10905 07/20/2012 10:19 AM

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.

2011 Open to Public Inspection

OMB No. 1545-0047

<u>A_</u>	For th		llendar year, or tax year beginning , and ending		D Employ	yer identification number
В	Check if a	applicable:	C Name of organization		l	
	Address (change	COMMITTEE OF SEVENTY		22-	-0487205
$\overline{\Box}$	Name cha	enas	Doing Business As	Room/suite		one number
\equiv			Number and street (or P.O. box if mail is not delivered to street address)	ROOMINSUME		
	Initial retu	nw	8 PENN CENTER, 1628 JFK BLVD	L	215	5-557-3600
	Terminate	ed	City or town, state or country, and ZIP + 4			
$\overline{\Box}$		ı	PHILADELPHIA PA 19103		G Gross rece	eipts 913,797
\sqsubseteq	Amended		F Name and address of principal officer.			affiliates? Yes X No
	Application	on pending	ZACHARY STALBERG	H(a) is this a g	roup return for	affiliates? Yes X No
				H(b) Are all at	filiates included	Yes No
			8 PENN CENTER, 1628 JFK BLVD	If "N	o," attach a list.	(see instructions)
			PHILADELPHIA PA 19103	-	•	
1	Tax-exe	mpt status;	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	_		
J	Website	a; ► W	WW.SEVENTY.ORG	H(c) Group ex		
ĸ	Form of	organization:	X Corporation Trust Association Other ▶ 1.	Year of formation: 2	002	M State of legal domicile: PA
	arti		mmary			
<u> </u>	4	Deiefly dos	cribe the organization's mission or most significant activities:			
	1	-	<u>-</u>			
s)		see i	Schedule 0			
ᇤ						
Governance						
8	2	Check this	s box 🕨 📗 if the organization discontinued its operations or disposed of more than 25%	o of its fiet asset	s. 	74
⊗ ⊙	1 3	Number o	f voting members of the governing body (Part VI, line 1a)		3	73
ŝ	4	Number o	findependent voting members of the governing body (Part VI, line 1b)		4	
鼍	5	Total num	ber of individuals employed in calendar year 2011 (Part V, line 2a)		5	
Activities			ber of volunteers (estimate if necessary)			500
¥		TILL	lated business revenue from Part VIII, column (C), line 12			0
	/a	lotal unre	sted business taxable income from Form 990-T, line 34		7b	. 0
	b	Net unrela	ted business taxable income from Form 990-1, line 34	Prior Ye	ar	Current Year
	l _		A costs (Chart VIII line 4h)	1,41	8,436	911,516
ě	8		ons and grants (Part VIII, line 1h)		0	0
Revenue	9		service revenue (Part VIII, line 2g)		495	764
Š	10		it income (Part VIII, column (A), lines 3, 4, and 7d)		2,520	1,975
æ	1 11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			914,255
	12	Total reve	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,42	1,451	<u> </u>
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)	- -	0	
			aid to or for members (Part IX, column (A), line 4)		0	<u> </u>
	I .			75	8,434	768,456
Ses	10	Darfarain	and functioning food (Part IX column (A) line 11e)		0	0
sesued	16a	Profession	other compensation, employee benefits (Part IX, column (A), lines 5–10) and fundraising fees (Part IX, column (A), line 11e) raising expenses (Part IX, column (D), line 25) 159,014			
	b	Total fund	raising expenses (Part IX, Column (D), line 20)	39	0,616	437,739
Ú	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,050	1,206,195
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,401	-291,940
	19	Revenue I	ess expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or	G G				2,952	545,273
ster.	20	Total asse	ets (Part X, line 16)			138,963
AS.	21	Total liabil	ities (Part X, line 26)		4,254	406,310
뷺	22	Net assets	s or fund balances. Subtract line 21 from line 20	69	8,698	400,310
- 300 0		SS Cir	inatura Black			
		!!!ss of s	stignt I destore that have examined this return including accompanying schedules and statements	, and to the best o	f my knowled	ige and belief, it is
tr	noet per	ect and cor	nplete. Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge.		
		1				
					Date	
Sig	311	Si	gnature of officer	DENT/CEC)	
He	re	L	ZACHARI BIHIBBIK	DEMI/ CH		
		Ту	pe or print name and title	15.		F PTIN
		Print/Type	preparer's name Preparer's signature	Date	Check	
Pai	d	LaVon (Chancy	07/20	/12 self-em	
Pre	parer	Firm's nam	Milliann & Company LLC		im's EIN	23-3010968
	• Only	Fusit S (IBI)	105 N 22nd St F1 2	1		
			Philadolphia PA 19103-1302	1,	Phone no.	215-496-9100
		Firm's add	this return with the preparer shown above? (see instructions)			Yes No
May	the IR	S discuss	this return with the preparer shown above? (see instructions)	<u></u>	· <u> </u>	Form 990 (2011)

For Paperwork Reduction Act Notice, see the separate instructions.

-റണ	990 (2011) COMMITTEE OF SEVENTY	23-0487205	
		mplishments	· \vec{\vec{\vec{\vec{\vec{\vec{\vec{
22.000000	Check if Schedule O contains a respon	se to any guestion in this Part III	A
1	Briefly describe the organization's mission:	·	
	ee Schedule O		

			······································
2	Did the organization undertake any significant program serv	ices during the year which were not listed on the	Yes X No
_	prior Form 990 or 990-EZ?		Yes A No
	If "Yes." describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant of	changes in how it conducts, any program	□ v ▼ v ₋
•	services?		Yes X No
	If "Ves " describe these changes on Schedule O.		
4	Describe the organization's program service accomplishme	nts for each of its three largest program services, as measured by	
- 4	expenses. Section 501(c)(3) and 501(c)(4) organizations an	id section 4947(a)(1) trusts are required to report the amount or	
	grants and allocations to others, the total expenses, and rev	renue, if any, for each program service reported.	
	-		
40	(Code: \() (Eynenses \$ 925,089	including grants of \$ (Revenue \$)
_	n - Cittee of Coverty (8 DC	nungi Lisan Oluanizace	
_	Junetan the eitimone in Phila	de phia and the region by	
9	disconting and publishing i	nformation via print,	
		shout satequarqing	
	THE TAKE THE TOTAL	t and many other doveriment	
е	elections, etnics in government	egion. Seventy also monitors	
T.	eform issues to better the re	training and deploying	
ŧ	the local elections process by	tion days in accordance with	
h	undreds of volunteers on elec-	CLON days in accordance with	
t	the organization's tax exempt	purpose.	
			
		\ (D P	1
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b		including grants of \$) (Revenue \$	
4b			
4 c	(Code:) (Expenses \$		
4c	(Code:) (Expenses \$ Other program services. (Describe in Schedule O.)	including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ Other program services. (Describe in Schedule O.) (Expenses \$ including grants	including grants of \$) (Revenue \$	

Рa	rt IV Checklist of Required Schedules		Yes	No
			103	110
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
	samplete Cohodule A	2	X	
2	to the erganization required to complete Schedule B, Schedule of Contributors (see instructions)?	-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		X
	condidator for public office? If "Yes " complete Schedule C, Part I		_	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			İ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		X
	Part III			
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	6		X
	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	Did the organization receive or note a conservation easement, including easement, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	the environment, historic land areas, or historic structures? If "Yes," compose content of the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	Complete Schedule D, Part III	8		<u>X</u> _
_	complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	-		
	14 D L Ada D Det 8/	9_		X_
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted			-
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١	₹.	1
	complete Schedule D. Part VI	11a	X	├
b	Did the organization report an amount for investmentsother securities in Part X, line 12 that is 5% or more	445		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	
С	Did the exceptation report an amount for investments—program related in Part X, line 13 that is 5% or more	44.		x
	af the total proofs reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	and the state of the state accepts in Part X. line 15 that is 5% or more or its total assets	11d		x
_	t-d i- Dort V line 162 H "Vee " complete Schedule D. Part IX	11e	x	
е	Did the association report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part A	110		\vdash
f	Bit the appointments appoint or consolidated financial statements for the tax year include a tootnote that audiesses	11f	x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule B, Fatty	111		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, complete	12a	x	
	and the property of the second visit of the se	120		†—
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12b	,	x
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?			
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b	i	X
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			T
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		X
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			Ī
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16	L	X
	bid the organization report on Part IX, countin (A), line 3, more than 40,000 or agg, og and 10 to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV			
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	<u> </u>	X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," complete occitations of part IX, column (A), lines 6 and 11e? If "Yes," column (A), lines 6 and 11e? If "			
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> </u>	X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19	Did the organization report more than \$15,000 or gross income from gaming doubted on the state of the state o	19	1	X
	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 -	X
20a	and the second state and the second state and the second of its audited financial statements to this return?	20b	<u>L</u>	<u></u>
b	II Tes to the Zua, oto the digentization access a Sept 1	F	տա 99	0 (2011)

Checklist of Required Schedules (continued) Part IV No Yes Did the organization report more than \$5,000 of grants and other assistance to any government or organization X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 25a X 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X 25b If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 \mathbf{x} disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Paris II, III, 34 fV, and V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the X 35b meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 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, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 X 38

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011)

orm	990 (2011) COMMITTEE OF SEVENTY 23-0487	200				
Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V	<u></u>	<u> </u>	<u></u>	Yes	No
	· ·	1 1	1		163	
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a	11			
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					
Ŭ	reportable gaming (gambling) winnings to prize winners?	,		1c	X	********
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 [
2 a	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6	_		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	344400000
Ċ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_
3а	Did the organization have unrelated business gross income of \$1,500 to make an explanation in Schedule O	• • • • • • • •		_3b		
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other auti-					
4a	At any time during the calendar year, did the organization have an interest into a signature of other finance.	ial				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	,,,,,		4a		X
	account)?					
þ	If "Yes," enter the name of the foreign country:			.		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acc	Journs,	•	5a	***********	X
5a	Wee the organization a party to a prohibited fax shelter transaction at any time during the tax year?			· -		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	۱۲		5c	$\vdash -$	
С	tf "Yes" to line 5a or 5b, did the organization file Form 8886-T?			. 30		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-		x
	organization solicit any contributions that were not tax deductible?			. <u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	Of .		١		
_	gifts were not tax deductible?			. 6b		
7	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 goo	ds				
а	and services provided to the payor?			. 7a	X	ļ
	The state of the s			7b	X	<u> </u>
þ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
C	required to file Form 8282?			. 7c		X
_	required to tile Form 82827	7d				
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract.	ract?		7e		X
е	Did the organization receive any tunds, directly of intillectly, to pay premiums of a personal benefit contract.	7		7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8899 a		. 7g		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n file a	Form 1098-C?	7h		X
h	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ii jiic a	10/11/1000 0			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			8	300000000	
	organization, have excess business holdings at any time during the year?			.		
9	Sponsoring organizations maintaining donor advised funds.			9a	300000000	P*****
а	Did the organization make any taxable distributions under section 4966?				 	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			. 20		1
0	Section 501(c)(7) organizations. Enter:	ŧ	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	-		
1	Section 501(c)(12) organizations. Enter:	1	1			
	Gross income from members or shareholders	11a		[‱		
a L	Gross income from other sources (Do not net amounts due or paid to other sources		1			
þ	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 1	041?		12a		*********
2a	Section 4947 (a)(1) non-exempt character traction of accused during the year	12b]			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	L	
а	Is the organization licensed to issue qualified health plans in more than one state?		************			
	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	13b	1			
	the organization is licensed to issue qualified health plans	13D				
С	Enter the amount of reserves on hand			14a	1	X
4a	Did the organization receive any payments for indoor tanning services during the tax year?					 -
b	which will be the second those payments? If "No " provide an explanation in Schedule U		<u></u>	. 1112		0 (2011

Part VI

Yes No

Form 990 (2011) COMMITTEE OF SEVENTY

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

Governance, management, and zie	- Lange in Cohodulo
"Ma" response to line 8a, 8h, or 10h below desci	ibe the circumstances, processes, or changes in Schedule
No response to line oa, ob, or rob botton, cook	0 1 D 1 B

***************************************	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	ie.	X
	"No" response to line 8a, 8b, or 10b below, describe the chainstances, processes, or sharper of the chain stances, processes, processes, or sharper of the chain stances, processes, or sharper of the chain stances, processes, proces		<u> </u>
Section A.	Governing Body and Management	Yes	No

		المدا	74		****	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	74	\dashv		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.		73			
b	Enter the number of voting members included in line 1a, above, who are independent	1b_	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2	(3000000000	X
	any other officer, director, trustee, or key employee?			. 2	-	
3	Did the organization delegate control over management duties customarily performed by or under the direct			١,		х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			. —		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	,		. -	<u></u>	X
6	Did the organization have members or stockholders?			. 6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					x
	one or more members of the governing body?			. 7a		A
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					x
	to the literal or persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the f	ollowing:			
a	The governing body?		<i>.</i>	. 8a	X	
ь	Each committee with authority to act on behalf of the governing body?			. 8b	X	├
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					₹.
	the control of the standard of	<u> </u>	<u> </u>	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue (lode.)	1	1
				Г	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	 	X
b	If "Yes " did the prognization have written policies and procedures governing the activities of such chapters,					
~	affiliates, 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 before filing the	e form?) ,	11a	X	
ь	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conflic	ots?	12b	X	<u> </u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
Ū	describe in Schedule O how this was done			. 12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?			. 13	X	
14	Did 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	<u> </u>
ь	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	- the state of th					
, 04	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
Ŋ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?		. <u> </u>	16b	1	<u> </u>
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 (Section 501)	c)(3)s o	nly)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interes	t policy,				

- and financial statements available to the public during the tax year.
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 8 Penn Center Plaza, Suite 1002 Committee of Seventy organization: 🕨

PA 19103

215-557-3600

Part VII

Form 990 (2011) COMMITTEE OF SEVENTY

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

	Check if Schedule O contains a response to any question in this Part VII	L
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	_

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

compensated employees; and former Check this box if neither the orga	nization nor any i	relate	ed or	ganiz	zatio	ns cc	mpe	ensated any current officer,	director, or trustee.		
(A) Name and Title	(B) Average hours per week (describe hours for related	(di bo	o not i x, unk ficer a	Pos check ess pe	C) ition more rson i irecto	than oi s both r/truste	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related	
	organizations in Schedule O)	Individual trustee or director	Institutional trustee)er	Key employee	Highest compensated employee	her			organizations	
(1) Zachary Stalberg Pres/CEO	65.00	х		х		*		274,125	0	1,292	
(2) P. Edward Loveli Chair	dge 4.00	x						0	0	0	
(3) John E. McKeever Vice Chair	, Esquir 1.00	e X						0	.0	0	
(4) Dianne L. Seming Secretary	son 1.00	x						0	0	0	
(5) F. Mark Lastner Treasurer	1.00	x						0	0	0	
(6) See Attachment f			e	Li	st:	пç		0	0	0	
(7) Ellen Mattleman VP/Pol. Dir.				х				131,547	0	24,126	
(8) Loretta Depka VP for Dev. & Oper.	60.00			x				106,300	0	10,323	
(9)											
(10)											
(11)											
(12)				-							
(13)		-						-			
(14)											
	l	}	<u> </u>	L						Form 990 (2011)	

Pai	(A) Name and title	(B) Average hours per week (describe hours for	(d	o not o x, unle	Pos check i ess pe nd a d	ition more rson i irecto	than or s both : r/truste	ne an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(15)											
(16)				_							
(17)											
(18)			-								
(19)											
(20)						-					
(21)			_			_					
(22)											
(23)		-				•					
(24)											
(25)											
1b	Sub-total								511,972		35,741
c	Total from continuation shee							>	511,972		35,741
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (individuals)	cluding but not lig	nited	to th	nose	liste	d abo	ve)			
	reportable compensation from	the organization	>	3							Yes No
3	Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ctor,	or tr	ustee	e, ke indiw	y em	ploy	ee, or highest compensated	1	3 X
4	For any individual listed on line	: 1a, is the sum o izations greater t	f гер han :	ortal \$150	ole co ,000	ompo ? If '	ensat 'Yes,'	ion : ' cor	and other compensation from mplete Schedule J for such	m the	4 X
5	individual Did any person listed on line 1s for services rendered to the or	o receive of acce	e co		 ensaf	ion f	.:		unrelated organization or inc	dividual	
Sec	tion B. Independent Contract	ors									
1	Complete this table for your fiv compensation from the organization	zation. Report co	nsate mper	ed in esati	depe on fo	nder r the	nt cor cale	ntrac nda	year ending with or within	ing organization o tax jours	(C)
	Name and	(A) I business address						<u> </u>	Descrip	(B) tion of services	(C) Compensation
								<u> </u>			
								<u> </u>			
								<u> </u>			
								_			
2	Total number of independent or received more than \$100,000	contractors (included from the compensation)	ding from	but n	ot lin orgal	nited nizat	l to th tion ▶	ose	listed above) who	0	Form 990 (2011)

Form 990 (2011)

Statement of Functional Expenses Part IX

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). Check if Schedule O contains a response to any question in this Part IX (D) Fundralsing (C) Management and (B) (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 76,561 71,241 364,422 512,224 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13,114 125,117 11,046 149,277 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,203 6,203 49,615 62,021 Other employee benefits 4,492 4,494 35,948 44,934 Payroll taxes 10 Fees for services (non-employees): Management Legal 4,050 4,050 32,400 40,500 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f 22,117 66,351 88,468 Other _____ 12 Advertising and promotion 7,2595,318 40,598 53,175 Office expenses 254 255 5,435 5,944 Information technology 15 Royalties 7.024 7.024 70,238 56,190 Occupancy 16 274 275 2,197 2,746 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 269 271 2,704 2,164 20 Interest Payments to affiliates 21 617 618 4,941 6,176 Depreciation, depletion, and amortization 22 635 635 5,078 6,348 insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 7,394 66,546 73,940 RESEARCH & WRITING 5,736 3,824 28,679 38,239 FOOD & CATERING 2,225 2,225 22,251 17,801 EQUIPMENT RENTAL & MAINTE 1,163 1,162 9,299 11,624 d DUES & SUBCRIPTIONS 1,539 1,539 12,308 15,386 e All other expenses 159,014 122,092 925,089 1,206,195 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) .

		(2011) COMMITTEE OF SEVENTY					
Pa	m X	Balance Sheet			/#\		(B)
					(A) Beginning of year	i	End of year
							129,917
	1	Cash—non-interest bearing			186,646	1	120,011
-	2	Savings and temporary cash investments	E#C 000	2	293,014		
	3	Pledges and grants receivable, net	576,028	3	293,014		
1	4	Accounts receivable, net				4	
1	5	Receivables from current and former officers, directors, tru					
j		employees, and highest compensated employees. Comple					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined un	der sec	tion			
	-	4958(f)(1)), persons described in section 4958(c)(3)(B), an	d contril	outing			
		employers and sponsoring organizations of section 501(c)(
		employees' beneficiary organizations (see instructions)				6	70 500
Assets	7	Notes and loans receivable, net			49,143	7	79,500
Asi	8	Inventories for sale or use				8	4 004
	9	Prepaid expenses and deferred charges			5,035	9	4,004
		Land, buildings, and equipment: cost or					
- 1		other basis, Complete Part VI of Schedule D	10a	91,111 61,023			22 200
i	h	Less: accumulated depreciation	10b	61,023	7,350	10c	30,088
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		12			
	13	Investments—program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			8,750		8,750
	16	Total assets. Add lines 1 through 15 (must equal line 34)			832,952		545,273
	17	Accounts payable and accrued expenses			94,416	17	77,170
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of S	chedule	D		21	
	22	Payables to current and former officers, directors, trustees					
Liabilities	Z Z	employees, highest compensated employees, and disquali	ified pen	sons.			
Ē		Complete Part II of Schedule L				22	
<u> </u>	23	Secured mortgages and notes payable to unrelated third p				23	
	24	Unsecured notes and loans payable to unrelated third part				24	
		Other liabilities (including federal income tax, payables to r	elated th	nird			
	20	parties, and other liabilities not included on lines 17-24). Co	omplete	Part X			
		of Schedule D			39,838		61,793
	26	Total liabilities. Add lines 17 through 25			134,254	26	138,963
		Organizations that follow SFAS 117, check here ▶ X	and c	omplete			
ß		lines 27 through 29, and lines 33 and 34.	,	•			
92	27	Unrestricted net assets			122,670		118,296
ala	28	Temporarily restricted net assets			576,028	28	288,014
Fund Balances	29	Permanently restricted net assets				29	
Ē	23	Organizations that do not follow SFAS 117, check her	e >	and			
납		complete lines 30 through 34.	. [
Net Assets or	20	•				30	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fu				31	
Ϋ́	31	Retained earnings, endowment, accumulated income, or o	ther fun	ds		32	
ž	32	Total net assets or fund balances			698,698	33	406,310
	33	Total liabilities and net assets/fund balances			832,952	34	545,273
	34	Total mannings and flot according beauties a 1,1,1,1,1,1,1,1					Form 990 (2011)

	990 (2011) COMMITTEE OF SEVENTY	23-0487205		P:	age 12
	Proposition of Nat Assats				
	Check if Schedule O contains a response to any question in this Pa	art XI	<u></u>		
	Official in Confedence of Contraction		1		OFF
4	Total revenue (must equal Part VIII, column (A), line 12)		1	914,	
2	Total expenses (must equal Part IX, column (A), line 25)			1,206,	
3	Revenue less expenses. Subtract line 2 from line 1		3	-291,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	698,	
5	Other changes in net assets or fund balances (explain in Schedule O)		5		<u>448</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part	X, line 33,		400	210
Ū	column (B))		6	406,	310
D4	# XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Pa	art XII	<u></u>	Yes	No
ь	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respon-	accountant? sibility for oversight pendent accountant?		2a 2b X	x
3a	If the organization changed either its oversight process or selection process during the Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate As a result of a federal award, was the organization required to undergo an audit or authe Single Audit Act and OMB Circular A-133?	s for the year were basis dits as set forth in	n/a	3a	
ь	15 "Vee" and the emparation undergo the required audit or audits? If the organization of	lid not undergo the		_,	
	required audit or audits, explain why in Schedule O and describe any steps taken to un	ndergo such audits	<u> </u>	3b Form 99	90 (2011)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMITTEE OF SEVENTY

Employer Identification number 23-0487205

			COMMITTEE OF	SEAGNIT		1.1.1	L	410-	instr	ictions				
Pi	ırt I	Reaso	on for Public Charity	Status (All organizations	must co	mplete t	nis pai	T.) See	nsut	ICHOUS	<u>·</u>			
he	orgar	nization is not a	private foundation because	it is: (For lines 1 through 11, che	eck only or	e box.)								
1	\bigcap	A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A	∖)(i).							
2	П	A school desc	cribed in section 170(b)(1)(A	.)(ii), (Attach Schedule E.)										
3	Ħ	A basalial and	- cooperative beenital convice	omanization described in secti	ion 170(b)	(1)(A)(iii)	•							
4	H	A medical res	earch organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospit	al's nar	ne,		
•		aibe and state	·•											
5		An organization	on operated for the benefit of	a college or university owned or	r operated	by a gove	rnmenta	l unit de	scribed	in				
3			b)(1)(A)(iv). (Complete Part											
^	\Box	A federal ato	b)()(A)(IV): (Complete i are)	vernmental unit described in sec	ction 170(b)(1)(A)(v	·).							
6	v	A leueral, sta	e, or local government or go	ubstantial part of its support from	n a govern	mental un	it or from	n the ger	neral pu	blic				
7	X	An organization	section 170(b)(1)(A)(vi). (Co	emplete Part II.)	•									
_	\Box	described in s	teret described in section 17	70(b)(1)(A)(vi). (Complete Part I	l.)									
8	Н	A community	In the transmit to section (1)	more than 33 1/3% of its suppo	ort from co	tributions	, membe	ership fe	es, and	gross				
9	Ш	An organizati	on that normally receives. (1)	ot functions—subject to certain e	exceptions	and (2) n	o more i	han 33	1/3% of	its				
		receipts from	activities related to its exemp	d unrelated business taxable inc	ome (less	section 51	i1 tax) fr	om busi	nesses					
		support from	gross investment income and	, 1975. See section 509(a)(2).	(Complete	Part III.)	•							
		acquired by fi	ne organization after June 30	, 1975. See section 300(a)(2).	v See sec	tion 5096	a)(4).							
10		An organizati	on organized and operated e.	xclusively to test for public safety xclusively for the benefit of, to pe	erform the	functions	of, or to	саггу оц	t the					
11		An organization	on organizeo ano operateo e.	d organizations described in sec	tion 509/a	\(1) or sec	ction 509	9(a)(2). S	See sec	tion				
		purposes of o	ne or more publicly supporte	e type of supporting organization	man has a	nlete lines	: 11e thr	ouah 11	h.					
				c Type III-Function	ally integra	ted	d	Tvo	e III–Otl	her				
		a Type	I b Type II	c type the runchion	any madirec	ilv hv one	- 1							
е		By checking t	his box, I certify that the orga	nization is not controlled directly	ortod oraz	nizations (lescribe	d in sect	ion 509	(a)(1)				
				than one or more publicly supp	orted organ	inzunono e				. ,. ,				
		or section 509	∂(a)(2).	e e e e e e e e e e e e e e e e e e e	Type I Ty	nell or T	vne III s	nitroggau	σ					
f				mination from the IRS that it is a	i i ype i, i j	rpe II, or I	ypc in o	аррогии	ð					
		organization,	check this box		ion from a	ny of the								
g				on accepted any gift or contribut	JOH HOIR A	ny or the								
		following per	sons?		*11	م ما ممعنال م	d in (ii) a	and					Yes	No
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together w					-			11g(i)		
			v, the governing body of the									11g(ii)		
		(ii) A family	member of a person describ	ed in (i) above?	,							11g(iii)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?								[1.18/m]		<u> </u>
h		Provide the f	ollowing information about th	e supported organization(s).					6.33			(vii) Amo	unt of	
	i) Nam	ne of supported	(ii) EIN	(iii) Type of organization		organization		ou notify dization in	organizai	is the tion in col.	,	suppi		
	on	ganization		(described on lines 1–9 above or IRC section		sted in your document?	col. (i)	of your	(i) organi	ized in the				
				(see instructions))				port?	1	S.?				
					Yes	No	Yes	No	Yes	No				
A)														
,					<u> </u>			<u> </u>		 +				
B)										1 .				
_,														
C)														
					 					-	····			
D)														
		····			— —				İ					
E)							,,,,,							
			l		1	1			l					

Part II

COMMITTEE OF SEVENTY Schedule A (Form 990 or 990-EZ) 2011

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.)

	Lait III. II the organization						
ect	ion A. Public Support				(d) 2010	(e) 2011	(f) Total
alen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(u) 2010	- (C) EU 11	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,105,896	1,185,222	834,144	1,418,436	911,516	5,455,214
2	Tax revenues levied for the organization'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	- 105 006	1,185,222	834,144	1,418,436	911,516	5,455,214
4 5	Total. Add lines 1 through 3 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	1,105,896	1,163,444				2,166,042
	shown on line 11, column (f)						3,289,172
6	Public support. Subtract line 5 from line 4 tion B. Total Support					—————Т	
>ec	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
		1,105,896	1,185,222	834,144	1,418,436	911,516	5,455,214
7 8	Amounts from line 4 Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,601		997	495		4,064
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,070		701	806		9,577 5,468,855
11	Total support. Add lines 7 through 10					12	2,281
12	Gross receipts from related activities, etc. (First five years. If the Form 990 is for the	organization's first,	second, third, four	ih, or fifth tax year a	as a section son(e)	3)	▶ □
13	ossenization, check this box and stop here		<u></u>			<u></u>	
Sec	tion C. Computation of Public St	ipport Perceni	age				60.14%_
		and on the displaced	by line 11 collimn	(f))		 1	58.53%
15	Public support percentage from 2010 Sche	dule A, Part II, line	14		4/00/ more pho	ok this	
16a	Public support percentage for 2011 (line 6, Public support percentage from 2010 Sche 33 1/3% support test—2011. If the organic	ization did not chec	k the box on line 1	3, and line 14 is 33	1/3% of more, chec	CK tills	▶ X
	Transfer in the control of	for or a minimus cl	innoseo oruarizad	// I			
b	box and stop here. The organization quality 33 1/3% support test—2010. If the organization	ization did not chec	k a box on line 13	omanization	IS 33 1/376 OF INOIC		> []
	check this box and stop here. The organization	ration qualifies as a	publicly supported	hoy on line 13, 16a	L or 16b, and line 14	4 is	
17a	10%-facts-and-circumstances test—20' 10% or more, and if the organization meets	13, If the organizati	on did not check a	heck this box and	stop here. Explain	in	•
	10% or more, and if the organization meets Part IV how the organization meets the "far	s tne Tacts-anu-circ cts-and-circumstan	ces" test. The orga	nization qualifies a	s a publicly support	ed	
	organization 10%-facts-and-circumstances test—20						🟲 🗀
b	Life the annual contraction	moote the "facts-ar	-d-circumstances" l	est, check this DUA	alla stop nerer		
	Explain in Part IV how the organization me	ets the "facts-and-d	circumstances lesi	. The digartization	qualifico de a permi	d y	▶ [
	supported organization Private foundation. If the organization dic	t not check a box o	n line 13, 16a, 16b,	17a, or 17b, check	k this box and see		
18	Private foundation. If the organization did instructions	FILIDE OFFICIAL ROAD					

Schedule A (Form 990 or 990-EZ) 2011
Part III Support Schedule Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

	II the organization /	<u> </u>					
Sect	ion A. Public Support	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	dar year (or fiscal year beginning in)	(a) 2007	(B) 2000	(0) 2000	-, •		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
	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.)						
Sec	tion B. Total Support		T #1.0000	(c) 2009	(d) 2010	(e) 2011	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(6) 2009	(4) 2510		
9	Amounts from line 6			ļ			
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 in 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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						<u></u>
	and 12.)			th or fifth tay yea	r as a section 501/c)(3)	
14	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here	•				· · · · · · · · · · · · · · · · · · ·	
Sec	tion C. Computation of Public St	ipport Percent	tage				
15	D. J. P	column (f) divided	by line 13, column	(1))			
16	Public support percentage from 2010 Sche	dule A, Part III, line	<u> 15 , </u>				
Sec	42 - D. Computation of Investme	of Income Pel	rcentage				%
17	Investment income percentage for 2011 (li	ne 10c, column (f)	divided by line 13,	COLUMNIA (1))		40	
18		O I salvalar A Dord II	l line 17				
19a	and the arms	nization did not che	ock the box on line	ralifice se a nublic	iv supported organia	zation	▶ [
b	17 is not more than 33 1/3%, check this bot 33 1/3% support tests—2010. If the orgal line 18 is not more than 33 1/3%, check this						<u></u> ▶ [
	line 18 is not more than 33 1/3%, check the	is box and stop he	re. The organization	on quaintee as a pr	and see instruction	3S	▶
20	Private foundation If the organization did	i not check a box o	n line 14, 19a, of 1	SO OFFICER BIRS DO			on 000 E7\ 2011

		COMMI	चें च्यापण	SEVENT	Y		23-	048720	5	Page 4
Schedule A (Fo	orm 990 or 990-EZ) 2011 Supplemental In Part II, line 17a or instructions).		0	is not to pro	wide the ev	planations art for any a	required by idditional in	Part II, lin formation.	e 10; (See 	
Part I	I, Line 10 -	Other	Income	Detail						
		,		\$	9	,577	,	.,,,,,,,,,,		,,,,,,,,,,,,
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

23-0487205

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

2011

COMMITTEE O	F SEVENTY	23 040 /200
Organization type (chec	k 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 organizatio Note. Only a section 501 instructions.	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	e
General Rule		
For an organizat	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money only one contributor. Complete Parts I and II.	r ·
Special Rules		
	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations i09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contributio) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	n of
during the year	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literal urposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	ry,
during the year, not total to more year for an exclu applies to this o	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions die than \$1,000. If this box is checked, enter here the total contributions that were received during the usively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Reganization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or year	e ule
Caution. An organizatio	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 1990-PF).	1990, -EZ or on
	A Town ODD ST or SOD DE	Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

DAA

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

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of Continuation
1	William Penn Foundation Two Logan Square, 11th Floor 100 North 18th Street Philadelphia PA 19103	\$ 295,014	Person X Payroti Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	The Philadelphia Coca-Cola Bottling 725 E. Erie Avenue Philadelphia PA 19134	\$ 30,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TD Bank 1701 RTE. 70 E CHERRY HILL NJ 08034	\$ 50,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Stradley Ronon Stevens & Young 2005 MARKET ST. SUITE 2600 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) Total contributions	(d) Type of contribution
.5	Independence Foundation Offices at the Bellevue 200 South Broad Street; Suite 1101 0 Philadelphia PA 19102	\$ 20,000	Person X Payrolí Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
6	Independence Blue Cross 1901 Market Street Philadelphia PA 19103	\$ 30,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Blank Rome LLP 130 N. 18th Street Philadelphia PA 19103	\$ 25,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 	Cephalon 41 Moores Road Frazier PA 19355	\$ 25,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	PricewaterhouseCoopers 2001 Market Street Philadelphia PA 19103	\$ 30,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Philadelphia Phillies One Citizens Bank Way Philadelphia PA 19148	\$ 20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Employer identification number Name of the organization 23-0487205 COMMITTEE OF SEVENTY Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds 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? 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. PartII Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat 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 2a 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) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 violations, and enforcement of the conservation easements it holds? 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) 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. 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 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 **>** \$ ______ (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ... Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

61,023

91,111

30,088

30,088

b Buildings c Leasehold improvements

d Equipment

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

	orm 990) 2011 COMMITTEE OF SEVENTY		23-0487205	Page 3
Schedule D (F Part VII	orm 990) 2011 COMMITTEE OF SEVENTY Investments—Other Securities. See Form 990,	Part X, line 12.		
Faitvill	(a) Description of security or category	(b) Book value	(c) Method of valuati	
	(including name of security)		Cost or end-of-year marke	et value
(1) Financial of	ierivatives			
	ld equity interests			
(A)				
(C)				
(P)				
(E)				
(F)				
(G)				
(H)				
(I)	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		Part X, line 13.		
<u> </u>	(a) Description of investment type	(b) Book value	(c) Method of valuat	
			Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		***		
_(8)				
(9)				
(10)	n (h) must equal Form 990, Part X, col. (B) line 13.)			
	n (b) must equal Form 990, Part X, col. (B) fine 13.) Other Assets. See Form 990, Part X, line 15.	<u> </u>		
Part IX	(a) Description			(b) Book value
(4)				
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		<u>, </u>		
(9)	The state of the s		· · · · · · · · · · · · · · · · · · ·	
(10)		- -	→	
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>		
Part X	Other Liabilities. See Form 990, Part X, line 25.	(b) Book value		
1.				
	income taxes RRED RENT	35,613		
	FAL LEASE PAYABLE	26,180		
	LETTE LEMENT LANGUAGE			
(4)		·		
(5) (6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. FIN 48 (ASC 740) 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 (ASC 740).

(10) (11)

	iule D (Form 990) 2011 COMMITTEE OF SEVENTY		23-0487205	Page 4
	Side Difference Company Of	00 to Audited F	inancial Statements	044 055
	Reconciliation of Change in Net Assets from Form 5. Total revenue (Form 990, Part VIII, column (A), line 12)			
1	Total expenses (Form 990, Part IX, column (A), line 25)			1,206,195
2	Excess or (deficit) for the year. Subtract line 2 from line 1		-	-291,940
3	Net unrealized gains (losses) on investments			-448
4	Donated services and use of facilities			
5	Investment expenses			
6	Prior period adjustments		7	
7 8	Other (Describe in Part XIV.)		8	-448
9	and the state of t			-292,388
	The Second State of S	and 9	<u> </u>	-292,300
Þs	www. Pacanciliation of Revenue per Audited Financial Sta	rememe and	to vondo por	1,261,398
<u>‱.</u> 1	Total revenue, gains, and other support per audited financial statements			1,201,330
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	-448	
b	Donated services and use of facilities		347,591	
c	Recoveries of prior year grants	<u>2c</u>		
d		2d		347,143
e.	Add lines 2a through 2d		2e	914,255
3	Subtract line 2e from line 1		3	3117230
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		
h	Other (Describe in Part XIV.)		4-	
c	Add lines 4a and 4b		4 <u>c</u>	914,255
Pa	Reconciliation of Expenses per Audited Financial Si	atements With	Expenses per Retur	1,553,786
1	Total expenses and losses per audited financial statements			<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		347,591	
а	- of facilities	2a	347,391	
b	The state of the s	ZD		
c	and the			
d	Other (Describe in Part XIV.)		2e	347,591
е	Add lines 2a through 2d			1,206,195
3	Subtract line 2e from line 1			<u> </u>
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	4a		
b	Other (Describe in Part XIV.)	4b	4c	
	A LET Company of the			1,206,195
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>		

	1 t d to -interest for Part II lines 3.5 and 9: Paπ	III, lines la ano 4; r	and IV, miles to and 20,	
Part	plete this part to provide the descriptions required for Farth, lines 6, 6, and 9, and V, line 4; Part X, line 2; Part XII, lines ? Part XII, lines 2d and 4b; and Part XIII, lines	2d and 4b. Also con	inhiere tries bart to brondo	
anv.	additional information.			
P	art X - FIN 48 Footnote			
٠	ommittee of Seventy is subject to the p	rovisions	of ASC Topic	740. ln
٠	Olimit Code of San San San San San San San San San San	ization ha	s evaluated i	ts tax
a	ccordance with ASC Topic 740, the organ	LZACIOII IIG		added to be
P	ositions and determined that no unrecord	ded tax be	nefits are re	durred to be
d	isclosed.			
			.,	

			S	chedule D (Form 990) 2011

Schedule D (Form 990) 2011 COMMITTEE OF SEVENTY	23-0487205	Page 5
Schedule D (Form 990) 2011 COMMITTEE OF SEVENTI Part XIV Supplemental Information (continued)		
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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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number 23-0487205

COMMITTEE OF SEVENTY Questions Regarding Compensation Part I Nα Yes 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 are 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 1b 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 filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant X 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 4a 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? 4c 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: Х 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 6a a The organization? 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 X payments not described in lines 5 and 6? 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe X 8 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)?

Schedule J (Form 990) 2011
Part II Office

Page 2

COMMITTEE OF SEVENTY

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

23-0487205

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 VII.

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(R) Breekdoun	(B) Breakdown of W.2 and/or 1099-MISC compensation	moneation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(T)
(А) Мате	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(a)-(ı)(a)	(F) Compensation reported as deferred in prior Form 990
Zachary Stalberg	225,420	20,000	28,705	0	1,292	275,417	0
(0)		0	0			0	
Ellen Mattleman Kaplan	121,547	000,01	0.0	O C	24,126	155,673	0
(1)							
and the state of t	(a)						
	(1)						
	(1)					-	
	(n)						
	(1)						
	(1)						
	(1)						
	(1)						
	(1)		***************************************				
	(II)						
	E S						
	(1)						
						5,	Schedule J (Form 990) 2011

SEVENTY

OF.

COMMITTEE

Schedule J (Form 990) 2011

6a, 6b, 7, and 8, and for Part II. 2b 4b, 4c, 5a, Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, Also complete this part for any additional information. Supplemental Information Part III

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ł	**********************************
Part III - Other Add	***************************************

was adopted in 2011. The Compensation Committee recommends compensation Chairman appoints Board Members to the Compensation Committee, which The

The for the President & CEO for full approval by the Executive Committee.

President & CEO offers a recommendation to the Compensation Committee for

recommends compensation for those officers for full approval by the the other organizational officers. The Compensation Committee then

the The President & CEO sets salaries for the rest of Executive Committee.

staff

Schedule J (Form 990) 2011

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

2011

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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 11b - Organization's Process to Review Form 990
The Audit Committee reviews the 990 and makes a recommendation for approval
to the executive committee or the full board. The executive committee
and the full board receive a copy in advance of the vote.
·
Form 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 appoints Board Members to the Compensation Committee, which
was adopted in 2011. The Compensation Committee recommends compensation
for the President & CEO for full approval by the Executive Committee.
Form 990, Part VI, Line 15b - Compensation Process for Officers
The Chairman appoints Board Members to the Compensation Committee, which
was adopted in 2011. The President & CEO offers a recommendation to the

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization COMMITTEE OF SEVENTY	Employer identification number 23-0487205
Compensation Committee for the other organization	onal officers. The
Compensation Committee then recommends compensa	
full approval by the Executive Committee. The	President & CEO sets
salaries for the rest of the staff.	
Form 990, Part VI, Line 19 - Governing Document	
The Organization's governing documents are avai	lable to the public upon
request.	
·	
A	
·	

Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Attachment Sequence No.

179

Internal Revenue Service (99) Name(s) shown on return

See separate instructions.

▶ Attach to your tax return.

Identifying number 23-0487205 COMMITTEE OF SEVENTY

	ss or activity to which this form relates adirect Depreciat	rion						
	it Election To Expe	ense Certain Prop	ertv Under Secti	on 179				
:::::	Note: If you have	any listed property	, complete Part V	before you co	omplete Part	<u>l </u>		
1	Maximum amount (see instructio		,				1	500,000
	Total cost of section 179 property	v placed in service (see	instructions)				2	
2	Threshold cost of section 179 pro	operty before reduction	in limitation (see instru	ictions)			3	2,000,000
3	Reduction in limitation. Subtract I		4	<u></u> .				
4	Dollar limitation for tax year, Subtract	line 4 from line 1. If zero of	r less, enter -0-, If married	filing separately, se	e instructions		5	
5_		ition of property	(b)	Cost (business use on	(c)	Elected cost		
6	(4)							
	Listed property. Enter the amount	at from line 29		·	7			
7	Total elected cost of section 179	property Add amounts	in column (c), lines 6	and 7			8	
8	Tentative deduction. Enter the si	9						
9	Carryover of disallowed deduction	on from line 13 of voter 2	010 Form 4562				10	
10	Business income limitation. Ente	s the employ of husines	s income (not less tha	n zero) or line 5 (s	see instructions)		11	
11	Section 179 expense deduction.	Add lines 0 and 10 but	do not enter more tha	n line 11			12	
12	Carryover of disallowed deduction.	Aug intes 5 and 10, but	and 10 less line 12	>	13			
13	Donature Destilles Dost III bolo	ou for listed property In-	stead luse Part V.					
	Casalal Dannasia	ation Allowance a	nd Other Depre	iation (Do no	t include liste	ed proper	ty.) (S	See instructions)
	of II Special Deprecial Special depreciation allowance for	alion Anowance a	her than listed property	A placed in servic	e			
14	Special depreciation allowance in	or drawen broberty (or	iidi tilaii iidtoa proportj	,, p.====			14	
	during the tax year (see instruction	Ons)					15	
15	Property subject to section 168(f Other depreciation (including AC)(1) election		,			16	6,176
16	Other depreciation (including AC	ation (Do not inclu	ida listad property	/) (See instru	ctions.)			
<u></u> ∞#a	irt III MACRS Depreci	ation (Do not more	Section	A				
	MACRS deductions for assets pl	legad in conjugation to y	ears beginning before	2011			17	0
17	MACRS deductions for assets place If you are electing to group any assets place	ECEC III SELVICE III IAX Y	e into one or more deneral ass	set accounts, check het	re 🕨			
18	If you are electing to group any assets place	Assets Placed in Se	ervice During 2011 Ta	x Year Using th	e General Depre	eciation Sy	stem	
	Section D	(b) Month and year	(c) Basis for depreciation				1	(g) Depreciation deduction
	(a) Classification of property	placed in service	(business/investment use only-see instructions		(e) Convention	(f) Metho		(g) Depleciation deconotion
40-	3	SEIVRE	0.0,					
19a	3-year property	\dashv						
<u> </u>	5-year property							
<u>c</u>	7-year property	\dashv						
	10-year property	-						
e	15-year property	\dashv	 					
	20-year property	\dashv		25 угв.		S/L		
	25-year property		<u> </u>	27.5 угв.	MM	S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			39 yrs.	MM	S/L		
i	Nonresidential real				MM	S/L		
	property Section C	-Assets Placed in Sen	vice During 2011 Tax	Year Using the			ysten	1
		-Assets Flaced III Oct	Vice paring received			S/L		
	Class life	\dashv		12 yrs.		S/L		
	12-year			40 yrs.	ММ	S/L		
	40-year		<u> </u>		1	1		
<u> </u>	irt IV Summary (See ir						21	
21	Listed property, Enter amount fro	om line 28	40 and 20 in only	on (a) and line 21	Enter here	,		
22	Total. Add amounts from line 12	t, lines 14 through 17, lir	nes 19 and 20 in colum	ni (y), and isic 2 i	. Littor Hore		22	6,17 <u>6</u>
	and on the appropriate lines of y	our return. Partnerships	and 5 corporations—	ace manuoliums .				
23	For assets shown above and pla		е сипені уваг, внег п	10	23			
	portion of the basis attributable to	o section 253A costs		<u> </u>	<u> 1</u>			

10905 07/20/2012 10:19 AM					
Forms 990-PF			nd Loans Receiv		2011
Name	For calendar year 2011, or	r tax year beginnir	ng	, and ending E	mployer Identification Number
	CONTENTIV		2	3-0487205	
COMMITTEE OF					
Form 990, Par	t X, Line 7 - 2	Additiona	l Information	1	
	Name of borrower			Relationship to disqua	lified person
(2)	NS & PLEDGES RE	ECEIVABLE			
(3)					
4E)					
(6)					
/=·					
(9)					A
(10)					
Original amount borrowed	Date of loan	Maturity date	R	epayment terms	Interest rate
(1)					
(2)					
(4)					
(5) (6)					
(7)					1
(8)					
(10)					
Sect	urity provided by borrower			Purpose of loa	<u></u>
(2)					
(3) (4)					
(5)		-			
(6) (7)					
(8)					
(9) (10)		, , , , , , , , , , , , , , , , , , , ,			
			Balance due at	Balance due at	Fair market value
Considerat	ion furnished by lender		beginning of year 49,143	end of year 79,50	(990-PF only)
(1) · · · · · · · · · · · · · · · · · · ·			49,143	19,50	
(3)					
(4) (5)				,	
(6)					
(7) (8)					
(9)					
(10) Totals			49,143	79,50	0