#### -10905 11/09/2010 12:59 PM

Form

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047 Open to Public Inspection

Α_	For the 200	9 çalendar ye	ear, or tax year beginning , and ending					
 P	ack if applica		C Name of organization	1	D Emplo	yer identification number		
<u> </u>	dress change	use IRS	COMMITTEE OF SEVENTY		00 0407005			
=		laper or	Doing Business As		23-	·0487205		
ᆜ	Name change	print or type.	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	suite 1		one number		
	Initial return	See		215	<u>-557-3600                                   </u>			
Π.	Termination	Specific	8 PENN CENTER, 1628 JFK BLVD  City or town, state or country, and ZIP + 4		G Gross receipts \$835,703			
=		Instruc- tions.	PHILADELPHIA PA 19103					
=	Amended return		e and address of principal officer.		H(a) is ihis	a group return for		
	Application pen		CHARY STALBERG		affiliates? Yes X No			
				H(b) Are ali Include	affiliales Yes No			
			PENN CENTER, 1628 JFK BLVD ILADELPHIA PA 19103		if "No,	attach a list. (see instructions)		
_			501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527					
	Tax-exempt	Status:	SEVENTY . ORG		H(c) Group	exemption number		
						M State of legal domicile: PA		
		zation: X Co	POLIDON NO.					
	art I	Summa			-			
		•						
8	S	ee Sche	***************************************					
ā								
& Governance			The state of the s	net assets				
Š			if the organization discontinued its operations or disposed of more than 25% of its r			61		
			members of the governing body (Part VI, line 1a)			58		
ies	1	-	endent voting members of the governing body (Part VI, line 1b)		·   -	6		
Activities			employees (Part V, line 2a)			250		
Àct			volunteers (estimate if necessary)		· <del> </del>			
			ated business revenue from Part VIII, column (C), line 12		.			
	b Net	unrelated bu	siness taxable Income from Form 990-T, line 34	Prior Year		Current Year		
	`\			1,185		834,144		
-	,		d grants (Part VIII, line 1h) revenue (Part VIII, line 2g)		,287			
Revenu				971	858			
Ş			ne (Part VIII, column (A), lines 3, 4, and 7d)			701		
_	11 Othe	er revenue (H	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,379	.480	835,703		
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<del>,</del> _			
			ar amounts paid (Part IX, column (A), lines 1–3)					
			or for members (Part IX, column (A), line 4)	638	,117	656,931		
ŝ	15 Sala		ompensation, employee benefits (Part IX, column (A), lines 5–10)		/			
Expenses	16a Prof	essional fund	draising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) ▶ 138,147					
ğ	<b>b</b> Tota	ıl fundralsing	expenses (Part IX, column (D), line 25)	422	,681	415,624		
Щ		er expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)	1,060		1,072,555		
	18 Tota	il expenses.	Add lines 13–17 (must equal Part IX, column (A), line 25)		,682	-236,852		
	19 Rev	<u>enue less ex</u>	penses. Subtract line 18 from line 12	ining of Curre		End of Year		
200			, [		,756	532,544		
Net Assets or	20 lota	-			,748	106,249		
	21 Tota	ıı nadılıtles (F	art X, line 26) and balances. Subtract line 21 from line 20		,008	426,295		
	1 22 Net							
<b>***</b>	art II		re Block  Ities of Aeriphy, I declare that I have examined this return, including accompanying schedules and states	ments, and t	o the best o	of my knowledge		
		Under pena and belief, i	ties of Aeris <del>ty, I declare t</del> hat I have examined this feturn, including accompanying screeness and states it is true, somect, and complete. Declaration of preparer (other than officer) is based on all information of	f which prep	arer has an	y knowledge.		
		`			Ī			
Sig					Date			
He	re	Signate	re of officer					
		<b> </b>	100					
	Type or print name and title  Date Check if Preparer's identifying number							
Da	ial	Preparer's	Date 11 /00 /10	telf.	. [	[ (see Instructions) P00765200		
Pa		signature	11/09/10	O employe		23-3010968		
1 1≽.	arer's	Firm's name	o (or yours Milligan & Company, LLC		EIN_	25 5010300		
US	é Only	If self-empk	* * TOE NO 2250 ST WI /		Phone	215-406-0100		
		address, an		no.	215-496-9100			
Ма	y the IRS di	iscuss this re	eturn with the preparer shown above? (see instructions)		,	Yes   No		
Fo	Privacy A	ct and Pape	rwork Reduction Act Notice, see the separate Instructions.			Form <b>990</b> (2009)		
DΑ	٩.							

JITH 89U	(2009) COMMITTEE OF	SEVENTY	23-0487205	Page 2
Part II		Service Accomplishments	S	
l Brie	fly describe the organization's missio		<del></del>	
Şee	Schedule O	.,,	***************************************	
<u>)                                    </u>	<u></u>			
			••••	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			consultish were not listed as	
	the organization undertake any signif			Yes X No
	prior Form 990 or 990-EZ? 'es," describe these new services on			
	the organization cease conducting, o		t conducts, any program	
				Yes X No
	es," describe these changes on Sche	edule O.		=
			ree largest program services by expenses.	
Sect	tion 501(c)(3) and 501(c)(4) organiza	tions and section 4947(a)(1) trusts	are required to report the amount of grants and	
alloc	cations to others, the total expenses,	and revenue, if any, for each progra	am service reported.	
	·			
(Cod	de: ) (Expenses \$	834,123 including grad	nts of \$	
lhe	Committee of Seve	nty (a non-partis	san organization)	
educ	cates the citizens	in Philadelphia	and the region by	
			on via print,	
	ctronic media and			
÷. ∍⊤eα	ctions, etnics in	government, and m	many other government seventy also monitors	
erc	orm issues to bett	er the region. s	og and denlowing	
ue	todar efections p	s on election day	g and deploying 's in accordance with	
	organization's ta	y exempt nurpose.		
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(Cod	de: ) (Expenses \$	including gran	nts of \$ ) (Revenue \$	
(Cod		including gran	nts of \$ ) (Revenue \$	

Form 990 (2009) COMMITTEE OF SEVENTY

Part W Checklist of Required Schedules

<u></u>	Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.	<b>.</b>	
	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		x
_	Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<del></del>		
5		5	}	
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	-		$\vdash$
6	the right to provide advice on the distribution or Investment of amounts in such funds or accounts? If "Yes,"	1	}	
	17 O. 14 D. D. 41	6		x
7	Did the organization receive or hold a conservation easement, Including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
·	and the Orlean Broad Mills	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		1	
	complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	[		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
	<ul> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete</li> </ul>			
	Schedule D, Part VI.			
	<ul> <li>Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more</li> </ul>			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	)Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VIII.			
	<ul> <li>Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets</li> </ul>			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities In Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	X	<u></u>
	Schedule D, Parts XI, XII, and XIII.	12	Λ	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  12A X			
40	ii 165, Completing Concedule D, 1 title Att, Att, title Annie opnomia.	13	:::::::::::::::::::::::::::::::::::::::	X
13 14-	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a _	for the page for a section like for delike	1		
þ	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
10	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to Individuals located outside the United States? If "Yes," complete Schedule F, Part III	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</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		<u> </u>
<u>20</u> .	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
_		Form	990	(2009)

*******	art V Checklist of Required Schedules (continued)			
800 ES	Cliecklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to Individuals in the			
	United States on Part IX, column (A), line 2? if "Yes," complete Schedule I, Parts I and III	22_		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	At the state of th			
<b>47</b> 0	\$100,000 as of the last day of the year, that was Issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
LJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X.
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
D	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
LI	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
۵.	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Cobadula L Part IV	28b	X	
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
Ü	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		- 1	
	Part N/	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	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,			
31		31		X
32	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<b>3</b> 4	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-37 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, Parts II,			
34	III, IV, and V, line 1	34		X
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
35		35		X
26	Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
97	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37	}	x
20	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
38	19? Note, All Form 990 filers are required to complete Schedule O.	38	x	
	TAT TIGESTALL ALLE OUR MOTO STOTE OF COMMON OF	Form	990	(2009)

e P	Statements Regarding Other IRS Filings and Tax Compliance				Yes	No
4.	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				165	NO .
Ţа.	U.S. Information Returns. Enter -0- If not applicable	1a	12			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16	_0	7		
р	Did the organization comply with backup withholding rules for reportable payments to vendors and report					
C			,	1c	X	,,,,,,,,,,,
20	The state of the s	l' ''' l	***************************************			
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	l
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		***************************************			
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	٧				
ou				3a		Х
b	and the state of t			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?			4a		X
ь	If "Yes," enter the name of the foreign country: ▶					
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	k				
	and Financial Accounts.					
5а	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 transaction			5b_		X_
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng			]	
	Prohibited Tax Shelter Transaction?		.,	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or				
	7:1:0:1:0:1:0:1:0:1:0:1:0:1:0:1:0:1:0:1:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6b	*********	*********
•	Organizations that may receive deductible contributions under section 170(c).		•			
•	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good					
	and services provided to the payor?	<b>.</b>		7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	_	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					x
	required to file Form 8282?			7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		
θ	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	nai		7e	50000000	X
	benefit contract?			7f		X
f	Did the organization, during the year, pay premiums, directly or Indirectly, on a personal benefit contract?			7g		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<del>-'8</del> -		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	٠.		7h		X
	required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		**********************			
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?		•	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		***************************************			
a		10a	·			
b		10b				
1	Section 501(c)(12) organizations. Enter:					
a	Gross Income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		_		
•	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	417	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12a	200000000	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Form 990 (2009) COMMITTEE OF SEVENTY	23-0487205
Part VI Governance, Management, and Disclosure	For each "Yes" response to lines 2 through 7b below, and
•	low, describe the circumstances, processes, or changes in
Schedule O. See instructions	

<u> </u>	ion A. Governing Body and Management					
				1000000000	Yes	No
1a	Enter 610 promper of 100 place of man determined> *********************************	<u>1a</u>	61	-		
Ь	Effect the harmonic of voting members did the independent	1b	58			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			[		
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		<u>x</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4_		<u>x</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		<u>x</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?			8a	X	
Ь	Each committee with authority to act on behalf of the governing body?			86	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			i l		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9_		<u> </u>
Sec	ction B. Policies (This Section B requests information about policies not required by the Inter	rnal				
	venue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
	}Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			1 1	}	
	form?			11	X	
11a	11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		<i></i> .	12a	Х	
b	and the second s			1 1		
	rise to conflicts?			12b	X	
Ċ	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1 1		
	describe in Schedule O how this Is done			12c	Х	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
ь	Other officers or key employees of the organization			15b	X	<u></u>
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	Its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b	1	
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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)		•			
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website X Another's website X Upon request					
19						
حو ه	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization: Committee of Seventy 8 Penn Center Plaza,	Su	ite 100	2		
P	hiladelphia PA 19103					

Form 990 (2009) COMMITTEE OF SEVENTY

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

pmplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
   who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than
   \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	n did not compensate any current officer, dire  (B) (C)  Average Position (check all that apply)							(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title `		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
See Attachment fo	r Comple	te	L	is	ţi:	g		0	0		
Zachary Stalberg	65.00	x		x				254,127	0		
_aniel K. Fitzpat	4.00	X						0	0		
John E. McKeever, Vice Chair	1.00	x					<u> </u>	0	0		
Dianne L. Semings Secretary	on 1.00	x	_					0	0	0	
F. Mark Lastner Treasurer	1.00	x.					_	0	0		
Ellen Mattleman K VP/Pol. Dir.	aplan 60.00			x				124,534	0		
						<u> </u>					
			_					:			
					_		_			<u> </u>	
	<u> </u>						_				
				_		_	_				
		_			_	_	_		<u> </u>		
- )					_	<u> </u>					
					_	_	_				
						L				Form <b>990</b> (2009	

For	m 990 (2009) COMMITTI	EE OF SEV	ENT	'Y					23-048		Page 8
	art VII Section A. Office	rs, Directors, Tru	stees	, Ke	у Еп	ıplo	yees	, an	d Highest Compensated I	mployees (continued)	
	(A) Name and Title	(B) Average hours per	<u> </u>		(chec	_	_	,	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week	or director	Institution	Officer	Key employee	Highest c	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the
			r trustee	Institutional trustee		loyee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
			1								<u>.</u>
<del>-</del>					_	-					
								·			
·											
·											
·		.,									
·											
·			<u> </u>								
·			<u> </u>				·				
· .	)										
			ļ								
·									378,661	-	
	Total							<u> </u>			
2	Total number of individuals (i reportable compensation from			10 (n 2	ose II	ISTEC	ado	ve) ı	who received more than \$19	00,000 111	•
3 4 5	Did the organization list any f employee on line 1a? if "Yes, For any individual listed on lin the organization and related of individual	ormer officer, dire complete Schedu e 1a, is the sum o organizations great 1a receive or accu	ctor of ule J if f reporter that	for st ortab an \$1 	ich ir le coi 150,0  nsatid	ndivi mpe 1007 on fr	dual nsati If "Yo om a	on a es," ny u	and other compensation from complete Schedule J for su	n Ich	Yes No 3 X 4 X 5 X
1	Complete this table for your fi compensation from the organ	ve highest compe	nsate	d ind	ереп	iden	t con	tract			
		(A) nd business address							Descript	(B) tion of services	(C) Compensation
-			<u> </u>								
					_						
		<u> </u>									
<u>.</u>	J	<u> </u>		_						<del>-</del>	
2	Total number of independent						to the	osel	listed above) who received		0
DAA	more than \$100,000 in comp	ensation from the C	лgan	zauc	лі 🚩					<del></del>	Form 990 (2009)

DAA

Fол	n 990	(2009) COMMITTEE OF SEVENTY	23-0487205 Page						
	ΗV								
	_)_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a							
ĒŽ	b	Membership dues 1b							
a,v E	C	Fundralsing events 1c							
ag:	d	Related organizations 1d							
ξ,Œ	е	Government grants (contributions) 19							
tion Fr	f	All other contributions, giffs, grants,							
the state		and similar amounts not included above 1f 834,144							
der	g	Noncash contributions included in lines 1a-1f: \$							
ပ္ပန	h	Total. Add lines 1a–1f	834,144						
<u>e</u>	-	Busn. Code							
Program Service Revenue	2a								
Rev	b								
ë	c								
eη	4								
E S		, .,							
grai	٠. ٠	All other program service revenue							
ē.		Total, Add lines 2a-2f.	<u> </u>						
		Investment income (including dividends, Interest, and							
			858	858					
		other similar amounts)  Income from investment of tax-exempt bond proceeds							
	4				· <del></del> -				
	5	Royalties							
		- <del>''</del>							
		Gross Rents							
		Less; rental exps.							
. !		Rental inc. or (loss)							
	<u>)</u> d	Net rental income or (loss)							
	, , a	Gross amount from sales of assets (ii) Securities (iii) Other							
		other than inventory							
	b	Less: cost or other							
		basis & sales exps.							
	C	Gain or (loss)							
	ď	Net gain or (loss)							
6	8a	Gross Income from fundralsing events							
ă		(not including \$							
eve	i	of contributions reported on line 1c).							
Other Revenue		See Part IV, line 18 a							
ફ	b	Less: direct expenses b							
0	С	Net income or (loss) from fundraising events							
	9a	Gross income from gaming activities.							
		See Part IV, line 19 a							
	b	Less: direct expenses b							
		Net income or (loss) from gaming activities							
		Gross sales of Inventory, less							
		returns and allowances a							
	ь	Less: cost of goods sold b							
		Net income or (loss) from sales of inventory							
	<del></del>	Miscellaneous Revenue Busn. Code							
	11a	OTHER INCOME	701	701					
	ь								
	С								
	ď	All other revenue							
	) _	Total. Add lines 11a–11d	701						
	12		835,703	1,559	0	0			
		Total Notation Coo mendenting Transferred				Form <b>990</b> (2009)			

## Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

•	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	ot Include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundralsing expenses					
<u>a f</u>	, 8b, 9b, and 10b of Part VIII.		expenses	Reticial exhetises	ovbersee					
1	Grants and other assistance to governments and	1								
	organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the	j								
	U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	378,662	294,485	35,405	48,772					
6	Compensation not Included above, to disqualified									
•	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	İ								
7	Other salaries and wages	192,595	149,781	18,008	24,806					
7					<u> </u>					
8	Pension plan contributions (Include section 401(k)		•	·						
_	and section 403(b) employer contributions)	48,273	37,541	4,514	6,218					
9	Other employee benefits	37,401	29,087	3,497	4,817					
10	Payroll taxes	37,401	25,001							
11	Fees for services (non-employees):									
а	Management									
b	Legal	22.000	06 411	3,175	4,374					
C	Accounting	33,960	26,411		2,3/2					
d										
е	Professional fundraising services. See Part IV, line 17				<del></del>					
	Investment management fees									
g	/									
12	Advertising and promotion	141	110	13	18					
13	Office expenses	800	622	75	103					
14	Information technology	4,269	3,320	399	550					
15	Royalties									
16	Occupancy	68,765	53,478	6,430	8,857					
17	Travel	5,175	4,024	484	667					
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	35,355	27,495	3,306	4,554					
20		1,099	854	103	142					
	Interest									
21	Payments to affiliates  Depreciation, depletion, and amortization	14,004	10,888	1,310	1,806					
22	•	4,775	3,714	446	615					
23	Insurance	= 1110	=7:	===						
24	Other expenses. Itemize expenses not									
	covered above. (Expenses grouped together									
	and labeled miscellaneous may not exceed									
	5% of total expenses shown on line 25 below.)	102,572	79,771	9,590	13,211					
а	CONSULTING FEES		51,906	6,240	8,596					
Ь	PRINTING & PUBLICATION	66,742	11,617	1,397	1,924					
C	EQUIPMENT RENTAL & MAINTE	14,938			1,785					
d	RESEARCH	13,858	10,777	1,296	1,718					
е	TELEPHONE	13,342	10,377	1,247						
	All other expenses	35,829	27,865	3,350	4,614					
	Total functional expenses. Add lines 1 through 24f	1,072,555	834,123	100,285	138,147					
26	Joint costs. Check here ▶ if following									
-	SOP 98-2. Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation									
DÁA		· · · · · · · · · · · · · · · · · · ·			Form <b>990</b> (2009)					

Per Trans	A SHARESON III	(2009) COMMITTEE OF SEVENTY			-0487203		1ago_11
P	irt )	Balance Sheet		<del></del>	(4)		(B)
					(A) Beginning of year	1	(B) End of year
_					67,359	1	150,289
	)	Cash—non-Interest bearing	<u></u>		479		618
	2	Savings and temporary cash Investments		633,146	_	280,000	
	3	Pledges and grants receivable, net		633,140		200,000	
	4	Accounts receivable, net	.,,,,,		4		
į	5	Receivables from current and former officers, directors, tr					
j		employees, and highest compensated employees. Compl					
		Schedule L			•	5	
	6	Receivables from other disqualified persons (as defined u	nder section	ו			
		4958(f)(1)) and persons described in section 4958(c)(3)(B				6	
10		Part II of Schedule L			7,500		68,000
Assets	7	Notes and loans receivable, net			1,500	8	007000
SS	8	Inventories for sale or use			5,370		8,739
⋖	9	Prepaid expenses and deferred charges	, <sub>1</sub>		3,310	9	0,105
	10a	Land, buildings, and equipment: cost or		76 000			
		other basis. Complete Part VI of Schedule D	10a	76,999	30,152	400	16,148
	b	Less: accumulated depreciation	_10b	60,851		110	10/140
	11	Investments—publicly traded securities			12	<del></del>	
	12	Investments—other securities. See Part IV, line 11			13	<del></del>	
	13	Investments—program-related. See Part IV, line 11			14		
	14 -	Intangible assets		8,750		8,750	
	15	Other assets. See Part IV, line 11	752,756		532,544		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		45,883		62,841	
	17	Accounts payable and accrued expenses		45,005	18		
	18	Grants payable				19	
	19	Deferred revenue				20	
	20	Tax-exempt bond liabilities				21	
	)1	Escrow or custodial account liability. Complete Part IV of				21	
Liabilif	22						
a Di		employees, highest compensated employees, and disqua		33		22	
Ξ		persons. Complete Part II of Schedule L			<u> </u>	23	
	23	Secured mortgages and notes payable to unrelated third			<del></del>	24	
	24	Unsecured notes and loans payable to unrelated third par			43,865	_	43,408
	25	Other liabilities. Complete Part X of Schedule D			89,748		106,249
	26	Total liabilities. Add lines 17 through 25	<u></u> Pla				
es		Organizations that follow SFAS 117, check here	y and				
20		complete lines 27 through 29, and lines 33 and 34.		8	114,716	27	76,295
<u>8</u>	27	Unrestricted net assets			548,292		350,000
Ě	28	Temporarily restricted net assets				29	
2	29	Permanently restricted net assets					
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check her	⊌ <b>-</b>				
ö		and complete lines 30 through 34.		*		30	
ស្ថ	30	Capital stock or trust principal, or current funds				31	<u> </u>
SS	31	Pald-in or capital surplus, or land, building, or equipment				32	
Ą	32	Retained earnings, endowment, accumulated income, or			663,008		426,295
let	33	Total net assets or fund balances			752,756		532,544
	34	Total liabilities and net assets/fund balances	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				For 990 (2000)

Form 990 (2009)

οп	990 (2009) COMMITTEE OF SEVENTY 23-0487205		Pa	ge <b>12</b>
Ρ,	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
-	Schedule O.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an Independent accountant?	2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	f [		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	]	

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

dment of the Treasury

COMMITTEE OF SEVENTY

Employer identification number

Pa			COMMITTEE O								3/20	<u> </u>		
	ift i	Reas	son for Public Charity	Status (All organization	s must c	complet	e this	part.) S	See in	structi	ions.			
The c	rgar	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, ch	neck only o	one box.)								
1		A church, co	nvention of churches, or ass	ociation of churches described in	n section	170(b)(1)	(A)(i).							
2		A school des	scribed in section 170(b)(1)(	A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hospital servi	ce organization described in <mark>sec</mark>	tion 170(£	o)(1)(A)(IIi	i).							
4	П	A medical re	search organization operated	d in conjunction with a hospital d	escribed Ir	n section	170(b)(	1)(A)(lii).	. Enter t	he hosp	oital's na	me,		
	_	city, and stat		-			• • •			•				
5	$\Box$			of a college or university owned o	or operated	bv a gov	ernmeni	tal unit d	escribe	i in			• • • • •	
		_	(b)(1)(A)(iv). (Complete Part	-										
6	П			overnmental unit described in se	ction 170	(b){1\{A\(	v).							
	X			substantial part of its support from				m the ce	neral n	ublic				
•			section 170(b)(1)(A)(vi). (C		ii a gove	·	III. 01 110	iii iiio ge	norui p	GDIIO				
8	П			70(b)(1)(A)(vi). (Complete Part	11.3									
9	H	=		) more than 33 1/3 % of its supp	-	ontribution	ie mom	harehin f	ooe an	y arvee				
	ш	_	•	pt functions—subject to certain				_		-				
		=		nd unrelated business taxable inc	· <del>-</del>									
			•	), 1975. See section 509(a)(2).			ii lak) i	toni pus	11169969	'				
10	$\overline{}$		-			•	(-)(4)							
11	_	=	•	exclusively to test for public safet exclusively for the benefit of, to p	-				ıt iba					
1	_	-	- ,	ed organizations described in sec			-	•		ıtion				
				ne type of supporting organization						AlOII				
										<b>.</b>				
_ [	_	a ∐ Type Bushaakina 4		c Type III-Function anization is not controlled directly			d		e III-01	ner				
е [		-		•				•		-4:				•
j	/			and other than one or more publ	iciy suppoi	teu organ	lizations	aescribe	ea in se	ction				
		1	section 509(a)(2).		T! T		Susa III s		_					
f		-		rmination from the IRS that it is a	rype i, ry	ype II, or I	rype in s	upporun	g					$\Box$
			check this box				• • • • • •					• • • • • •		Ш
g		-		on accepted any gift or contribut	ion irom a	ny or the								
		following per										1	16	
			•	ntrols, either alone or together w									Yes	No
				the supported organization?				• • • • • • •	• • • • • •		, , , , , ,	11g(l)		
			member of a person describ					. <b></b>				11g(li)		
			ontrolled entity of a person d					, , .	•••••			[11g(lii)]		
<u>n</u>			ollowing Information about th		1									
		of supported nization	. (ii) EIN				( ) 511			1				
	4.5-		` '	(III) Type of organization (described on lines 1–9	4	organization		ou notify		ls the	(	vii) Amo		
		IIIZavoii	.,	(described on lines 1–9 above or IRC section	In col. (i) I	organization isled in your document?	the organ	nization în oi your	organizat (i) organi	ion in col. zed in ihe	(	vii) Amo supp		
				(described on lines 1-9	In col. (i) in governing	sled in your document?	the organ col. (i) sup	ntzation in of your port?	organizat (i) organi U.	ion in col. zed in lhe S.?	(			·
			· · · · · · · · · · · · · · · · · · ·	(described on lines 1–9 above or IRC section	In col. (i) I	sled in your	the organ	nization în oi your	organizat (i) organi	ion in col. zed in ihe	(			ï
				(described on lines 1–9 above or IRC section	In col. (i) in governing	sled in your document?	the organ col. (i) sup	ntzation in of your port?	organizat (i) organi U.	ion in col. zed in lhe S.?	(			
				(described on lines 1–9 above or IRC section	In col. (i) in governing	sled in your document?	the organ col. (i) sup	ntzation in of your port?	organizat (i) organi U.	ion in col. zed in lhe S.?	(			
				(described on lines 1–9 above or IRC section	In col. (i) in governing	sled in your document?	the organ col. (i) sup	ntzation in of your port?	organizat (i) organi U.	ion in col. zed in lhe S.?	(			
				(described on lines 1–9 above or IRC section	In col. (i) in governing	sled in your document?	the organ col. (i) sup	ntzation in of your port?	organizat (i) organi U.	ion in col. zed in lhe S.?	(			
				(described on lines 1–9 above or IRC section	In col. (i) in governing	sled in your document?	the organ col. (i) sup	ntzation in of your port?	organizat (i) organi U.	ion in col. zed in lhe S.?	(			
				(described on lines 1–9 above or IRC section	In col. (i) in governing	sled in your document?	the organ col. (i) sup	ntzation in of your port?	organizat (i) organi U.	ion in col. zed in lhe S.?	(			
				(described on lines 1–9 above or IRC section	In col. (i) in governing	sled in your document?	the organ col. (i) sup	ntzation in of your port?	organizat (i) organi U.	ion in col. zed in lhe S.?	(			
				(described on lines 1–9 above or IRC section	In col. (i) in governing	sled in your document?	the organ col. (i) sup	ntzation in of your port?	organizat (i) organi U.	ion in col. zed in lhe S.?	(			
				(described on lines 1–9 above or IRC section	In col. (i) in governing	sled in your document?	the organ col. (i) sup	ntzation in of your port?	organizat (i) organi U.	ion in col. zed in lhe S.?				

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 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.) Section A. Public Support andar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,010,002 597,856 1,105,896 4,733,120 834,144 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities fumlshed by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,010,002 597,856 1,105,896 1,185,222 834,144 4,733,120 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) 1.945.000 Public support. Subtract line 5 from line 4 2,788,120 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 7 1,010,002 597,856 1,105,896 1,185,222 834,144 4,733,120 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar <u>3,3</u>00 1,451 sources ..... 1,601 971 997 8,320 Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 658 8,070 701 9,454 11 Total support. Add lines 7 through 10 4,750,894 Gross receipts from related activities, etc. (see instructions) 12 12 1,559 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 58.69% Public support percentage from 2008 Schedule A, Part II, line 14 15 56.36% 16a 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and If the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

10000 1110012010 12.00 1 19 Schedule A (Form 990 or 990-EZ) 2009 COMMITTEE OF SEVENTY 23-0487205 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support andar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support andar year (or fiscal year beginning in) 🕨 (d) 2008 (e) 2009 (f) Total (c) 2007 (a) 2005 (b) 2006 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...... Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 %

Sec	ction C. (	Compu	tatior	) O	f Public	Su	ppo	rt P	erce	nta	ıge	
												_
				-		_						

% Public support percentage from 2008 Schedule A, Part III, line 15.

### Section D. Computation of Investment Income Percentage

17	investment Income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	_%
18	Investment Income percentage from 2008 Schedule A. Part III. line 17	18	%

- 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line
- 117 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and
- line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009 COMMITTEE OF SEVENTY

	<u>Form 990 or 990</u>				SEVENTY			<u>23-0487205</u>	Page <u>4</u>
Part IV	Supplem	ental Info	rmation.	Complete th	is part to pro	ovide the expla	nations req	uired by Part II, lir	ne 10;
	Pan n, m	e i/a or	170; and F	art III, line	12. Provide	any otner addit	<u>lional intorn</u>	nation. See instruc	tions.
)rt ]	II, Line	10 -	Other :	Income I	Detail		· · · · · · · · · · · · · · · · · · ·		,.,.,.,
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23-0487205

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

**Employer identification number** of the organization COMMITTEE OF SEVENTY 23-0487205 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Name of organization

COMMITTEE OF SEVENTY

Employer identification number 23-0487205

1	Contributors (see instructions)	·	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
.1	William Penn Foundation Two Logan Square, 11th Floor 100 North 18th Street Philadelphia PA 19103	\$ 367,500	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 2	WACHOVIA BANK ONE WACHOVIA CENTER SOUTH COLLEGE ST., SUITE 4000 CHARLOTTE NC 28288	\$ 33,500	Person X Payroli Noncash (Complete Part II if there Is a noncash contribution.)
(a)	(b)	(c)	(d)
<u>N</u> o.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
. <b>3</b>	TD BANK 1701 RTE. 70 E CHERRY HILL NJ 08034	\$ 30,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and Z/P + 4	Aggregate contributions	Type of contribution
. 4	Greater Philadelphia Chamber of Comm 200 South Broad Street; Suite 700 Philadelphia PA 19102	\$ 25,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	STRADLEY RONON STEVENS & YOUNG 2005 MARKET ST. SUITE 2600 Philadelphia PA 19103	\$ 27,500	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
. <b>6</b>	Independence Foundation Offices at the Bellevue 200 South Broad Street; Suite 1101 0 Philadelphia PA 19102	\$ 25,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Page 2 of 2 of Part !

Name of organization COMMITTEE OF SEVENTY Employer Identification number 23-0487205

711	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(¢) Aggregate contributions	(d) Type of contribution
. <b>7</b>	Independence Blue Cross 1901 Market Street Philadelphia PA 19103	\$ 30,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	MORGAN, LEWIS & BOCKIUS 1701 MARKET ST Philadelphia PA 19103	\$ 20,500	Person X Payroll Noncash (Complete Part II If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 9	KNIGHT FOUNDATION WACHOVIA FINANCIAL CENTER, STE 3300 200 SOUTH BISCAYNE BLVD MIAMI FL 33131	\$ 75,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.10	CITIZENS BANK FOUNDATION 2001 MARKET ST PHILADELPHIA PA 19103	\$ 20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
 )		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

inspection of the organization Employer Identification number COMMITTEE OF SEVENTY 23-0487205 Parti Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? \_\_\_\_\_\_\_ Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, Inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(ll)? \_\_\_\_\_\_ Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these Items: (i) Revenues Included in Form 990, Part VIII, line 1 (li) Assets Included in Form 990, Part X \_\_\_\_\_\_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues Included In Form 990, Part VIII, line 1

b Assets Included in Form 990, Part X

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

16,148

Schedule D (Form 990) 2009 COMMITTEE OF SEVENTY		23-0487205	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(Including name of security)		Cost or end-of-year market	value
F jial derivatives			
Closely-neid equity interests			
Other			
			<u> </u>
	<u> </u>		
Total (Calum (L) and a LE COO D LV (CD) II (CO)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Related. See Form 99	0 Darf V II: - 40		
Part VIII Investments—Program Related. See Form 99  (a) Description of investment type			
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	
	<del></del>	Cost of elic-of-year market v	
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	-		
Other Assets. See Form 990, Part X, line 15.	<u> </u>		
(a) Description		(b)	Book value
			<del></del>
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			· · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X, line 25.			
(a) Description of liability	(b) Amount		
ederal income taxes			
DEFERRED RENT	35,403		
CAPITAL LEASE PAYABLE	8,005		
\			
/(Column (b) must equal Form 990, Part X, col. (B) line 25.)	43,408		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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Sche	dule D (Form 990) 2009 COMMITTEE OF SEVENTY		23-0487205	Page <b>4</b>
Accessed to	nt XI Reconciliation of Change In Net Assets from Form 990 to A	Audited	<u>Financial Statements</u>	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)			835,703
2	Total expenses (Form 990, Part IX, column (A), line 25)			
	Excess or (deficit) for the year. Subtract line 2 from line 1			-236,852
4	Net unrealized gains (losses) on investments		4	139
5	Donated services and use of facilities		5	<u> </u>
6	investment expenses			<u> </u>
7	Prior period adjustments			<u> </u>
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	-236,713
Pa	n XII Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements			1,007,649
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a	139	
	Donated services and use of facilities	2b	171,807	
	Recoveries of prior year grants	2c		
	Olher (Describe in Part XIV.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		1 .	835,703
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		
	Other (Describe in Part XIV.)	4b		
	Add lines 4a and 4b		4c	
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			835,703
Pa	n XIII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per Retur	rn
1	Total expenses and losses per audited financial statements		1	1,244,362
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	<u>171,807</u>	
	Prior year adjustments	2b		
C	Other losses	2c		
	Other (Describe in Part XIV.)	2d		
	Add lines 2a through 2d			
	Subtract line 2e from line 1		1 -	1,072,555
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ļ. <b>i</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
	Add lines 4a and 4b		<u>4c</u>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,072,555
Pa	rt XIV Supplemental Information			
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; P	art IV, lines 1b	
and 2	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2	2d and 4b.	Also complete	
	art to provide any additional information.			
<b>-</b> -				
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### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate Instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

De Tement of the Treasury
Ir Revenue Service
Name of the organization

COMMITTEE OF SEVENTY

Emptoyer Identification number 23-0487205

Questions Regarding Compensation Νo 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these Items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax Indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? X b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? X b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe X in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J (Form 990) 2009

COMMITTEE OF SEVENTY

Schedule J (Foix\_30) 2009 COMMITTEE OF SEVENTY 23-0487205

Partition Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. 23-0487205

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VIII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

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(А) Nате	(b) Brase compensation	(i) Base (ii) Bonus & Incentive (iii) Other repensation compensation comp	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)—(D)	(F) Compensation reported in prior Form 990 or Form 990-E7
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Page 3									-		Schedule J (Form 990) 2009	
23-0487205	or Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part											
Schedule J (Forh	rt to provide the information, explanation, or descriptions required information.											

# SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service N organization

### Transactions With Interested Persons

► Complete If the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

OMB No. 1545-0047

Employer identification number

23-0487205 COMMITTEE OF SEVENTY Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (b) Description of transaction 1 (a) Name of disqualified person Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year ▶ \$ under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (e) în default? (f) Approved (g) Written (d) Balance due (b) Loan to (c) Original (a) Name of Interested person and purpose by board or agreement? or from the principal amount organization? committee? Yes No Yes No Yes No To From Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Business Transactions Involving Interested Persons. Part IV

(a) Name of Interested person

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing (d) Description of transaction (b) Relationship between (c) Amount of (a) Name of Interested person of org. revenues? Interested person and the transaction organization Yes No WIFE OF BOD Х 7,665 CONSULTING MEREDITH MCCORMICK Х 20,650 EVENT MANAGEMENT BOD SCOTT MIRKIN

(b) Relationship between interested person and the

organization

(c) Amount and type of assistance

### SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

D ment of the Treasury | Revenue Service |
Name of the organization

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COMMITTEE OF SEVENTY

Employer identification number 23-0487205

Form 990 - Organization's Mission or Most Significant Activities
The Committee of Seventy fights for clean and effective government, fair
elections and a better informed citizenry in Philadelphia and the region
by educating citizens, safeguarding elections and demanding the ethical
conduct of its government officials.
Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
The Audit Committee reviews the 990 and makes recommendation for approval
to the executive committee or the full board. The executive committee
and the full board receives a copy in advance of the vote.
)rm 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members are required to fill out a disclosure form annually. They
are also required to notify the organization through out the year if a
conflict does arise. Disclosure statements are on file. Non compliance is
a reason for termination.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Chairman and the Executive Committee review and approve the President
and CEO's compensation.
Form 990, Part VI, Line 15b - Compensation Process for Officers
VP & Policy Director:
All employees of the Committee of Seventy are reviewed annually on their
niversary date. Successful achievement of stated goals is considered in

Schedule O (Form 990) 2009

Page 2 Name of the organization Employer identification number COMMITTEE OF SEVENTY 23-0487205 termining compensation. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation In April 2009, a new Disclosure Statement, Document Retention, Gift and Whistleblower policies were adpoted. The Organization's governing documents are available to the public upon request and by 2011 it will also be available on the organization's own website Schedule 0 - Additional Information Page 1; Program Service Revenue The organization changed how it catergorized income from its annual breakfast. In 2008 these amounts were reported as program service )venue; however, in 2009 and going forward contributions made during the breakfast are reported as public support. Schedule L; Part IV: As required by Committee of Seventy Code of Ethics, Meredith McCormick's and Scott Mirkin's assistance was disclosed to the Board with no objection. Meredith was utilized as a 1099 freelancer on an as-needed basis to assist with specific projects and Scott's firm, ESM Productions, was used for an event hosting the 2009 breakfast.

Form 4562

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172 2009

(99) See separate Instructions.

► Attach to your tax return.

Attachment 67

Identifying number N ) shown on return 23-0487205 COMMITTEE OF SEVENTY Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . . . . 12 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 14,004 16 Other depreciation (including ACRS) ...... MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2009 ...... 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in service /business/investment use period only-see instructions) 3-year property Ь 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs. g 25-year property S/L 27,5 yrs. MM h Residential rental MM S/L property 27.5 yrs. ММ S/L 39 yrs. Nonresidential real MM property Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year S/L MM 40 vrs. 40-year Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 14,004 and on the appropriate lines of your return. Partnerships and S corporations—see instructions. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

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Forms Other Notes and Loans Receivable						
990 / 990-PF						
For calendar year 2009, or tax year beginning , and ending Name					nalayor Identification Number	
)			Employer Identification Number			
COMMITTEE OF SEVENTY			·· <del>-</del>	23-0487205		
				· · · · ·		
Form 990, Part X, Line 7 - Additional Information						
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Consideration furnished by lender			Balance due at Balance due at Fair market value beginning of year end of year (990-PF only)			
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