			EXTENDED TO APRIL 17, 2	2018		_
	0	ON	Return of Organization Exempt Fr	rom I	ncome Tax	OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	•		<sup>15)</sup> 2016
Department of the Treasury Do not enter social security numbers on this form as it may be made public.						Open to Public
_		enue Service	Information about Form 990 and its instructions is a ar year, or tax year beginning JUN 1, 2016 and en		<u>s.gov/form990.</u> IAY 31, 2017	Inspection
	heck if	Î	f organization	iung M	D Employer identific	ation number
<b>D</b> c	pplicab	le:	organization			
	Addre	ess Pe NATI	ONALITIES SERVICE CENTER			
	Name Chang	ge Doing b	usiness as		23-13	352336
	Initial returr	Number		om/suite	E Telephone number	
	Final returr termi		ARCH STREET, 4TH FLOOR			393-8400
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,972,050.
	_returr ]Appli	) <b> </b>	ADELPHIA, PA 19107		H(a) Is this a group re	
	_tion pend		nd address of principal officer:MARGARET O'SULLIVAN		for subordinates?	
<u> </u>		empt status:		527	H(b) Are all subordinates ind	ist. (see instructions)
			NSCPHILA.ORG	JZI	H(c) Group exemption	
			X Corporation Trust Association Other	I Year		State of legal domicile: PA
		Summary		- Four		o allo of fogal dominio.
-	1	Briefly describ	be the organization's mission or most significant activities: ${{ m TO}}$ PRE	EPARE	AND EMPOWER	2
Activities & Governance		IMMIGRA	NTS AND REFUGEES IN THE PHILADELPHI	IA RE	GION TO TRAN	ISCEND
erne	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed	d of more	than 25% of its net as	
0 N	3	Number of vo	ting members of the governing body (Part VI, line 1a)			17
ي م	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b) $\dots$			17
es	5		of individuals employed in calendar year 2016 (Part V, line 2a)			69
iviti	6		of volunteers (estimate if necessary)			17
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		0.
					Prior Year	Current Year
an	8		and grants (Part VIII, line 1h)		3,738,442.	4,511,811.
Revenue	9	•	ce revenue (Part VIII, line 2g)		1,332,627. 32,100.	1,222,449. 24,610.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		-32,282.	38,399.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,070,887.	5,797,269.
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		975,309.	1,254,582.
	14		to an family and have (Dart IV) and many (A) line (A)		0.	0.
s		•			2,286,336.	2,233,260.
ISe	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		70,000.	0.
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 79 , 172	2.		-
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,781,602.	2,120,729.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,113,247.	5,608,571.
	19		expenses. Subtract line 18 from line 12		-42,360.	188,698.
s or ces					ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		2,862,349.	3,182,358.
t As Id B	21		(Part X, line 26)		894,827.	945,202.
			fund balances. Subtract line 21 from line 20		1,967,522.	2,237,156.
	nrt II	-				
	-		I declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	

		,					
Sign Here	Signature of officer MARGARET O'SULLIVAN, E Type or print name and title	XECUTIVE DIRECTOR	Date				
Paid	Print/Type preparer's name STACY CULLEN	FIEHAIEI S SIGNALUIE	Date Check PTIN 04/11/18 self-employed P00974308				
Preparer		AKER LLP	Firm's EIN 23-1144520				
Use Only	Firm's address 1818 MARKET STRE	ET, SUITE 2400					
	PHILADELPHIA, PA	19103	Phone no.215.979.8800				
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)						
632001 11-1	632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2016)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check if Schedule 0 contains a response or not to any line in the Part III           TO PREPARE AND EMPONEN IMMIGRANTS AND REPUGEES IN THE PHILADELPHIA REGION TO TRANSCEND CHALLENGING CICCUMSTANCES BY PROVIDING COMPREHENSIVE CLIENT-CENTERED SERVICES TO BUILD A SOLID FOUNDATION FC A SELF=SUSTAINING AND DIGNIFIED FUTURE.           Doll the organization undertake any significant forgen services during the year which were not listed on the prior from 980 or 990-E27         IVes. [38]           IV'ses, 'destination undertake any significant forgen services during the year which were not listed on the prior from 980 or 990-E27         IVes. [38]           IV'ses, 'destination undertake any Schedule 0.         Section 501(58) and 501(46) donganzations are required to report the amount of grants and allocations to others, the tota sepsenses, and reverus, if any, for each program service accompletiments for each of its three largest program services, as measured by exportes.           If Yes, 'destination's program service accompletiments for each of its three largest program services. The tota sepsenses, and reverus, if any, for each program service second.           If Yes, 'destination's program service second	<ul> <li>Briefly describe the organization's mission: TO PREPARE AND EMPOWER IMMIGRANTS AND REFUGEES IN THE PHILADEI REGION TO TRANSCEND CHALLENGING CIRCUMSTANCES BY PROVIDING COMPREHENSIVE CLIENT-CENTERED SERVICES TO BUILD A SOLID FOUNDA A SELF-SUSTAINING AND DIGNIFIED FUTURE.         </li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.         </li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.         </li> <li>Describe the organization's program service accomplishments for each of its three largest program services, as measured b Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.         </li> <li>(Expenses \$ 3,678,919. including grants of \$ 1,254,582.) (Revenue \$     </li> </ul>	
Brefly describe the organization's mission:           TO PREPARE AND EMPOYER IMMIGRANTS AND REFUGEES IN THE PHILADELPHIA REGION TO TRANSCEND CHALLENGING CIRCUMSTANCES BY PROVIDING           COMPREHENSIVE CLIENT-CENTRED SERVICES TO BUILD A SOLID FOUNDATION FC A SELF-SUSTAINING AND DIGNIFIED FUTURE.           Dub the organization functionary any services during the year which were not lasted on the pror Form 900 0900 C27         □ Yes [X           Did the organization cause conducts, or make significant changes in how it conducts, any program services, as measured by expense. Socion 501(6)(3) and 501(6)(4) organizations are orquired to report the amount of grants and allocations to others, the total expenses, and reveruse. # may for each program service accomplements for each of its three largest program services, as measured by expenses. Socion 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reveruse. # may for each program service exports.         13, 254, 582) (inverses         13, 254, 582)           10         (cost	<ul> <li>Briefly describe the organization's mission: TO PREPARE AND EMPOWER IMMIGRANTS AND REFUGEES IN THE PHILADEL REGION TO TRANSCEND CHALLENGING CIRCUMSTANCES BY PROVIDING COMPREHENSIVE CLIENT-CENTERED SERVICES TO BUILD A SOLID FOUNDA A SELF-SUSTAINING AND DIGNIFIED FUTURE.         </li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.         </li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.         </li> <li>Did the organization's program service accomplishments for each of its three largest program services, as measured b Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.         </li> <li>(code:) (Expenses \$ 3,678,919. including grants of \$ 1,254,582.) (Revenue \$         </li> </ul>	
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REGION TO TRANSCEND CHALLENGING CIRCUMSTANCES BY PROVIDING         COMPREMENTUE CLIENT-CENTRED SERVICES TO BUILD A SOLID FOUDDATION FC         A SELF-SUSTINING AND DIGNIFIED FUTURE.         Dod the organization inductate any significant program survices during the year which were not lated on the proferom 900 C27       □ Yes (2)         I' Yes, 'describe these new services on Schedule 0.       □ Yes (2)         Describe the organization 'sprogram service accomplethments for each of the three largest program services, as measured by expenses. Socion 501(c)(3) and 501(c)(4) organizations are orquided to report the amount of parts and afacations to others, the total expenses, and revenue, if any, fee acch program service excomplethments for each of the three largest program services, as measured by expenses. Socion 501(c)(3) and 501(c)(4) organizations are orquided to report the amount of parts and afacations to others, the total expenses, and 'revenue, if any, fee acch program services; in ITEE CATION / HEALTH, WELLNESS & SAFETY / SOCIAL SERVICES : NSC IS THE LAROEST REFUGEE RESETLING AGENCY IN THE CITY, WELCOMING REPUGEES FROM NUMEROUS COUNTRIES INCLUDIG BURMA, BHUTAN, IRAQ AND DEMOCRATIC NEPUBLIC OF CONGO. FROM GREEFING, CREMENT, INTEGRATION INTO AMERICAN SOCIETY, HELPIN THEM WITH A NUMBER OF ISSUES SUCH AS HOUSING, TRANSFORMATION AND CHII CARE. AS AN INTEGRAL PART OF THIS PROGRAM, NSC HELPS REPUGEES ATTAIN ECONOMIC SELF-SUFFICIENCY BY FLACING THEM INTO SUSTAINABLE LIVABLE JOSE AND ENGAGE THE REGION'S CORPORATE COMMUNITY IN THEIR EFFORTS TO DO SC THROUGH INTERPRETES AND CHASES AND CHASES ATTAIN ECONOMIC SELF-SUFFICIENCY BY FLACING'S THEM INSUSTAINABLE LIVABLE JOSE AND ENGAGES THE REGION'S CORPORATEON INTEGRATION INNO CHASES ATTAIN ECONOMIC SELF-SUFFICIENCY BY FLACING THES FLACAGEST TO DO SC THROUGH INTERPRETES AND CHASES ACCESS TO MOR	<ul> <li>REGION TO TRANSCEND CHALLENGING CIRCUMSTANCES BY PROVIDING COMPREHENSIVE CLIENT-CENTERED SERVICES TO BUILD A SOLID FOUNDA A SELF-SUSTAINING AND DIGNIFIED FUTURE.</li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.</li> <li>Did the organization's program service accomplishments for each of its three largest program services, as measured b Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.</li> <li>(code:) (Expenses \$ 3,678,919. including grants of \$ 1,254,582.) (Revenue \$</li> </ul>	
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A SELF-SUSTAINING AND DIGNIFIED FUTURE.         2 Did the organization undertake any significant program services during the year which were not listed on the prior form spoid or 990.C27       Image: the service on Schedule 0.         10 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are organized on spord service accomplethments for each of its three targest program services, the total expenses, and revenue. (any, for each program services)       12,54,582.) (increase)       13,254,582.) (increase)         14 (context in the target program service service)       1,254,582.) (increase)       13,254,582.) (increase)       13,254,582.) (increase)         15 (context in the target program service service)       1,254,582.) (increase)       13,254,582.) (increase)       13,254,582.) (increase)         16 (context in the target program service service)       1,254,582.) (increase)       13,254,582.) (increase)       13,254,582.) (increase)         17 (context in the target program service)       1,254,582.) (increase)       13,254,582.) (increase)       13,254,582.) (increase)         18 (context in the target program service service)       1,254,582.) (increase)       13,254,582.) (increase)       13,254,582.) (increase)         19 (context in the target program service service)       1,254,582.) (increase)       1,254,582.) (increase)       1,254,582.) (increase)       1,254,582.) (increase)       1,254,582.) (increase)       1,254,582.	<ul> <li>A SELF-SUSTAINING AND DIGNIFIED FUTURE.</li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>If "Yes," describe these changes on Schedule O.</li> <li>Describe the organization's program service accomplishments for each of its three largest program services, as measured b Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.</li> <li>(Code: ) (Expenses \$ 3,678,919. including grants of \$ 1,254,582.) (Revenue \$</li> </ul>	
2 Define organization undertake any significant program services during the year which were not listed on the prior Form 9900 ergo to 290 E2? [If 'Yea,' describe these new services on Schedule 0. [If 'Yea,' describe these charges on Schedule 0. [If 'Yea,' describe the organization required to report the anomot of grants and alcolations to others, the total expenses, and revenue, if any, for each program service required to report the anomot of grants and alcolations to others, the total expenses, and revenue, if any, for each program service required to report the anomot of grants and alcolations to others, the total expenses, and revenue, if any, for each program service accompliation to a line the schedule 0. [If 'Yea,' describe the charges in the schedule 0. [If 'Yea,' describe the charges in the schedule 0. [If 'Yea,' describe the schedule 0. [If 'Yea,' describe the charges in the schedule 0. [If 'Yea,' describe the charges in the schedule 0. [If 'Yea,' describe the charges of schedule 0. [If 'Yea,' describe the charges of schedule 0. [If 'Yea,' describe 0. [I	<ul> <li>2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.</li> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.</li> <li>4 Describe the organization's program service accomplishments for each of its three largest program services, as measured b Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.</li> <li>4a (code: ) (Expenses 3, 678, 919. including grants of \$ 1,254,582.) (Revenue \$</li> </ul>	
prior form 980 or 980-227         □Yes [X           If 'Yes, 'describe these new services on Schedule 0.         >>>>>>>>>>>>>>>>>>>>>>>>>>>>	<ul> <li>prior Form 990 or 990-EZ?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>If "Yes," describe these changes on Schedule O.</li> <li>4 Describe the organization's program service accomplishments for each of its three largest program services, as measured b Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.</li> <li>4a (code: ) (Expenses \$ 3,678,919. including grants of \$ 1,254,582.) (Revenue \$</li> </ul>	
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	<ul> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li></ul>	Yes
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Section 501(c)(2) and 501(c)(4) organizations are required to report the amount of grains and allocations to others, the total expenses, and revenue, if any, for each program service reported.  (code: ][Contents] [Contents] 3,678,919. moduling grants of \$1,254,582.] (meanue \$13,300 IMMIGRANT AND REFUGEE TRANSITION & INTEGRATION / HEALTH, WELLNESS & SAFETY, SOCIAL SERVICES: INSC IS THE LARGEST REFUGEE RESETTLING & GENERY IN THE CITY, WELCOMING REFUGEES FROM NUMEROUS COUNTRIES INCLUDING BURMA, BUTTAN, IRAQ AND DEMOCRATIC REPUBLIC OF CONGO. FROM GREETING REFUGEE FAMILIES AT THE AIRPORT TO SETTLING THEM INTO THEIR COMMUNITIES, NSC'S CASE MANAGERS WORK CLOSELY WITH THEIR CLIENTS TO CREATE A FLATFORM FOR THEIR INTEGRATION INTO AMERICAN SOCIETY, HELPTIN THEM WITH A NUMBER OF ISSUES SUCH AS HOUSING, TRANSPORTATION AND CHIL CARE. AS AN INTEGRAL PART OF THIS PROGRAM, NSC HELPS REPUGEES ATTAIN ECONOMIC SELF-SUFFICIENCY SUCH AS THE PHILADELPHIA REPUGEE HEALTH b [Comt ]][Contents 933,422. modula grant of ]] [meanues 690,48 LANGUAGE ACCESS/PROFICIENCY / EDUCATION: INSC FROVIDES ACCESS TO MORE THAN 150 LANGUAGES THROUGH INTERPRETERS AND TRANSLATORS AND OFFERS EDUCATIONAL OPPORTUNITIES FOR CLIENTS TO IMPROVE THEIR LANGUAGE PROFICIENCY IN A VARIETY OF ESL ( ENGLISH AS A SECOND LANGUAGE) CLASSES. NSC HOLDS TRANSLATION AND INTERPRETERS AND REPUGEES / LEGAL: NSC'S LEGAL STAFF PROVIDES CLIENTS WITH LEGAL PROTECTIONS AND REMEDIE ON A RAGE OF ISSUES FOW BASIC APPLICATIONS TO REPRESENTATION IN FEDERAL COURT. WE SERVE CLIENTS REGARDLESS OF THEIR LEGAL STATUS OR ANGL AND CASSES AT OUR CENTER CITY LOCATION.  FEDERAL COURT. WE SERVE CLIENTS REGARDLESS OF THEIR LEGAL STATUS OR AND ANGL OF PROTECTION DEFENSE; DOMESTIC VIOLENCE CASES; LAWFUL PERMANEN RESIDERAL COURT. WE SERVE CLIENTS REGARDLESS OF THEIR LEGAL STATUS OR ANDIALLY, MORE THAN 1200 STUDENTS OF IMMIGRANTS AND REPUGEES/ LEGAL: NSC'S LEGAL STAFF PROVIDES CLIENTS WITH LEGAL PROTECTIONS AND REMEDIE ON A RANGE OF ISSUES FROM BASIC APPLICATIONS TO REPRESENTATION IN FEDERAL COURT. WE SE	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 3,678,919. including grants of \$ 1,254,582.) (Revenue \$	
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2	4e    Total program service expenses ►    5,229,561.	Form <b>99</b>
	32002 11-11-16 SEE SCHEDULE O FOR CONTINUATION(S)	

Form 99	20 (20	116)

Pa	rt IV 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," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a	~	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>-</u> -
	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	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	l i	X

Form **990** (2016)

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Part IV Checklist of Required Schedules (continued)

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

Form **990** (2016)

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Form	990 (2016) NATIONALITIES SERVICE CENTER 23-1352	336	Р	Page 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 91			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 69			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	000	(2016)

Form <b>990</b> (	2016)
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Form	990	(2016	)
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23-1352336 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				
				Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 17	4		
	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.		_		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 17	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				
	officer, director, trustee, or key employee?		2	X	L
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$		3		Ļ
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		ļ
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		ļ
6	Did the organization have members or stockholders?		6		ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			l
	more members of the governing body?		7a		L
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				l
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			Ι
а	The governing body?		8a	X	I
b	Each committee with authority to act on behalf of the governing body?		8b	X	T
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				T
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapters, affiliates,			Ι
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	X	I
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				I
			12a	X	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				t
	in Schedule O how this was done		12c	X	I
3	Did the organization have a written whistleblower policy?		13	X	t
4	Did the organization have a written document retention and destruction policy?		14	X	t
5	Did the process for determining compensation of the following persons include a review and approv				t
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				I
а	The organization's CEO, Executive Director, or top management official		15a	x	l
	Other officers or key employees of the organization		15b	x	t
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100		t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
Ju	taxable entity during the year?		16a		l
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue		154		t
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the steps to safeguard the steps to safeguard the organization to evaluate the steps to safeguard the organization to evaluate the steps to safeguard the steps to s				I
	exempt status with respect to such arrangements?		16b		l
ec	tion C. Disclosure				1
<u></u> 7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only)	availat	ole	
-	for public inspection. Indicate how you made these available. Check all that apply.	n in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		d finan	cial	
	statements available to the public during the tax year.	or interest policy, all	a man	Jai	
0	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records.			
	MARGARET O'SULLIVAN - 215-893-8400				
	1216 ARCH STREET, PHILADELPHIA, PA 19107				
2022			Form	1 <b>990</b>	1
2006	5 11-11-16 6		1011	1330	(
50	411 758275 3173.000 2016.05070 NATIONALITIES	SERVICE CENTE	31	73	(
				_	

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	(do		(C Pos heck	C) itior	<b>)</b> than	one	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee		lirecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALICIA KARR	4.00			v					0	0
1ST VICE CHAIR	1 00	X		X				0.	0.	0.
(2) KATE LANG RIVERA	4.00	v		v				0	0	0
2ND VICE CHAIR	1 00	X		X				0.	0.	0.
(3) CAREY MORGAN	4.00	x						0.	0.	0.
SECRETARY	4.00	^		X				0.	0.	0.
(4) MOHAMED NABIL BAKRY, ESQ. BOARD CHAIR	4.00	x		x				0.	0.	0.
(5) WILLIAM W. MEZGER	4.00	^		^				0.	0.	0.
TREASURER	4.00	x		x				0.	0.	0.
(6) MARC ALTSHULER, M.D.	4.00								•	<u>0    </u>
BOARD MEMBER	1.00	x						0.	0.	0.
(7) MICHELE HANGLEY, ESQ.	4.00								Ŭ.	
BOARD MEMBER	1.00	x						0.	0.	0.
(8) ELISE FIALKOWSKI	4.00									
BOARD MEMBER		x						0.	0.	0.
(9) ANGELICA ESHBACH	4.00									•••
BOARD MEMBER		x						0.	0.	0.
(10) ALINA ISPAS	4.00									
BOARD MEMBER		x						0.	0.	0.
(11) DAVID GOODWIN	4.00									
BOARD MEMBER		x						0.	0.	0.
(12) PAT MA	4.00									
BOARD MEMBER		X						0.	0.	0.
(13) TENDAI MUTSINZE	4.00									
BOARD MEMBER		X						0.	0.	0.
(14) KATIE MULLER	4.00									
BOARD MEMBER		X						0.	0.	0.
(15) ZOE DEVANEY	4.00									
BOARD MEMBER		Х						0.	0.	0.
(16) ANNE WILMS	4.00									
BOARD MEMBER		Х						0.	0.	0.
(17) ANTONIO BRYANT	4.00									_
BOARD MEMBER		Х						0.	0.	0.
632007 11-11-16						_				Form <b>990</b> (2016)

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Par			ploy	ees			ghe	st C		es (continued)							
	(A) Name and title	(B) Average hours per week	Average nours per box week offi			erage Positio (do not check mor box, unless persor officer and a direct			ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other compensation		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	<b>C)</b>	fro orga and	oensa om th anizat I relat nizati	e ion ed			
	MARGARET O' SULLIVAN	40.00							0.7.440								
EXEC	UTIVE DIRECTOR				X				97,113.		0.		9,4	96.			
. <u> </u>																	
	Sub-total								97,113.		0.		9,4	96.			
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 97,113.		0.	(	9,4	$\frac{0}{96}$			
2	Total number of individuals (including but n							no re	-		••1						
	compensation from the organization												Yes	0 No			
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s					•	•		highest compensated e		[	3		X			
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		X			
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-			-			5		х			
Sec	tion B. Independent Contractors		e J 1	01 50	ucn	pers	<u>. 100</u>					5		- 21			
1	Complete this table for your five highest co	•	•							· ·	ensa	ation f	rom				
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)         Name and business address       NONE       Description of services       C							C	(C omper		n						
								_									
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	mite	d to	tho: (	se lis )	stec	d above) who received n	nore than			000	2016)			

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Pai	rt VIII							[]
		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII (A) Total revenue	Related or exempt function	Unrelated business	(D) Revenue excludec from tax under sections
0.01						revenue	revenue	sections 512 - 514
and Other Similar Amounts		Federated campaigns						
		Membership dues		126 066				
βĀ		Fundraising events		136,966.				
<u>ia</u>		Related organizations	1d					
<u>i E</u>		Government grants (contribut	· · · · · · · · · · · · · · · · · · ·	646,097.				
E E	f	All other contributions, gifts, gran						
		similar amounts not included abo	ve <b>1f</b>	728,748.				
		Noncash contributions included in lines		197,495.	4 511 011			
<u>ה</u> כ	h	Total. Add lines 1a-1f			4,511,811.			
				Business Code		1 000 440		
Revenue	2 a	SERVICE FEES		624100	1,222,449.	1,222,449.		
e e	b							
e ji	С							
e e	d							
	е							
		All other program service reve			1 000 440			
	g	Total. Add lines 2a-2f			1,222,449.			
	3	Investment income (including						14 505
		other similar amounts)			14,527.			14,527
	4	Income from investment of ta		•				
	5	Royalties		····· •				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	155,761.					
	b	Less: cost or other basis	145 670					
		and sales expenses	10,078.					
	С	Gain or (loss)	10,083.		10 002			10 002
		Net gain or (loss)		····· •	10,083.			10,083
ne	8 a	Gross income from fundraisin						
/eu		including \$ 136,9						
Be		contributions reported on line		17 157				
Other Revenue	_	Part IV, line 18		1 1 , 1 J / •				
₹		Less: direct expenses			_11 046			_11 046
		Net income or (loss) from fund	-	····· •	-11,946.			-11,946
	9 a	Gross income from gaming ad						
	-	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	0	····· <b>•</b>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sale						
┝	4.4	Miscellaneous Revenu	le	Business Code 900099	50,345.			50,345
				500033	50,545.			50,545
	b							
	C d							
	d	All other revenue			50,345.			
		Total. Add lines 11a-11d			5,797,269.	1 222 110	0.	63,009
	12	Total revenue. See instructions.		····· <b>P</b>	203,121,203.	-, 443.		Form <b>990</b> (2016

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Part IX Statement of Functional Expenses

NATIONALITIES SERVICE CENTER

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do no	Check if Schedule O contains a respon- t include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21		·		
	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22	1,254,582.	1,254,582.		
3 0	Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
iı	ndividuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (	Compensation of current officers, directors,				
t	rustees, and key employees	109,304.	96,252.	10,484.	2,568
<b>6</b> (	Compensation not included above, to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)				
7 (	Other salaries and wages	1,665,726.	1,466,822.	159,772.	39,132
<b>8</b> P	ension plan accruals and contributions (include				_
S	ection 401(k) and 403(b) employer contributions)	87,077.	76,678.	8,353.	2,046
9 (	Other employee benefits	193,690.	170,562.	18,578.	4,550
10 F	Payroll taxes	177,463.	156,272.	17,022.	4,169
1 <b>1</b> F	ees for services (non-employees):				
a N	lanagement				
bι	egal				
c A		102,200.	102,200.		
d L	obbying				
e P	Professional fundraising services. See Part IV, line 17				
f li	nvestment management fees				
g (	Other. (If line 11g amount exceeds 10% of line 25,				
C	olumn (A) amount, list line 11g expenses on Sch O.)	1,129,382.	1,115,511.	11,142.	2,729
12 A	Advertising and promotion				
13 (	Office expenses	97,235.	90,468.	4,592.	2,175
<b>14</b> li	nformation technology				
<b>15</b> F	Royalties				
<b>16</b> (	Decupancy	95,599.	85,975.	7,731.	1,893
1 <b>7</b> T	ravel	48,048.	46,416.	1,555.	77
<b>18</b> F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials	6 004		1 0 6 0	
<b>19</b> (	Conferences, conventions, and meetings	6,924.	5,662.	1,262.	
	nterest				
	Payments to affiliates	104 654			
22	Depreciation, depletion, and amortization	124,654.	109,769.	11,957.	2,928
	nsurance	53,548.	47,475.	4,878.	1,195
a	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25. column (A)				
a	mount, list line 24e expenses on Schedule 0.)				
	IN KIND GOODS	197,495.	197,495.		
	REPAIRS, EQUIPMENT AND	148,106.	129,922.	10,971.	7,213
	BAD DEBT EXPENSE	12,649.	12,649.		
dΙ	DUES AND SUBSCRIPTIONS	9,134.	2,635.	6,424.	75
еĀ	All other expenses	95,755.	62,216.	25,117.	8,422
25 T	otal functional expenses. Add lines 1 through 24e	5,608,571.	5,229,561.	299,838.	79,172
26 J	loint costs. Complete this line only if the organization				
r	eported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation.				
C	Check here I if following SOP 98-2 (ASC 958-720)				

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NATIONALITIES	SERVICE	CENTER

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га		Dalatice Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,348.	1	12,518.
	2	Savings and temporary cash investments			914,645.	2	1,266,496.
	3	Pledges and grants receivable, net			3,940.	3	
	4	Accounts receivable, net			560,389.	4	586,500.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Š	8	Inventories for sale or use				8	
	9				13,592.	9	62,018.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,344,008.			
	b	Less: accumulated depreciation	10b	1,089,182.	1,359,435.	10c	1,254,826.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			2,862,349.	16	3,182,358.
	17	Accounts payable and accrued expenses			311,901.	17	380,894.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D			582,926.	25	564,308.
	26	Total liabilities. Add lines 17 through 25			894,827.	26	945,202.
		Organizations that follow SFAS 117 (ASC 958	), cheo	k here ► 🚺 and			
ses		complete lines 27 through 29, and lines 33 an			4 969 599		0.460.405
anc	27	Unrestricted net assets			1,869,520.	27	2,162,125.
Bal	28	Temporarily restricted net assets		······ _	98,002.	28	75,031.
Fund Balances	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶ 🛄			
۵.		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	l
As	31	Paid-in or capital surplus, or land, building, or eq				31	ļ
let	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			1,967,522.	33	2,237,156.
	34	Total liabilities and net assets/fund balances			2,862,349.	34	3,182,358.
							Form <b>990</b> (2

 Form 990 (2016)
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	990 (2016) NATIONALITIES SERVICE CENTER	23 - 1	352336	Paç	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
					<b>c</b> 0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,60		
3	Revenue less expenses. Subtract line 2 from line 1	3			98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,96		
5	Net unrealized gains (losses) on investments	5	2	9,8	63.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5.	1,0	73.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,23	7,1	56.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	

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SC	ЭН	ED	UL	E.	Α

(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.

Open to Public	
Inspection	

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/for	rm990.

Name of the	organization
-------------	--------------

►

Nar	ame of the organization Employer identification number									
				SERVICE CENT					3-1352336	
Pa	art I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instruction	S.		
	organ	ization is not a private found		•		,				
1		A church, convention of ch					1)(A)(i).			
2		A school described in section								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in co	njunction with a hospita	describe	d in <b>sectio</b>	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for		ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in	
_		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov								
7	X	An organization that norma		antial part of its support i	rom a gov	ernmental	unit or from	the general	public described in	
_		section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9		An agricultural research org	-			-		-	-	
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or	
		university:								
10		An organization that norma								
		activities related to its exen		-					-	
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	after June 30, 1975.	
		See section 509(a)(2). (Con	,	ively to test for public or	faty Caa	anation E(	O(a)(4)			
11	H	An organization organized a	-	•	•			orre out the	numpered of one or	
12		An organization organized a	-	-				-		
		more publicly supported or								
		lines 12a through 12d that							aivina	
a		the supported organization		-	•			•••••		
		organization. You must c		• • • •	a majonty				apporting	
b		<b>Type II.</b> A supporting org	-		tion with it	ts sunnort	ed organizati	on(s) by ba	vina	
		control or management o	-				-		-	
		organization(s). You mus						age the sup	portod	
		Type III functionally inte			in connec	tion with	and functiona	ally integrate	ed with	
		its supported organization						ing integrat		
c		Type III non-functionally	.,,	· ·	-		-	orted organi	zation(s)	
		that is not functionally int						-		
		requirement (see instruct			•		-			
e		Check this box if the orga	,	•				e II. Type III		
		functionally integrated, or					JI , JI	, ,,		
f	Ente	er the number of supported o	organizations		0 0					
ç	Prov	vide the following informatior								
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount o		(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Tota		Paperwork Reduction Act N	lotice see the last	uctions for Form 990 a	r 900-E7	632021 00	21-16 <b>Cobo</b>	dule A (Ec.	∣ ™ 990 or 990-EZ) 2016	
		aper work neulolion ACLIV		404013 IOLE0111 330 0	" 330-L <b>L</b> .	002021 09-		aaie A (F01	11 JJU UL JJU-LZ ZU 10	

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2757434.	2977982.	4277424.	3738442.	4511811.	18263093.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	2757434.	2977982.	4277424.	3738442.	4511811.	18263093.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						795,658.
	Public support. Subtract line 5 from line 4.						17467435.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	2757434.	2977982.	4277424.	3738442.	4511811.	18263093.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	1,439.	1,425.	6,904.	19,834.	14,527.	44,129.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,412.	7,547.	8,254.	329.	50,345.	69,887.
11	Total support. Add lines 7 through 10						18377109.
12			,				,114,977.
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				<u> </u>
-	Public support percentage for 2016 (			column (f))		14	95.05 %
	Public support percentage from 2015		-			15	89.75 %
	<b>33 1/3% support test - 2016.</b> If the c					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	. —
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	is 🕨 🗌
					Sche	dule A (Form 990	) or 990-EZ) 2016

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#### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 20	016 <b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge $\dots$						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
ection B. Total Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 20	016 (f) Total
9 Amounts from line 6	(,	(-)	(-/	(-) =	(-)	(4) * 2 * 2
IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
<ol> <li>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ol>						
<ol> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> </ol>						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>4</b> First five years. If the Form 990 is for	r the organization's	s first. second. thi	rd. fourth. or fifth ta	ax vear as a section	n 501(c)(3	) organization.
check this box and stop here	-			•		
Section C. Computation of Pub	lic Support Pe	rcentage				
			column (f))		15	%
15 Public support percentage for 2016		invided by line ro,			16	%
		III lino 15				70
6 Public support percentage from 201	5 Schedule A, Part					
6 Public support percentage from 2019 Section D. Computation of Inve	5 Schedule A, Part stment Incom	e Percentage				
<ul> <li>Public support percentage from 2019</li> <li>Section D. Computation of Inve</li> <li>Investment income percentage for 2019</li> </ul>	5 Schedule A, Part stment Incom 016 (line 10c, colur	e Percentage nn (f) divided by li	ne 13, column (f))		17	%
<ul> <li>6 Public support percentage from 2019</li> <li>6 ection D. Computation of Inve</li> <li>17 Investment income percentage for 20</li> <li>18 Investment income percentage from</li> </ul>	5 Schedule A, Part stment Incom 016 (line 10c, colur 2015 Schedule A,	e Percentage nn (f) divided by li Part III, line 17	ne 13, column (f))		18	%
<ul> <li>Public support percentage from 2018</li> <li>Section D. Computation of Inve</li> <li>Investment income percentage for 20</li> <li>Investment income percentage from 19a 33 1/3% support tests - 2016. If the</li> </ul>	5 Schedule A, Part stment Incom 016 (line 10c, colur 2015 Schedule A, e organization did r	e Percentage mn (f) divided by li Part III, line 17	ne 13, column (f)) on line 14, and line	e 15 is more than (	<b>18</b> 33 1/3%, a	% and line 17 is not
<ul> <li>6 Public support percentage from 2019</li> <li>6 ection D. Computation of Inve</li> <li>17 Investment income percentage for 20</li> <li>18 Investment income percentage from</li> </ul>	5 Schedule A, Part stment Incom 016 (line 10c, colur 2015 Schedule A, e organization did r and stop here. The	e Percentage mn (f) divided by li Part III, line 17 not check the box organization qua	ne 13, column (f)) on line 14, and line lifies as a publicly s	e 15 is more than ( supported organiz	<b>18</b> 33 1/3%, a ation	% and line 17 is not
<ul> <li>16 Public support percentage from 2019</li> <li>Section D. Computation of Investment income percentage for 2018</li> <li>Investment income percentage from 19a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box at b 33 1/3% support tests - 2015. If the</li> </ul>	5 Schedule A, Part stment Incom 016 (line 10c, colur 2015 Schedule A, e organization did r and stop here. The e organization did r	e Percentage mn (f) divided by li Part III, line 17 not check the box organization qua not check a box or	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a	e 15 is more than a supported organiz a, and line 16 is m	18 33 1/3%, a ation ore than 33	% % and line 17 is not 3 1/3%, and
<ul> <li>6 Public support percentage from 2019</li> <li>6 Public support percentage from 2019</li> <li>7 Investment income percentage for 2018</li> <li>8 Investment income percentage from 19a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, check</li> </ul>	5 Schedule A, Part stment Incom 016 (line 10c, colur 2015 Schedule A, e organization did r and stop here. The e organization did r eck this box and s	e Percentage mn (f) divided by li Part III, line 17 not check the box organization qua not check a box or top here. The org	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a anization qualifies	e 15 is more than 3 supported organiz a, and line 16 is m as a publicly supp	<b>18</b> 33 1/3% , a ation ore than 33 orted orga	% and line 17 is not 
<ul> <li>16 Public support percentage from 2018</li> <li>Section D. Computation of Investment income percentage for 21</li> <li>17 Investment income percentage from 19a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, check 20 Private foundation. If the organization</li> </ul>	5 Schedule A, Part stment Incom 016 (line 10c, colur 2015 Schedule A, e organization did r and stop here. The e organization did r eck this box and s	e Percentage mn (f) divided by li Part III, line 17 not check the box organization qua not check a box or top here. The org	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a anization qualifies	e 15 is more than 3 supported organiz a, and line 16 is mo as a publicly supp his box and see in	18       33 1/3% , a       ation       orte than 33       orted orga       structions	% and line 17 is not 3 1/3%, and anization
<ul> <li>19a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2015. If the</li> </ul>	5 Schedule A, Part stment Incom 016 (line 10c, colur 2015 Schedule A, e organization did r and stop here. The e organization did r eck this box and s	e Percentage mn (f) divided by li Part III, line 17 not check the box organization qua not check a box or top here. The org	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a anization qualifies	e 15 is more than 3 supported organiz a, and line 16 is mo as a publicly supp his box and see in	18       33 1/3% , a       ation       orte than 33       orted orga       structions	% and line 17 is not 

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Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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| 10b | Schedule A (Form 990 or 990-EZ) 2016

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## Schedule A (Form 990 or 990-EZ) 2016 NATIONALITIES SERVICE CENTER Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
d	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
0	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Sec	stion B. Type I Supporting Organizations	TIC		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	<b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations	L		L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	stion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	L		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	0		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	:)	
2	Activities Test. Answer (a) and (b) below.	aotionio	Yes	No
– a				
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9			2016
	17			,

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#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income		(A) Prior Year (B) Cu		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	·
Secti	on D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
0000			FTE-2010	
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
	From 2014			
	From 2015			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
,	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
<u> </u>				

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

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Part VI								10.
	Part IV, Section A, lines ine 1; Part IV, Section D Section D, lines 5, 6, an	1, 2, 3b, 3c, 4b, 4c, ), lines 2 and 3; Part	5a, 6, 9a, 9 IV, Sectior	9b, 9c, 11a, 11 n E, lines 1c, 2a	b, and 11c; Pa a, 2b, 3a, and 3	rt IV, Section B, lir b; Part V, line 1; F	Part V, Section B, line 1	ection C,
	(See instructions.)					-		
						Sch	edule A (Form 990 or	990-F7
32028 09-21-16								

#### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

23	-1	35	23	36	
	_			50	

Name of the	organization	
Name of the	organization	

Organization type (check or	1e):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

NATIONALITIES SERVICE CENTER

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

#### General Rule

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

#### Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization	Name	of	organization
----------------------	------	----	--------------

Employer identification number

23-1352336

#### NATIONALITIES SERVICE CENTER

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHIL STRAUS AND MARGARET HARRIS 228 SOUTH 21ST STREET PHILADELPHIA, PA 19103	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-1	8-16 22		990, 990-EZ, or 990-PF) (2016)

Page 2

2016.05070 NATIONALITIES SERVICE CENTE 3173\_001

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Employer identification number

23-1352336

#### NATIONALITIES SERVICE CENTER

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	

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2016.05070 NATIONALITIES SERVICE CENTE 3173\_001

Name of orga	anization		Employer identification number					
NATION	ALITIES SERVICE CENTE	R	23-1352336					
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Complet	ntributions to organizations describ e columns (a) through (e) and the fol	bed in section 501(c)(7), (8), or (10) that total more than \$1,000 f ollowing line entry. For organizations					
	completing Part III, enter the total of exclusively religi	ous, charitable, etc., contributions of \$1,000	00 or less for the year. (Enter this info. once.) ► \$					
(a) No. from	Use duplicate copies of Part III if addition							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			[					
Γ		(e) Transfer of g	gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
F		(e) Transfer of g	l gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of g	gift					
	Transferee's name, address,	and <b>ZIP</b> + 4	Relationship of transferor to transferee					
		[						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Fulpose of gift	(c) Use of gift						
			[					
-								
		(e) Transfer of g	giπ					
	Transferee's name, address,	Relationship of transferor to transferee						
623454 10-18-	16	24	Schedule B (Form 990, 990-EZ, or 990-PF) (					

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(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.



	ent of the Treasury Revenue Service	<ul> <li>A</li> <li>Information about Schedule D (Formation about Schedule D)</li> </ul>	ttach to Form 990. n 990) and its instructions is at www	.irs.aov/f	orm990.	Inspection
	of the organizat					r identification number
	3	NATIONALITIES SERVI	CE CENTER			3-1352336
Part	I Organiz	ations Maintaining Donor Advised	d Funds or Other Similar Fun	ds or A	ccounts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, line	6.			
			(a) Donor advised funds	(	<b>b)</b> Funds an	d other accounts
1	Total number at e	end of year				
2	Aggregate value o	of contributions to (during year)				
3	Aggregate value o	of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati	on inform all donors and donor advisors in w	riting that the assets held in donor ad	vised fun	ds	
		on's property, subject to the organization's e				. Yes No
6	Did the organizati	on inform all grantees, donors, and donor ad	lvisors in writing that grant funds can l	be used o	only	
t	for charitable purp	poses and not for the benefit of the donor or	donor advisor, or for any other purpos	se confer	ring	
	impermissible priv					. Yes No
Part		vation Easements. Complete if the orga		), Part IV,	, line 7.	
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·			
		n of land for public use (e.g., recreation or ec				
		of natural habitat	Preservation of a co	ertified hi	storic struct	ture
		n of open space				
		a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a co		
	day of the tax yea					at the End of the Tax Yea
		conservation easements			2a	
					2b	
		rvation easements on a certified historic stru			2c	
		rvation easements included in (c) acquired a				
		nal Register			2d	41 4
		rvation easements modified, transferred, rele	eased, extinguished, or terminated by	the organ	lization duri	ng the tax
	year	where property subject to concentration and	amont is located			
		where property subject to conservation easily				
		ation have a written policy regarding the perior forcement of the conservation easements it				Yes No
		er hours devoted to monitoring, inspecting, r				
		er nours devoted to monitoring, inspecting, r	and ing of violations, and emotering of	JISCIVALI	on easemen	to during the year
7	Amount of expense	 ses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conser	vation ea	isements di	iring the year
	S	ses incurred in monitoring, inspecting, handi	ing of violations, and enforcing conser	valion ea		aning the year
		rvation easement reported on line 2(d) above	satisfy the requirements of section 1	70(h)(4)(F	3)(i)	
		n)(4)(B)(ii)?				Yes No
		ibe how the organization reports conservatio				
		ble, the text of the footnote to the organizati	-			
	conservation ease	· · ·			<b>,</b>	g
Part	III Organiz	ations Maintaining Collections of	Art, Historical Treasures, or	Other :	Similar A	ssets.
	Complete i	if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization	n elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stat	tement ar	nd balance :	sheet works of art,
I	historical treasure	es, or other similar assets held for public exhi	bition, education, or research in furthe	erance of	public servi	ce, provide, in Part XIII,
t	the text of the foo	otnote to its financial statements that describ	es these items.			
b	If the organization	n elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue stateme	ent and b	alance shee	et works of art, historica
1	treasures, or othe	er similar assets held for public exhibition, ed	ucation, or research in furtherance of I	public se	rvice, provic	le the following amount
I	relating to these if	tems:				
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1			▶ \$	
		ed in Form 990, Part X				
		n received or held works of art, historical trea				
t	the following amo	ounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:			
а	Revenue includec	d on Form 990, Part VIII, line 1			▶ \$	
b	Assets included ir	n Form 990, Part X			▶ \$	

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Schedule D (Form 990) 2016

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Sche		LITIES SER						23-13			age <b>2</b>
Par	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	ts(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at are a si	gnificant u	use of its	collectio	n item	S
	(check all that apply):		. —								
а	Public exhibition	C			hange progr						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit o								7.4		1
Do	to be sold to raise funds rather than to be ma								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	•	
10	· · · · · · · · · · · · · · · · · · ·		diam ( for	contribution	a ar athar a	aata nat	included				
Ia	Is the organization an agent, trustee, custod		•						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							·····		L	JINO
D		and complete the ic	nowing	LADIE.					Amoun	+	
~	Reginning balance						1c		Amoun	ι	
	Beginning balance Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •	·····			]
Par											
	·	(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance			,			<u>, , , , , , , , , , , , , , , , , , , </u>				
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	lg, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	ered for th	ne organiz	ation	г		
	by:									Yes	No
	(i) unrelated organizations								. 3a(i)		
	(ii) related organizations										
	If "Yes" on line 3a(ii), are the related organiza	-							. 3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm				D		line 10				
	Complete if the organization answere			r i		<u> </u>			( )) [		
	Description of property	(a) Cost or c basis (investr			or other (other)		ccumulate preciation	a	( <b>d)</b> Boo	k value	3
	Land								4 4 4	<del>~ -</del>	<u> </u>
	Buildings			1,98	3,820.	<sup>9</sup>	914,31	12.	1,06	9,5	U8.
	Leasehold improvements				0 1 0 0				10	<u> </u>	10
	Equipment			36	0,188.		L74,81	/ U •	Τ8	5,3	т8.
	Other								1 25	1 0	$\frac{1}{2}$
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	0c.)				1,25	4, X.	40.

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016	NATIONALITIES	SERVICE	CENTER
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# Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value 1) Financial derivatives

(1) Financial derivatives	
(2) Closely-held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	

#### Part VIII Investments - Program Related.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	<b>(b)</b> Book value
(1)	Federal income taxes	
(2)	PENSION PLAN LIABILITY	564,308.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	564,308.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII X

Schedule D	(Form	990)	2016
		550	2010

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Sche	dule D (Form 990) 2016 NATIONALITIES SERVICE CEN	ΓER		23-	1352336 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,665,116.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	29,863.		
b	Donated services and use of facilities	2b	757,808.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)		80,176.		
е	Add lines 2a through 2d			2e	867,847.
3	Subtract line 2e from line 1			3	5,797,269.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. <b>4</b> b			_
с	Add lines 4a and 4b		4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,797,269.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses per	Retu	irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1		a.		1	6,395,482.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.			
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	a.			
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. <b>2a</b>			
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. <b>2a</b> <b>2b</b>	757,808.		
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 			6,395,482.
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 	757,808.	1 2e	6,395,482. 786,911.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	757,808. 29,103.	1	6,395,482.
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	a. 2a 2b 2c 2d	757,808. 29,103.	1 2e	6,395,482. 786,911.
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 	757,808. 29,103.	1 2e	6,395,482. 786,911.
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 	757,808. 29,103.	1 2e	6,395,482. 786,911. 5,608,571.
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	a. 2a 2b 2c 2d  2d  4a  4b	757,808.	1 2e 3 4c	6,395,482. 786,911. 5,608,571. 0.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	a. 2a 2b 2c 2d  2d  4a  4b	757,808.	1 2e 3	6,395,482. 786,911. 5,608,571.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	a. 2a 2b 2c 2d  2d  4a  4b	757,808.	1 2e 3 4c	6,395,482. 786,911. 5,608,571. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

MANA	GEME	NT	HAS	REV	IEWI	ED THE	TAX	POS	ITIONS	FOR	EAC	H OF	THE	OPEN	TAX	YEARS
(201	4-20	16)	TAF	CEN	OR 1	EXPECT	ED TC	) BE	TAKEN	IN	THE	CENTI	ER'S	2017	TAX	RETURN
AND I	HAS	CON	ICLUI	DED	THAT	T THER	E ARE	e no	SIGNI	FICA	NT U	NCER	<b>FAIN</b>	TAX	POSI	FIONS
THAT	WOU	ILD	REQU	JIRE	RE	COGNIT	ION 1	IN TH	HE FINZ	ANCI	AL S	TATE	1ENTS	5.		

PART	XI,	LINE	2D	_	OTHER	<b>ADJUSTMENTS:</b>
------	-----	------	----	---	-------	---------------------

NET ACTUARIAL GAIN

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSE

632054 08-29-16

80,176.

29,103.

10550411 758275 3173.000

Schedule D	(Form 990) 2016
Dart XIII	Cum m la ma a mi

NATIONALITIES	SERVICE	CENTER
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Part XIII Supplemental Information (continued)		
		Schedule D (Form 990) 2016
632055 08-29-16	29	

(Form 990 or 990-EZ) Complete if th Department of the Treasury	ental Information Regarding e organization answered "Yes" on organization entered more than \$1 ► Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	Form 5,000 ( ) or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the	OMB No. 1545-0047
Name of the organization	LITIES SERVICE CEN					Employer ic	lentification number
Part I Fundraising Activities	Complete if the organization answe			n Form 990, Part IV, I	line 1		
<ul> <li>required to complete this par</li> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	sed funds through any of the followin e Solicita f Solicita g Special pr oral agreement with any individual part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Y€	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total		<u></u>					
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2016

632081 09-12-16

30 10550411 758275 3173.000 2016.05070 NATIONALITIES SERVICE CENTE 3173\_001

23-1352336 Page 2

		(a) Event #1 GLOBAL TASTES	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	COI. (C))
	1 Gross receipts	154,123.			154,123
	2 Less: Contributions	136,966.			136,966
_	<b>3</b> Gross income (line 1 minus line 2)	17,157.			17,157
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,548.			3,548
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				25,555
	<b>10</b> Direct expense summary. Add lines 4 thr	•		🕨	29,103
	11 Net income summary. Subtract line 10 fr				-11,946
				مرجعالة منزم ممرام ماسيم مرمر	
a		tion answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
T	\$15,000 on Form 990-EZ, line 6a.	tion answered "Yes" on Forn		reported more than	
T		tion answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	
			(b) Pull tabs/instant		
Т	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
Т	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
Т	\$15,000 on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (ad col. (a) through col. (
Т	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
Т	\$15,000 on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo	(b) Pull tabs/instant		
Т	\$15,000 on Form 990-EZ, line 6a.  1 Gross revenue 2 Cash prizes 3 Noncash prizes	(a) Bingo	(b) Pull tabs/instant		
Т	\$15,000 on Form 990-EZ, line 6a.  1 Gross revenue 2 Cash prizes	(a) Bingo	(b) Pull tabs/instant		
Т	\$15,000 on Form 990-EZ, line 6a.  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo	(b) Pull tabs/instant		
Т	\$15,000 on Form 990-EZ, line 6a.  1 Gross revenue 2 Cash prizes 3 Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Т	\$15,000 on Form 990-EZ, line 6a.  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo	(b) Pull tabs/instant		
Т	<ul> <li>\$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Т	<ul> <li>\$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 	
	<ul> <li>\$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 	
	<ul> <li>\$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 NATIONALITIES SERVICE CENTER 23	-135	<u>233</u>	5 Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?	L	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		_	
	to administer charitable gaming?	🗆	] Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13;	a	%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
	5 1, 5 5 5			
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
	of gaming revenue retained by the third party  \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10				
	Nama			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer			
	•• • • • • • •			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		⊥ ¥es	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	е		
<b>D</b> -	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Ра	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lines 9	9, 9b, <sup>-</sup>	0b, <b>1</b> 5b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
6320	I3 09-12-16 Schedule G (F	orm 990	) or 99	0-EZ) 2016
	32			
. – .			210	2 0 0 1

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chedule G (	(Form 990	0 or 990	-EZ	)	NATIONALITIES	SERVICE	CENTER	
								-

	G (Form 990 or 990-EZ) Supplemental Inf	NATIONALITIE	S SERVIC	E CENTER		23-13523	36 Page 4
	Supplemental Inf	ormation (continued)					
632084 04-01-16					Sche	edule G (Form 99	90 or 990-EZ
			:	33			
50411	758275 3173	.000 2016	.05070 NZ	ATIONALITIES	SERVICE	CENTE 31	73_001

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go Comple	irants and Oth vernments, an ete if the organizatio on about Schedule I	nd Individua n answered "Yes" Attach to For	<b>ls in the Ŭn</b> i " on Form 990, Pa m 990.	ited States	0.	OMB No. 1545-0047 2016 Open to Public Inspection
Name of the organization								Employer identification number
Part I General Info	NATIONALI		ICE CENTER					23-1352336
1 Does the organizati criteria used to awa	on maintain records Ird the grants or assi	to substantiate the stance?	-				sistance, and the selec	
		-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
recipient that <b>1 (a)</b> Name and addre or govern	ess of organization	\$5,000. Part II can (b) EIN	be duplicated if addit (c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ded. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	( <b>h)</b> Purpose of grant or assistance
	of other organization	is listed in the line		he line 1 table				Schedule I (Form 990) (2016)

#### Schedule I (Form 990) (2016)

23-1352336 Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RECEPTION & PLACEMENT PROGRAM	710	1,204,525.	216,175.	FMV	IN KIND GOODS.
MATCH GRANT	318	477,000.	124,384.	FMV	IN KIND GOODS.
PPR	84	32,347.	0.		
NATIONAL HUMAN TRAFFICING VICTIM ASSISTANCE PROGRAM	56	80,864.	2,844.	FMV	IN KIND GOODS.
IRP ASSISTANCE	6	4,366.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
NATIONALITIES SERVICE CENTER'S PRO		FOR THE GI	VINC OF CR	ANTS AND THE	
				-	
MONITORING/DOCUMENTATION PROCESS H	OR THESE	GRANTS IS	IN ACCORE	ANCE WITH THE	
POLICIES AND PROCEDURES AS REQUIRE	D BY THE	U.S DEPAR	TMENT OF H	IEALTH AND	
HUMAN SERVICE'S OFFICE OF REFUGEE	RESETTLE	MENT AND T	HE RESPECT	IVE PROGRAMS	
THAT ARE BEING ADMINISTERED FOR TH	IE GOVERN	MENT.			

	ES SERVICE C				23-1352336 Pag
art III Continuation of Grants and Other Assistance to	o Individuals in the Unite	ed States (Schedul	e I (Form 990), Part I	II.)	
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		5.010			
C-TSA	6.	5,943.	. 806.	r MV	IN KIND GOODS.

Schedule I (Form 990)

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

Name of the organization

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

#### NATIONALITIES SERVICE CENTER

Employer identification number	r
23-1352336	

De			TCH CHILL		<u></u>	55255	<u> </u>
Pa	rt I Types of Property				1 (1)		
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of det noncash contribut	•	ints
			items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		197,495.	FMV		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other $\ldots$						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other 🕨 ( )						
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions			
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29			
					-	Yes	s No
30a	During the year, did the organization receive b	by contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat	te of the initia	al contribution, and	d which isn't required to be ι	ised for		
	exempt purposes for the entire holding period	I?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribution	utions?	31	X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncash	I		
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	y for which column (a) is che	cked,		

describe in Part II.

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

Schedule M (Form 990) (2016)

632141 08-23-16

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

632142 08-23-16	Schedule M (Form 990) (2010
	38
0550411 758275 3173.000	2016.05070 NATIONALITIES SERVICE CENTE 3173_001

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No. 1545-0047

NATIONALITIES SERVICE CENTER

Employer identification number 23-1352336

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHALLENGING CIRCUMSTANCES BY PROVIDING COMPREHENSIVE CLIENT-CENTERED

SERVICES TO BUILD A SOLID FOUNDATION FOR A SELF-SUSTAINING AND

DIGNIFIED FUTURE.

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

COLLABORATIVE, NSC HAS LEVERAGED ITS PARTNERSHIPS IN THE HEALTH

COMMUNITY TO CREATE AN EQUITABLE SYSTEM OF REFUGEE HEALTH CARE IN THE

PHILADELPHIA REGION AND IMPROVE HEALTH OUTCOMES AMONG PHILADELPHIA

REFUGEES. NSC'S NEWLY ESTABLISHED HEALTH DEPARTMENT AIMS TO CREATE

SEAMLESS ACCESS TO HEALTH, MENTAL HEALTH, TREATMENT FOR VICTIMS OF

TRAUMA, AND CRITICAL INCIDENT SERVICES ACROSS THE ORGANIZATION.

ADDITIONALLY, IT EDUCATES NSC STAFF, VOLUNTEERS AND STAKEHOLDERS ON THE

CULTURALLY SENSITIVE HEALTH ISSUES AFFECTING OUR CLIENTS.

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

MEYER DESIGN CONTRACTED WITH NATIONALITIES SERVICE CENTER. ALICIA KARR, IS A PRINCIPAL AT THE ORGANIZATION.

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

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

DIRECTOR, AFTER WHICH THE FULL BOARD WAS PROVIDED A COPY FOR REVIEW BEFORE FILING WITH THE IRS.

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

 NSC
 REGULARLY
 AND
 CONSISTANTLY
 MONITORS
 AND
 ENFORCES
 COMPLIANCE
 WITH
 OUR

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

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 08-25-16

10550411 758275 3173.000

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Schedule O (Form 990 or 990-EZ) (2016) Name of the organization NATIONALITIES SERVICE CENTER	Page Employer identification numbe 23-1352336
CONFLICT OF INTEREST POLICY. THE CHIEF MECHANISM OF COMP	
ANNUAL DISCLOSURE OF ALL INTERESTS THAT MIGHT GIVE RISE	
FORM 990, PART VI, SECTION B, LINE 15:	
OUR BOARD'S PERSONNEL COMMITTEE DETERMINED THE EXECUTIVE	DIRECTOR'S
COMPENSATION BY COMPARING COMPENSATION DATA OF EXECUTIVE	DIRECTORS AT
SIMILAR SIZE ORGANIZATIONS IN TEH AREA. THE COMMITTEE'S	DELIBERATION AND
DECISION ON THIS MATTER WERE RECORDED IN THE COMMITTEE'S	MINUTES.
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST. THIS	REQUEST MUST BE
MADE DIRECTLY WITH THE EXECUTIVE DIRECTOR OR THE BOARD O	F DIRECTORS.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER:	
PROGRAM SERVICE EXPENSES	1,115,511
MANAGEMENT AND GENERAL EXPENSES	11,142
FUNDRAISING EXPENSES	2,729
TOTAL EXPENSES	1,129,382
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,129,382
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL GAIN	80,176
SPECIAL EVENT EXPENSE	-29,103
	51,073
TOTAL TO FORM 990, PART XI, LINE 9	

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

10550411 758275 3173.000

2016.05070 NATIONALITIES SERVICE CENTE 3173\_001

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(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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

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

						ng number	
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) o					
print	NAMIONALIMIES SEDULAE OF		00 1050006				
File by the	NATIONALITIES SERVICE CENTER			23-1352336 Social security number (SSN)			
due date for filing your return. See	1216 ARCH STREET 4TH FLOOR						
instructions.							
Enter the	Return Code for the return that this application is for (fi	le a separa	ate application for each return)			01	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ			Form 990-T (corporation)			07	
Form 990	)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)			Form 8870			12	
• If this box  1 I re for	brganization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box $\blacktriangleright$ quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or $\underline{X}$ tax year beginning JUN 1, 2016 ne tax year entered in line 1 is for less than 12 months, or	Group Exe and atta APR organizati	emption Number (GEN) Ich a list with the names and EINs o <u>IL 15, 2018</u> , to file on's return for: d ending <u>MAY 31, 2017</u>	If this is fo f all memb e the exen	r the whole <u>c</u> iers the extern ipt organizat	nsion is for.	
	Change in accounting period						
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any			0	
	nrefundable credits. See instructions.			3a	\$	0.	
b Ifth	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					•	
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your pay						•	
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawa ns.	l (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 887	9-EO for payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice	. see instr	uctions.		Form 8	868 (Rev. 1-2017)	

623841 01-11-17

OMB No. 1545-1709

Enter filer's identifying number