DIRECTOR X X 0. 0. 0. 0. BOADC CHAIR X X 0. 0. 0. 0. (3) ALICIA KARR 4.00 X X 0. 0. 0. (3) ALICIA KARR 4.00 X X 0. 0. 0. (4) KELLY GERMAN RUSCHEL ESQ. 4.00 X X 0. 0. 0. 2ND VICE CHAIR AND DEVELOPMENT CHAIR X X 0. 0. 0. SECRETARY X X 0. 0. 0. SECRETARY X X 0. 0. 0. (6) THOMAS CHAPIN 4.00 X X 0. 0. (7) MARC ALTSHULER, M.D. 4.00 X 0. 0. 0. (8) MITCHELL BACH 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (10) LESLIE LAIRD KRUHLY 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (11) CLADUINE THOMAS <t< td=""><td></td><td></td><td>ndivid</td><td>nstitu</td><td>Office</td><td>key er</td><td>Highe</td><td>-orme</td><td></td><td></td><td>e.gamzanene</td></t<>			ndivid	nstitu	Office	key er	Highe	-orme			e.gamzanene
(2) BRIAN KIM 4.00 x x 0. 0. 0. BOARD CHAIR x x x 0. 0. 0. 0. (3) ALICIA KARR 4.00 x x 0. 0. 0. (4) KELLY GERMAN KUSCHEL ESQ. 4.00 x x 0. 0. 0. (5) TERESA WALLACE 4.00 x x 0. 0. 0. (6) TROMAS CHAPIN 4.00 x x 0. 0. 0. (6) TROMAS CHAPIN 4.00 x x 0. 0. 0. TREASURER x x 0. 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. (9) VIVIAN BCHEVERIA-QUIROGA X 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. <	(1) MARGARET O' SULLIVAN	40.00			_						
BOARD CHAIR X X X 0. 0. 0. (3) ALICIA KARR 4.00 X X 0. 0. 0. 0. SFY VICE CHAIR AND DEVELOPMENT CHAIR X X 0. 0. 0. 0. 0. 2ND VICE CHAIR AND DEVELOPMENT CHAIR X X 0. 0. 0. 0. (5) TERESA WALLACE 4.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. (6) THOMAS CHAPIN 4.00 X X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. 0. (10) LESLIE LAIRD KRUHLY 4.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	EXECUTIVE DIRECTOR				x				130,519.	0.	14,334.
(3) ALICIA KARR 4.00 X X X 0. 0. 0. 15T VICE CHAIR AND DEVELOPMENT CHAIR X X X 0. 0. 0. 0. 2ND VICE CHAIR AND DOWINATING & GOVE X X 0. 0. 0. 0. 2ND VICE CHAIR AND NOMINATING & GOVE X X 0. 0. 0. 0. (5) TERRSA WALLACE 4.000 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (6) TROARS CHAPIN 4.000 X X 0. 0. 0. 0. (7) MARC ALTSHULER, M.D. 4.000 X 0.	(2) BRIAN KIM	4.00									
IST VICE CHAIR AND DEVELOPMENT CHAIR X X X 0. 0. 0. (4) KELLY GERMAN KUSCHEL ESQ. 4.00 X X 0. 0. 0. 0. 2ND VICE CHAIR AND NOMINATING & GOVE X X 0. 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (6) THOMAS CHAPIN 4.00 X X 0. 0. 0. 0. (7) MARC ALTSHULER, M.D. 4.00 X X 0. 0. 0. 0. (8) MITCHEL BACH 4.00 X 0. 0. 0. 0. 0. (9) VIVIAN ECHEVERRIA-QUIROGA 4.00 X 0. <	BOARD CHAIR		х		x				0.	Ο.	0.
(4) KELLY GERMAN KUSCHEL ESQ. 4.00 X X X 0. 0. 0. (5) TERESA WALLACE 4.00 X X 0. 0. 0. 0. (6) THOMAS CHAPIN 4.00 X X 0. 0. 0. 0. (7) MARC ALTSHULER, M.D. 4.00 X X 0. 0. 0. (7) MARC ALTSHULER, M.D. 4.00 X X 0. 0. 0. (8) MITCHELL BACH 4.00 X 0. 0. 0. 0. (9) VIVIAN ECHEVERRIA-QUIROGA 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (10) LESLIE LAIRD KRUHLY 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (11) CLAUDINE THOMAS 4.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. <td>(3) ALICIA KARR</td> <td>4.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3) ALICIA KARR	4.00									
2ND VICE CHAIR AND NOMINATING & GOVE X X X 0. 0. 0. (5) TERESA WALLACE 4.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (6) TRUSTEE X 0. 0. 0. 0. 0. TRUSTEE X 0.	1ST VICE CHAIR AND DEVELOPMENT CHAIR		х		x				0.	Ο.	0.
(5) TERESA WALLACE 4.00 X X X 0. 0. 0. SECRFTARY 4.00 X X 0. 0. 0. 0. (6) THOMAS CHAPIN 4.00 X X 0. 0. 0. 0. (7) MARC ALTSHULER, M.D. 4.00 X X 0. 0. 0. 0. (8) MITCHELL BACH 4.00 X 0. 0. 0. 0. 0. (9) VIVIAN ECHEVERRIA-QUIROGA 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0.	(4) KELLY GERMAN KUSCHEL ESQ.	4.00									
SECRETARY X X X X 0. 0. 0. (6) THOMAS CHAPIN 4.00 X X X 0. 0. 0. TREASURER X X X 0. 0. 0. 0. (7) MARC ALTSHULER, M.D. 4.00 X X 0. 0. 0. (8) MITCHELL BACH 4.00 X 0. 0. 0. 0. (9) VIVIAN ECHEVERRIA-QUIROGA 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (10) LESLIE LAIRD KRUHLY 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (11) LEAUDINE THOMAS 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (12) ALINA ISPAS MONTBRIAND 4.00 <td>2ND VICE CHAIR AND NOMINATING & GOVE</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	2ND VICE CHAIR AND NOMINATING & GOVE		Х		Х				0.	0.	0.
(6) THOMAS CHAPIN 4.00 X X X 0. 0. 0. TREASURER X X X 0.	(5) TERESA WALLACE	4.00									
TREASURER X X X 0. 0. 0. (7) MARC ALTSHULER, M.D. 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (8) MITCHELL BACH 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (9) VIVIAN ECHEVERRIA-QUIROGA 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (10) LESLIE LAIRD KRUHLY 4.00 X 0. 0. 0. 0. (11) CLAUDINE THOMAS 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0.	SECRETARY		Х		Х				0.	0.	0.
(7) MARC ALTSHULER, M.D. 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (8) MITCHELL BACH 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (9) VIVIAN ECHEVERRIA-QUIROGA 4.00 X 0. 0. 0. 0. (10) LESLIE LAIRD KRUHLY 4.00 X 0. 0. 0. 0. (11) CLAUDINE THOMAS 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (11) CLAUDINE THOMAS 4.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0.0 0. 0. <	(6) THOMAS CHAPIN	4.00									
TRUSTEE X 0. 0. 0. 0. (8) MITCHELL BACH 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (9) VIVIAN ECHEVERRIA-QUIROGA 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (10) LESLIE LAIRD KRUHLY 4.00 X 0. 0. 0. 0. (11) CLAUDINE THOMAS 4.00 X 0. 0. 0. 0. (11) CLAUDINE THOMAS 4.00 X 0. 0. 0. 0. (12) ALINA ISPAS MONTBRIAND 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (13) LEO LI 4.00 X 0. 0. 0. 0. 0. 0. 0. 0.	TREASURER		Х		Х				0.	0.	0.
(8) MITCHELL BACH 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (9) VIVIAN ECHEVERRIA-QUIROGA 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (10) LESLIE LAIRD KRUHLY 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (11) CLAUDINE THOMAS 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (12) ALINA ISPAS MONTBRIAND 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (13) LEO LI 4.000 X 0. 0. 0. 0. 0. 0. 0. 0. (14) TENDAI MUTSINZE 4.00 X 0. 0. 0. 0. 0. 0. 0. <td>(7) MARC ALTSHULER, M.D.</td> <td>4.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(7) MARC ALTSHULER, M.D.	4.00									
TRUSTEE X 0. 0. 0. (9) VIVIAN ECHEVERRIA-QUIROGA 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (10) LESLIE LAIRD KRUHLY 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (11) CLAUDINE THOMAS 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (12) ALINA ISPAS MONTBRIAND 4.00 X 0. 0. 0. 0. (13) LEO LI 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (14) TENDAI MUTSINZE 4.00 X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. <td>TRUSTEE</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	TRUSTEE		Х						0.	0.	0.
(9) VIVIAN ECHEVERRIA-QUIROGA 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (10) LESLIE LAIRD KRUHLY 4.00 X 0. 0. 0. 0. (11) CLAUDINE THOMAS 4.00 X 0. 0. 0. 0. (12) ALINA ISPAS MONTBRIAND 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (12) ALINA ISPAS MONTBRIAND 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (14) TENDAI MUTSINZE 4.00 X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(8) MITCHELL BACH	4.00									
TRUSTEE X A.OO O. O. O. O. (10) LESLIE LAIRD KRUHLY 4.00 X 0. O. O. O. TRUSTEE X 0. 0. 0. O. O. O. (11) CLAUDINE THOMAS 4.00 X 0. O. O. O. TRUSTEE X 0. 0. O. O. O. O. (12) ALINA ISPAS MONTBRIAND 4.00 X 0. O. O. O. TRUSTEE X 0. 0. O. O. O. O. (13) LEO LI 4.00 X 0. O. O. O. O. TRUSTEE 4.00 X 0. O. O. O. O. (14) TENDAI MUTSINZE 4.00 X 0. O. O. O. O. TRUSTEE X 0. 0. O. O. O. O. O. TRUSTEE X 0. 0. O. O. O. O. O.<	TRUSTEE		Х						0.	0.	0.
(10) LESLIE LAIRD KRUHLY 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (11) CLAUDINE THOMAS 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (12) ALINA ISPAS MONTBRIAND 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) LEO LI 4.00 X 0. 0. 0. 0. 0. TRUSTEE 4.00 X 0. 0. 0. 0. 0. 0. (14) TENDAI MUTSINZE 4.00 X 0.	(9) VIVIAN ECHEVERRIA-QUIROGA	4.00									
TRUSTEE X 0. 0. 0. 0. (11) CLAUDINE THOMAS 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (12) ALINA ISPAS MONTBRIAND 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) LEO LI 4.00 X 0. 0. 0. 0. 0. (14) TENDAI MUTSINZE 4.00 X 0. 0. 0. 0. 0. (15) YUAH JESSICA CHOI KANG 4.00 X 0. <td>TRUSTEE</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	TRUSTEE		Х						0.	0.	0.
(11) CLAUDINE THOMAS 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (12) ALINA ISPAS MONTBRIAND 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) LEO LI 4.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (14) TENDAI MUTSINZE 4.00 X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0.	(10) LESLIE LAIRD KRUHLY	4.00									
TRUSTEE X 0. 0. 0. 0. (12) ALINA ISPAS MONTERIAND 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) LEO LI 4.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (14) TENDAI MUTSINZE 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (15) YUAH JESSICA CHOI KANG 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (16) JENNIFER HEALEY 4.00 X 0. 0. 0. 0. 0. (17) ANDREW KHOURI 4.00 X 0. 0. 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
(12) ALINA ISPAS MONTBRIAND 4.00 X 0. 0. 0. TRUSTEE 4.00 X 0. 0. 0. 0. (13) LEO LI 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (14) TENDAI MUTSINZE 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (15) YUAH JESSICA CHOI KANG 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (16) JENNIFER HEALEY 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) JENNIFER HEALEY 4.00 X 0. 0. 0. 0. 0. (17) ANDREW KHOURI 4.00 X 0. 0. 0. 0. 0.	(11) CLAUDINE THOMAS	4.00									
TRUSTEE X 0. 0. 0. 0. (13) LEO LI 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (14) TENDAI MUTSINZE 4.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (15) YUAH JESSICA CHOI KANG 4.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (16) JENNIFER HEALEY 4.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (17) ANDREW KHOURI 4.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
(13) LEO LI 4.00 X 0. 0. 0. TRUSTEE 4.00 X 0. 0. 0. 0. (14) TENDAI MUTSINZE 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (15) YUAH JESSICA CHOI KANG 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) JENNIFER HEALEY 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0.		4.00									
TRUSTEE X 0. 0. 0. 0. (14) TENDAI MUTSINZE 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (15) YUAH JESSICA CHOI KANG 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) JENNIFER HEALEY 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) JENNIFER HEALEY 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (17) ANDREW KHOURI 4.00 X 0. 0. 0. 0. 0.			Х						0.	0.	0.
(14) TENDAI MUTSINZE 4.00 X 0. 0. 0. 0. TRUSTEE X 0.		4.00									
TRUSTEE X 0. 0. 0. (15) YUAH JESSICA CHOI KANG 4.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (16) JENNIFER HEALEY 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (17) ANDREW KHOURI 4.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0.			Х						0.	0.	0.
(15) YUAH JESSICA CHOI KANG 4.00 0.		4.00									
TRUSTEE X 0. 0. 0. (16) JENNIFER HEALEY 4.00 . . . TRUSTEE X 0. 0. 0. (17) ANDREW KHOURI 4.00 . . . TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
(16) JENNIFER HEALEY 4.00 X 0. 0. 0. TRUSTEE X X 0. 0. 0. 0. (17) ANDREW KHOURI 4.00 X 0. 0. 0. 0. TRUSTEE X X 0. 0. 0. 0. 0.	(15) YUAH JESSICA CHOI KANG	4.00									
TRUSTEE X 0. <th< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х						0.	0.	0.
(17) ANDREW KHOURI 4.00 X 0. <td></td> <td>4.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td>_</td>		4.00							_		_
TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
		4.00									_
	TRUSTEE		Х						0.	0.	

232007 12-13-22

Form 990 (2022)

8

Form 990 (2022) OF PHILA	DELPHIA								23-1352	336	Pa	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	ploy	ees,	anc	d Hig	ghes	st Co	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		۱ than c	one	Reportable	Reportable	Est	imate	d
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation		ount	of			
	week (list any			uau		1/11/13		from	from related		other	
	hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	comp	ensa m the	
	related	e or o	stee			Isated		(W-2/1099-MISC/	1099-NEC)		nizati	
	organizations	truste	al tru		yee	ompei		1099-NEC)			relate	
	below	ndividual trustee or director	nstitutional trustee	er	ƙey employee	Highest compensated employee	ner			orgai	nizatio	ons
	line)	Indiv	Insti	Officer	Key	High	Former					
(18) EMMA RESTREPO	4.00								_			
TRUSTEE		Х						0.	0.			0.
(19) DR. MARK WOLFF	4.00								_			
TRUSTEE		Х						0.	0.			0.
(20) MARGARET HARRIS	4.00											
EX-OFFICIO		х						0.	0.			0.
(21) NAN FEYLER JD	4.00											•
TRUSTEE	_	Х						0.	0.			0.
	_											
								130,519.	0.	1/	, 33	2 /
1b Subtotal	/// Cootion A						•	0.	0.	7.4	, , , ,	0.
c Total from continuation sheets to Part V						•••••		130,519.	0.	1/	, 33	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but 								· · · ·	-		, , , ,	
compensation from the organization		ose	iiste	u al	JOVE	<i>)</i> wii	ore		boo of reportable			1
compensation from the organization											Yes	No
3 Did the organization list any former office	r director trust	oo k		mnl	0.1/0	e or	hiał	hest compensated empl				
line 1a? If "Yes," complete Schedule J for				•	•		Ũ			3		x
, 1								er compensation from th				
· · · · · · · · · · · · · · · · · · ·								4		x		
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes." co										5		х
Section B. Independent Contractors												
1 Complete this table for your five highest c	ompensated ind	lepe	nder	nt co	ontra	actor	rs th	at received more than \$	100,000 of compensat	tion from	n	

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

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but r \$100,000 of compensation from the organization	not limited to those listed 0	above) who received more than	

Form 990 (2022)

232008 12-13-22

Form 990 (2022) OF PHILADELPHIA 23-1352336								336 Page 9
Pa	rt \	/	Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII								
					(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
								sections 512 - 514
S	1	а	Federated campaigns 1a					
Grants nounts			Membership dues 1b					
D B			Fundraising events 1c	288,502.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d	, ,				
, Gi			Government grants (contributions) 1e	10,518,657.				
Sin			All other contributions, gifts, grants, and					
utic		'		1,456,594.				
oth		_		297,304.				
pu		-	Noncash contributions included in lines 1a-1f	257,304.	10 062 752			
a C		n	Total. Add lines 1a-1f		12,263,753.			
				Business Code	460.552	460.550		
ce	2	а		624100	468,553.	468,553.		
ervi		b						
s Senu		С						
an levi		d						
Program Service Revenue		е						
Pr		f	All other program service revenue					
		g	Total. Add lines 2a-2f		468,553.			
	3		Investment income (including dividends, inter	est, and				
			other similar amounts)		52,318.			52,318.
	4		Income from investment of tax-exempt bond					
	5		Royalties	1				
	Ŭ		(i) Real	(ii) Personal				
	6	~		() 1 01001101				
	0							
			Less: rental expenses 6b Rental income or (loss) 6c					
	_		Net rental income or (loss)	(ii) Other				
	'	а		· · · ·				
			assets other than inventory 7a 1,172,934.	•				
		b	Less: cost or other basis					
anı			and sales expenses					
evenue			Gain or (loss) 7c 29 , 875 .					
Re		d	Net gain or (loss)		-29,875.			-29,875.
Other R	8	а	Gross income from fundraising events (not					
đ			including \$ 288,502. of					
			contributions reported on line 1c). See					
			Part IV, line 18	16,160.				
		b	Less: direct expenses 88	85,581.				
			Net income or (loss) from fundraising events		-69,421.			-69,421.
	9		Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
	10	a	-					
		b	and allowances 10 Less: cost of goods sold 10					
			J					
		С	Net income or (loss) from sales of inventory .	Business Orde				
sr				Business Code	1 204			1 304
eor	11		OTHER REVENUE	900099	1,324.			1,324.
lan		b						
cel lev		С						
Miscellaneous Revenue			All other revenue					
~		е	Total. Add lines 11a-11d		1,324.			
	12		Total revenue. See instructions		12,686,652.	468,553.	0.	-45,654.
23200	9 12	-13-						Form 990 (2022)

10

232009 12-13-22

Pair ix Statement of Functional Expenses											
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic	4,330,294.	4,330,294.								
3	Grants and other assistance to foreign	1,550,2510	1,000,2010								
Ū	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
U	trustees, and key employees	165,631.	147,407.	14,058.	4,166.						
6	Compensation not included above to disqualified	,									
-	persons (as defined under section $4958(f)(1)$) and										
7	persons described in section 4958(c)(3)(B)	5,096,176.	4,535,467.	432,529.	128,180.						
7 8	Other salaries and wages Pension plan accruals and contributions (include	5,050,170.			120,100.						
0	section 401(k) and 403(b) employer contributions)	94,579.	76,900.	15,500.	2 179.						
9	Other employee benefits	488,730.		77,854.	<u>2,179.</u> 11,319.						
10	Payroll taxes	424,625.	347,651.	67,125.	9,849.						
11	Fees for services (nonemployees):	121,0201	01770010		5,0150						
	Management										
	Legal										
	Accounting	104,722.	99,441.	2,443.	2,838.						
	Lobbying			,							
	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A), amount, list line 11g expenses on Sch O.)	1,288,060.	1,223,098.	30,054.	34,908.						
12	Advertising and promotion										
13	Office expenses	178,697.	147,077.	12,154.	19,466.						
14	Information technology										
15	Royalties										
16	Occupancy	124,180.	114,723.	7,295.	2,162.						
17	Travel	114,878.	110,343.	4,505.	30.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	1 0 0 2	1 702		200						
19	Conferences, conventions, and meetings	1,983.	1,783.		200.						
20	Interest										
21 22	Payments to affiliates Depreciation, depletion, and amortization	137,679.	122,531.	11,685.	3,463.						
22 23		39,717.	35,856.	2,978.	883.						
23 24	Other expenses. Itemize expenses not covered	3377273	5570501	275701							
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)										
а	EQUIPMENT AND MAINTENAN	292,185.	235,148.	11,779.	45,258.						
b	IN KIND GOODS	174,538.	174,538.	,	,						
c	PROGRAM SUPPLIES	120,353.	111,254.	6,859.	2,240.						
d	DUES AND SUBSCRIPTIONS	32,803.	18,217.	13,070.	1,516.						
е	All other expenses	324,074.	43,799.	189,471.	90,804.						
25	Total functional expenses. Add lines 1 through 24e	13,533,904.	12,275,084.	899,359.	359,461.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

11

232010 12-13-22

Form 990 (2022)

Part IX Statement of Functional Expenses

16340410 758275 3173.000

Form 990 (2022)

<u>m 99</u> art 2		2022) OF PHILADELPHI Balance Sheet	A			23-	1352336 _{Page} 1
art	^		o to onv	ling in this Dart V			
		Check if Schedule O contains a response or not	e to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			18,250.	1	7,377
	2	Savings and temporary cash investments			360,742.	2	172,391
	3	Pledges and grants receivable, net		445,000.	3	440,000	
	4	Accounts receivable, net			1,918,850.	4	1,494,608
	5	Loans and other receivables from any current or					_,,
	Ũ	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6		Loans and other receivables from other disqualified persons (as defined				
	•	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			10,687.	9	
		Land, buildings, and equipment: cost or other	I I		2070070		
1.	0u	basis. Complete Part VI of Schedule D	102	2,503,256.			
	h	Less: accumulated depreciation		1,356,561.	1,210,204.	10c	1,146,695
1	1	Investments - publicly traded securities	· · · · ·		2,045,172.	11	1,939,932
	2	Investments - other securities. See Part IV, line 1			2,010,12,20	12	
	3	Investments - program-related. See Part IV, line				13	
	4	Intangible assets				14	
	5	Other assets. See Part IV, line 11	0.	15	28,155		
	6	Total assets. Add lines 1 through 15 (must equ	6,008,905.	16	5,229,158		
	7	Accounts payable and accrued expenses	643,428.	17	879,105		
	8	Grants payable		,	18	,	
	9	Deferred revenue			53,296.	19	78,392
	20	Tax-exempt bond liabilities			,	20	
	21	Escrow or custodial account liability. Complete I				21	
1	22	Loans and other payables to any current or form					
-		trustee, key employee, creator or founder, subst					
2		controlled entity or family member of any of the				22	
2	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			542,318.	25	344,011
2	26	Total liabilities. Add lines 17 through 25		Γ	1,239,042.	26	1,301,508
		Organizations that follow FASB ASC 958, che	ck here	X			
		and complete lines 27, 28, 32, and 33.					
2	27				2,913,912.	27	2,098,282
2	28	Net assets with donor restrictions			1,855,951.	28	1,829,368
		Organizations that do not follow FASB ASC 9					
2 2 2 3 3 3		and complete lines 29 through 33.					
2	9	Capital stock or trust principal, or current funds		F		29	
3	80	Paid-in or capital surplus, or land, building, or ec				30	
3	81	Retained earnings, endowment, accumulated in				31	
3	32	Total net assets or fund balances			4,769,863.	32	3,927,650
1	3	Total liabilities and net assets/fund balances		F	6,008,905.	33	5,229,158

232011 12-13-22

Form	990 (2022) OF PHILADELPHIA	23-	1352336	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,680					
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,533					
3	Revenue less expenses. Subtract line 2 from line 1	-84'						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,769					
5	Net unrealized gains (losses) on investments	5	-19	9, 7,	40.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	24	1,7'	79 .			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3,92'	7,6	50.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	<u>X</u>				

Form **990** (2022)

232012 12-13-22

SCHEDULE A	Dub	lie Che	rity Status on		lia Gr	unnort		OMB No. 1545-0047		
(Form 990)			rity Status an nization is a section 501					2022		
	Complet	494	47(a)(1) nonexempt cha	ritable tru	st.					
Department of the Treasury Internal Revenue Service	Gotov		ttach to Form 990 or Fo Form990 for instructior			ormation		Open to Public Inspection		
Name of the organizati			identification number							
Ū	OF PHILZ						2	3-1352336		
Part I Reason	for Public Chari	ty Status.	(All organizations must c	omplete th	nis part.) S	ee instruction				
The organization is not a	private foundation b	ecause it is: (l	For lines 1 through 12, cl	heck only	one box.)					
1 A church, co	nvention of churches	, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).				
			Attach Schedule E (Form							
 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 										
4 A medical res	-	perated in col	njunction with a nospital	uescribeu	III Sectio	A)(1)(d)(1)(A	J(III). Enter	the hospital's hame,		
	(b)(1)(A)(iv). (Comple		5	•	, ,					
6 🗌 A federal, sta	te, or local governme	ent or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 🚺 An organizati	on that normally rece	eives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in		
· · · ·	b)(1)(A)(vi). (Complet									
			(1)(A)(vi). (Complete Par				1			
-	-		in section 170(b)(1)(A)(in ulture (see instructions).		-		-	-		
university:	or a non-land-grain of	Silege of agric			lame, city	, and state of	the college			
	on that normally rece	eives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
			t to certain exceptions; a							
income and u	inrelated business ta	xable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
	509(a)(2). (Complete	-								
	-		vely to test for public sat	•						
-	-		ively for the benefit of, to				•			
			d in section 509(a)(1) of supporting organization							
	•	• •	upervised, or controlled				-	giving		
the suppor	ted organization(s) th	e power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting		
organizatio	n. You must comple	ete Part IV, Se	ections A and B.							
		-	or controlled in connect			0		•		
	•		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
	n(s). You must compositionally integrated	-	g organization operated	in connoct	ion with		ly intograte	d with		
). You must complete F				ly integrate	a with,		
	0		porting organization oper	,	,		ted organiz	ation(s)		
that is not t	unctionally integrate	d. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	an attentiv	veness		
requiremen	t (see instructions).	You must cor	nplete Part IV, Sections	A and D,	and Part	V .				
	•		written determination from			Туре I, Туре	II, Type III			
	0 1		nally integrated supportin		ation.			[]		
	of supported organizing information about		nd organization(s)							
(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	fmonetary	(vi) Amount of other		
organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Total										

23-1352336 Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3665234.	5043424.	6809721.	12588747.	12263753.	40370879.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3665234.	5043424.	6809721.	12588747.	12263753.	40370879.
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)						489,754.
6	Public support. Subtract line 5 from line 4.						39881125.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3665234.	5043424.	6809721.	12588747.	12263753.	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	28,092.	32,869.	22,528.	27,974.	52,318.	163,781.
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 VI.)	3,131.	22,682.	1,036.		1,324.	28,173.
11	Total support. Add lines 7 through 10						40562833.
	Gross receipts from related activities,	etc. (see instructio	ons)		•	12 3	,723,193.
	First 5 years. If the Form 990 is for th		,	ourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	phere		•			
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	98.32 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	97.03 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	
b	10% -facts-and-circumstances test	-		• • • •	-	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a l	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 2022

Part II

Schedule A (Form 990) 2022 OF PHILADELPHIA Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	ization,
check this box and stop here		-			<u></u>	
Section C. Computation of Pub	lic Support Per	centage			, , , , , , , , , , , , , , , , , , , 	
15 Public support percentage for 2022	(line 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2	2022 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from		• •			18	%
19a 33 1/3% support tests - 2022. If th	e organization did r	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2021. If th						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins		
232023 12-09-22		16	5		Sched	dule A (Form 990) 2022

^{2022.05080} NATIONALITIES SERVICE CEN 3173.001

1

2

3a

3b

3c

4a

Yes

No

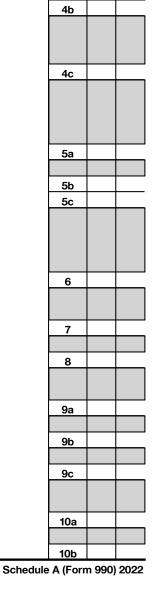
Schedule A (Form 990) 2022 OF I Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



17

	NATIONALITIES SERVICE CENTER		_	
	edule A (Form 990) 2022 OF PHILADELPHIA	<u>23-135233</u>	6 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	i		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	ficers, orted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3	I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а				
b				

					-				
С	The organization s	upported a g	overnmental entity.	Describe in	Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>	

Activities Test. Answer lines 2a and 2b below. 2

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

2a 2b 3a 3b

Yes No

Schedule A (Form 990) 2022

16340410 758275 3173.000

2022.05080 NATIONALITIES SERVICE CEN 3173.001

18

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functior	ally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

232026 12-09-22

	t V Type III Non-Functionally Integrated 509		nizations (3-1352336	Page 7
	on D - Distributions		nizations (continu	ied)	Current Yea	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			-		
2	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive		-		
-	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
<u>a</u>	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount				L	
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

Under A from: 509, 2022 OP PHILADELPHIA 2.23-1232.36 Fease PATU Section A from: 509, 2022 OP PHILADELPHIA Decision and the sequencies required by Part II, Iten Yan 712; Part III, Iten Yan 712; Part			NATIONALITIE		CENTER			
hear in y section is, lines 1, uses 3, a, 4a, 4a, ab, ab, 94, 94, 94, 111, 110, and 110, Hart IV, Section I, lines 4, 2, and 6, and Part V, Section E, lines 2, 2, and 6. Also complete this part for any additional information. See instructions.	Schedule A	(Form 990) 2022	OF PHILADELP	HIA			23-1352336	Page 8
	Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and 3	2, 36, 3c, 46, 4c, 5a, 6, 9 ines 2 and 3; Part IV, Sec	a, 9b, 9c, 11a, 11 tion E, lines 1c, 2a	b, and 11c; Part IV, 3 1, 2b, 3a, and 3b; Pa	Section B, lines 1 a rt V, line 1; Part V,	Section B, line 1e; Part	C, t V,
2009 12 00 22 Schodulo & /Earry 000/200								
2009. 19.09. 22 Sebedule & /Earm 000) 000								
2008. 12.09. 22								
2008 12.00 22								
20028-12-09-22 Schodulo & /Earm 000) 200								
20028 12 09 22								
20028 12:00:22 Schodulo & /Earm 000) 202								
20028 12:00.22 Schodulo & /Earm 000\ 202								
20028 12:00.22 Schodulo & /Earm 000\ 202								
20028 12:00.22 Schodulo & (Earm 000) 002								
SODAUGA / LAPA URB							Sobodulo A /Forme of	201 000

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

lame	ot	the	orga	nızatı	on	
						_

OF PHILADELPHIA

2	3	_	1	3	5	2	3	3	6
~	-		÷.	-	-	~	-	-	~

Organization type	e (check one):
-------------------	----------------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization NATIONALITIES SERVICE CENTER OF PHILADELPHIA Page 2

23-1352336

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM PENN FOUNDATION TWO LOGAN SQUARE, 100 N 18TH ST PHILADELPHIA, PA 19103	\$ <u>663,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VAN AMERINGEN FOUNDATION 509 MADISON AVE #2010 NEW YORK, NY 10022	\$ <u>400,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>270,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

16340410 758275 3173.000

	B (Form 990) (2022)		Page 3
	rganization		Employer identification number
	NALITIES SERVICE CENTER		
OF PH	ILADELPHIA		23-1352336
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	ł.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	

223453 11-15-22

24

Schedule I	B (Form 990) (2022)			Page 4					
	organization		Employer ide	entification number					
	NALITIES SERVICE CENTER								
	ILADELPHIA		23-13						
Part III	from any one contributor. Complete columns (a)	through (e) and the following line ent	v. For organizations	an \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	s for the year. (Enter this info. once.)						
(a) No.	Use duplicate copies of Part III if additional s	space is needed.							
from	(b) Purpose of gift	(c) Use of gift	(d) Description of hov	v gift is held					
Part I									
				<u> </u>					
		(e) Transfer of gif							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	nsferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of hov	v gift is held					
<u> </u>									
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	nsferee					
(a) No. from									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of hov	v gift is held					
			[
		(a) Transfor of gif							
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	nsferee					
			·						
(a) No.									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of hov	v gift is held					
Part I									
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tra	nsferee					
		[
223454 11-15	L 5-22		Saba	dule B (Form 990) (2022)					
11-10		25	3016						

16340410 758275 3173.000

SCHEDULE D Supplementa			al Financial Stateme	nts		OMB No. 15	45-0047
(Forn	n 990)		nization answered "Yes" on Form 9 11a, 11b, 11c, 11d, 11e, 11f, 12a, 1			202	22
	Department of the Treasury Attach to Form 990.						Public
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization NATIONALITIES SERVICE CENTER Em						on
Nam	e of the organizatio	OF PHILADELPHIA				identification 3-13523	
Par	rt I 📔 Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Fu	nds or Ac	counts.	Complete if the	9
	organization	answered "Yes" on Form 990, Part IV, lin	e 6.			•	
			(a) Donor advised funds	(1	b) Funds an	d other accour	nts
1		d of year					
2		contributions to (during year)					
3		grants from (during year)					
4 5		end of year n inform all donors and donor advisors in v	writing that the accests hold in depart	dviced fund	•		
5	-	n's property, subject to the organization's	-			Yes	No
6		n inform all grantees, donors, and donor a					
	•	oses and not for the benefit of the donor o	• •				
_	impermissible priva					Yes	No
Par	rt II Conserva	ation Easements. Complete if the org	anization answered "Yes" on Form S	990, Part IV,	line 7.		
1	Purpose(s) of conse	ervation easements held by the organization	on (check all that apply).				
		of land for public use (for example, recrea	tion or education)	on of a histo	rically impor	tant land area	
		natural habitat	Preservati	on of a certif	ied historic	structure	
•		of open space					
2	day of the tax year.	hrough 2d if the organization held a qualif	led conservation contribution in the i	form of a cor		asement on the	
а		nservation easements			2a		
b		cted by conservation easements			2b		
		ation easements on a certified historic stru			2c		
		ation easements included in (c) acquired a					
	historic structure lis	sted in the National Register			2d		
3	Number of conservation	ation easements modified, transferred, rele	eased, extinguished, or terminated b	y the organiz	ation during	g the tax	
	year						
4		here property subject to conservation eas					
5		on have a written policy regarding the per					
6		preement of the conservation easements it hours devoted to monitoring, inspecting,					No No
U		nours devoted to monitoring, inspecting,	narialing of violations, and emotoring		reasementa	s during the ye	
7	Amount of expense	 es incurred in monitoring, inspecting, hand	ling of violations, and enforcing cons	servation eas	ements duri	ng the year	
			5			5 ,	
8	Does each conserv	ation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(i)		
	and section 170(h)(Yes	No
9		e how the organization reports conservation	•				
		include, if applicable, the text of the footn	ote to the organization's financial sta	atements tha	t describes	the	
Par	t III Organization's acco	ounting for conservation easements. tions Maintaining Collections of	Art Historical Treasures o	r Other Si	milar Ass	sets	
		the organization answered "Yes" on Form					
1a		elected, as permitted under FASB ASC 95		ent and bala	nce sheet w	orks	
	•	asures, or other similar assets held for pub	•				
		Part XIII the text of the footnote to its finar			•		
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its revenue statement	and balance	sheet works	s of	
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, or research in	furtherance	of public se	rvice,	
	-	ng amounts relating to these items:					
		led on Form 990, Part VIII, line 1					
~							
2	-	received or held works of art, historical trea		ancial gain, p	rovide		
-	-	nts required to be reported under FASB A on Form 990, Part VIII, line 1	-		\$		
	Assets included in I				•		
		duction Act Notice, see the Instructions				dule D (Form	990) 2022
	09-01-22	-					-
			26				

16340410 758275 3173.000

20 2 05000 MD

		LITIES SER	VICE	CENTE	R						
		ADELPHIA							52336		age 2
Par	t III Organizations Maintaining C	ollections of Ai	t, Hist	orical Tre	easures, o	r Other	Similar	r Assets	Gentini	ued)	
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other record	ls, check	any of the f	following that	: make sig	nificant ι	use of its			
а	Public exhibition		d 🗌	Loan or exc	hange progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma		-						Yes		No
Par	t IV Escrow and Custodial Arran					"Yes" on I	- orm 990	. Part IV.	line 9. or		
	reported an amount on Form 990, Pa			5				, ,	,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	s or other ass	sets not in	ncluded				
	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina t	ahle [.]						L	
D			nowing t	abic.					Amount		
~	Reginning balance						1c				
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
t	Ending balance										7
	Did the organization include an amount on F						y?	∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete								(-) [haali
		(a) Current year	(b) ⊦	Prior year	(c) Two year	rs dack (d) Three y	ears back	(e) Four	years	раск
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur		e (line 10	n, column (a)) held as:						
	Board designated or quasi-endowment		%	g, colanni (a,	,,						
h	Permanent endowment	%									
č		%									
U	The percentages on lines 2a, 2b, and 2c sho	-									
20	Are there endowment funds not in the posse	-	otion the	t are hold ar	ad administor	od for the					
Ja	•	ssion of the organiz	alion ina	il are neiù ai			;		Г	Yes	No
	organization by:									103	
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the		wment f	unds.							
Fai	t VI Land, Buildings, and Equipm					Dent V	10				
	Complete if the organization answere			1	1						
	Description of property	(a) Cost or o			t or other	. ,	cumulate	ed	(d) Book	valu	е
		basis (invest	ment)	Dasis	(other)	aep	reciation				
	Land			0 0 0		1 2	16 0	4.4	1 0 5 0	<u> </u>	1 /
	Buildings			4,37	5,858.	1,3	16,04	±4•	1,059	, δ.	14.
	Leasehold improvements						10 5	_		_	
d	Equipment			12	7,398.		40,51	L7.	86	, 8	81.
e	Other									_	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. colun	nn (B), line 1	0 <u>c.)</u>				1,146	,6	95.
								Schedule	D (Form	990)	2022

Schedule D (Form 990) 2022 OF PHILADEL	PHIA	23	3-1352336 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
<u>(C)</u>			
(D)			
(E)			
(F)			
(G)			
(H) Tatel (Oct (h) must a such Farm 2000 Dart V, and (D) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			_
(8)			_
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			_
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) PENSION PLAN LIABILITY			315,856.
			28,155.
(4) (3) LEASE LIABILITY			
(5)			
(6)			1
(7)			1
(8)			+
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		344,011.
2. Liability for uncertain tax positions. In Part XIII, provide			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

	NATIONALITIES SERVICE CENTE	ER							
Sche	dule D (Form 990) 2022 OF PHILADELPHIA				1352336	Page 4			
Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1	Total revenue, gains, and other support per audited financial statements			1	13,673,	255.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a	-19,740.						
b	Donated services and use of facilities	2b	981,564.						
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d	24,779.						
е	Add lines 2a through 2d			2e		603.			
3	Subtract line 2e from line 1			3	12,686,	652.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
С	Add lines 4a and 4b			4c		0.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	12,686,	652.			
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents with	Expenses per F	letur	n.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1	Total expenses and losses per audited financial statements			1	14,515,	468.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities		981,564.						
b	Prior year adjustments	2b							
С	Other losses								
d	Other (Describe in Part XIII.)								
е	Add lines 2a through 2d			2e	981, 13,533,	564.			
3	Subtract line 2e from line 1			3	13,533,	904.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b								
b	Other (Describe in Part XIII.)	4b				•			
С	Add lines 4a and 4b			4c	10 500	0.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,533,	904.			
Pai	t XIII Supplemental Information.								

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS

(2020-2022) TAKEN OR EXPECTED TO BE TAKEN IN THE CENTER'S 2023 TAX RETURN

AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS

THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ACTUARIAL GAIN ON DEFINED BENEFIT PLAN

24,779.

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 990					Open to Public Inspection	
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru		and th	ne latest information		r identification number	
Name of the organization		LITIES SERVICE CEN ADELPHIA	TER				52336	
	ing Activities.	Complete if the organization answ t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 99	0-EZ filers are not	
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followi e Solicit: f Solicit: g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purse	ation of ation of I fundra I (incluc professi	non-g gover aising o ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No to be	
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col.	by) to (or retained by)	
			Yes	No				
Total		I	1	1				
	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt fro	m registration	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

Sch	edu		ALITIES SERVI LADELPHIA	CE CENTER	23-	1352336 Page 2
	art I	II Fundraising Events. Complete if the	he organization answered		t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr	1			ts greater than \$5,000.
			(a) Event #1 NSC GLOBAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
۵ı			TASTES (event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	304,662.			304,662.
	2	Less: Contributions	288,502.			288,502.
	3	Gross income (line 1 minus line 2)	16,160.			16,160.
	4	Cash prizes				
S	5	Noncash prizes				
Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				85,581.
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				<u>85,581.</u> -69,421.
Pa	art I			1 990, Part IV, line 19, or i	reported more than	00,121
		\$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))
Вe	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
а	En [.] I Is t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	ucts gaming activities:	states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain:			/ear?	Yes No
	_					

232082 10-27-22

Schedule G (Form 990) 2022

Sch	chedule G (Form 990) 2022 OF PHILADELPHIA	23-1	.352	336	Page 3
11	1 Does the organization conduct gaming activities with nonmembers?			Yes	No
12	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a p				
	to administer charitable gaming?			Yes	No
13	3 Indicate the percentage of gaming activity conducted in:				
	a The organization's facility		13a		%
	b An outside facility		13b		%
	4 Enter the name and address of the person who prepares the organization's gami				,,,
	Name				
	Name				
	Address				
	Address				
15-	5a Does the organization have a contract with a third party from whom the organiza	tion receives gaming revenue?		Yes	No
154	Sa Does the organization have a contract with a trind party north whom the organiza		🖵	105	
L.					
D		and the amount			
_	of gaming revenue retained by the third party \$				
С	c If "Yes," enter name and address of the third party:				
	News				
	Name				
	Address				
16	6 Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent	contractor			
17	7 Mandatory distributions:				
а	a Is the organization required under state law to make charitable distributions from	the gaming proceeds to			
	retain the state gaming license?			Yes	No No
b	b Enter the amount of distributions required under state law to be distributed to other	ner exempt organizations or spent in the			
De	organization's own exempt activities during the tax year \$				
Ра	Part IV Supplemental Information. Provide the explanations required by		rt III, lir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information	ition. See instructions.			
23208	32083 10-27-22	Sched	ule G (Form	990) 2022

chedule G	(Form	990)	

Schedule G	(Form 990)	OF	PHILADELPHIA	23-1352336 Ра	age 4
Part IV	(Form 990) Supplemental Inform	natio	(continued)		

Schedule G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	er Assistanc d Individuals ^{answered "Yes"}	A Other Assistance to Organizations, s, and Individuals in the United States nization answered "Yes" on Form 990, Part IV, line 21 or 2	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.c	Attach to Form 990. gov/Form990 for the Is	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	tion.		Open to Public Inspection
Name of the organization	ation NATIONALITIES S OF PHILADELPHIA	Ιн	SERVICE CENTER A				Ē	Employer identification number 23–1352336
Part I General I		Assistance						
1 Does the organ	Does the organization maintain records to substantiate the amount of the	ubstantiate the		or assistance, the c	grantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to	criteria used to award the grants or assistance?	ce?						X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for monito	<u>vring the use of grant fu</u>	unds in the United	States.			
Part II Grants al recipient i	Grants and Other Assistance to Domestic Organizations and Domestic Governments. recipient that received more than \$5,000. Part II can be duplicated if additional space is nee	nestic Organiz 000. Part II can t	ations and Domestic (omestic Governments. Con if additional space is needed	omplete if the orga ed.	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	, line 21, for any
1 (a) Name and <i>a</i> or gr	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total num	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	government org	anizations listed in the	line 1 table				
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instructio	uns for Form 990.					Schedule I (Form 990) 2022

232101 10-31-22

34

Schedule I (Form 990) 2022 OF PHILADELPHIA	ERVICE	CENTER			23-1352336 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.		organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22	30, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ECONOMIC EMPOWERMENT, RESETTLEMENT, SURVIVOR SERVICES	1440	4,330,294.	0.		
Part IV Supplemental Information. Provide the information required in P	uired in Part I, lin∈	e 2; Part III, column	art I, line 2; Part III, column (b); and any other additional information	ditional information.	
PART I, LINE 2:					
NATIONALITIES SERVICE CENTER'S PROC	PROCEDURES FO	FOR THE GIV	GIVING OF GRANTS	VTS, AND THE	
MONITORING/DOCUMENTATION PROCESS FO	FOR THESE (GRANTS IS	IN ACCORDANCE WITH	ICE WITH THE	
POLICIES AND PROCEDURES AS REQUIRED	ВҮ ТНЕ	U.S DEPART	DEPARTMENT OF HEALTH	ALTH AND	
HUMAN SERVICE'S OFFICE OF REFUGEE I	RESETTLEMENT	ENT AND THE	E RESPECTIVE	/E PROGRAMS	
THAT ARE BEING ADMINISTERED FOR THE	E GOVERNMENT	ENT.			

35

Schedule I (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

21

22

(ГС	лш	99U)	

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

23-1352336

Name of th	e organization	NA	FIONALITIES	SERVICE	CENTER
		OF	PHILADELPH	IA	
Part I	Types of P	rope	rtv		

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu			3
			Items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications			174 520				
5	Clothing and household goods			174,538.	F.W.V			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		8	122,766.				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (
26	Other (
27	Other (
28	Other (
29	Number of Forms 8283 received by the organ	ization during	I the tax year for co	ontributions				
20	for which the organization completed Form 8							
		200,1 411 9,2	Solice / Kolkilowieug				Yes	No
30a	During the year, did the organization receive	by contributio	n any property rep	orted in Part I, lines 1 throug	h 28 that it		103	
004	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period					30a		Х
h	If "Yes," describe the arrangement in Part II.					304		
ы 31	Does the organization have a gift acceptance	nolicy that re	ouires the review (of any nonstandard contribut	ions?	31		Х
						31		- 11
JZđ	Does the organization hire or use third parties contributions?		0	· · ·		32a		x
b	If "Yes," describe in Part II.							
22	If the examination didn't report on emount in	column (o) fo	r a type of property	(for which column (a) is choc	kod			

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

232141 09-09-22

			TIES SERVIC	CENTER				
Schedule N	1 (Form 990) 2022	OF PHILADE				23-1352		Page 2
Part II	is reporting in Pa	Il Information. Print I, column (b), the nuadditional information	umber of contribution	n required by Par ns, the number of	t I, lines 30b, 32b, a items received, or a	nd 33, and whether the combination of both.	e organizati Also compl	on ete

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

FORM 990, PART

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. NATIONALITIES SERVICE CENTER



23-1352336

OF PHILADELPHIA

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PURSUE A JUST FUTURE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INDIVIDUALS FROM OVER 100 COUNTRIES, INCLUDING AFGHANISTAN, UKRAINE,

SYRIA, DEMOCRATIC REPUBLIC OF CONGO.

I,

FORM 990, PART VI, SECTION A, LINE 2:

MEYER DESIGN CONTRACTED WITH NATIONALITIES SERVICE CENTER. ALICIA KARR, IS

A PRINCIPAL AT THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS REVIEWED BY THE BOARD'S FINANCE COMMITTEE AND EXECUTIVE

DIRECTOR, AFTER WHICH THE FULL BOARD WAS PROVIDED A COPY FOR REVIEW BEFORE

FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

NSC REGULARLY AND CONSISTANTLY MONITORS AND ENFORCES COMPLIANCE WITH OUR

CONFLICT OF INTEREST POLICY. THE CHIEF MECHANISM OF COMPLIANCE IS THE

ANNUAL DISCLOSURE OF ALL INTERESTS THAT MIGHT GIVE RISE TO A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

OUR BOARD'S PERSONNEL COMMITTEE DETERMINED THE EXECUTIVE DIRECTOR'S

COMPENSATION BY COMPARING COMPENSATION DATA OF EXECUTIVE DIRECTORS AT

SIMILAR SIZE ORGANIZATIONS IN TEH AREA. THE COMMITTEE'S DELIBERATION AND

DECISION ON THIS MATTER WERE RECORDED IN THE COMMITTEE'S MINUTES.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

16340410 758275 3173.000

38

FORM 990, PART VI, SECTION THESE DOCUMENTS ARE AVAILA	BLE UPON WRITTEN REQUEST. THIS RE	QUEST MUST BE
	CUTIVE DIRECTOR OR THE BOARD OF I	
FORM 990, PART XI, LINE 9,	CHANGES IN NET ASSETS:	
ACTUARIAL GAIN ON DEFINED	BENEFIT PLAN	24,779.
		Sebedula O /Farma 000) 000
232212 10-28-22 40410 758275 3173.000	39 2022.05080 NATIONALITIES	Schedule O (Form 990) 202

Name of the organization NATIONALITIES SERVICE CENTER OF PHILADELPHIA

Schedule O (Form 990) 2022

Employer identification number 23-1352336