

May 17, 2021

FUND FOR PHILADELPHIA CITY HALL NO 267 PHILADELPHIA, PA 19107

Dear Jody,

Enclosed are the following income tax returns prepared on behalf of FUND FOR PHILADELPHIA for the year ended June 30, 2020.

2020 990 - Return of Organization Exempt from Income Tax

2020 8879-EO - IRS E-file Signature Authorization Form

2020 Schedule A - Public Charity Status and Public Support

2020 Schedule B - Schedule of Contributors

2020 Schedule D - Supplemental Financial Statements

2020 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.

2020 Schedule O - Supplemental Information to Form 990 or 990EZ

2020 Pennsylvania Charitable Organization Registration Statement

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

WITHUMSMITH+BROWN, PC

Enclosures



FUND FOR PHILADELPHIA Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2020

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

WITHUMSMITH+BROWN, PC 1835 MARKET STREET, SUITE 1710 PHILADELPHIA PA 19103-2945

> or Fax to: 732-321-2002 Attn: ELIZABETH MOORE

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 17, 2021. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

/20	$^{\circ}$	

For calendar year 2020, or fiscal year beginning 01/01, 2020, and ending 06/30

OMB No. 1545-0047

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number 23-2174863 FUND FOR PHILADELPHIA Name and title of officer or person subject to tax JODY GREENBLATT, EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12).... 1b 2a Form 990-EZ check here ▶ Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Form 990-PF check here ▶ Form 8868 check here ▶ **b** Balance due (Form 8868, line 3c). 5b 5a Form 990-T check here ▶ **b Total tax** (Form 990-T, Part III, line 4) 6b Form 4720 check here ▶ **b** Total tax (Form 4720, Part III, line 1) 7b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that ____ I am an officer of the above organization or ____ I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize WITHUMSMITH+BROWN, PC to enter my PIN as my signature ERO firm name on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. Date $\triangleright 05/17/2021$ ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A F	or th	e 2020	calendar year, or tax year beginning	01/01, 2020,	, and ending			06/3	30, 20	20	
ь.			C Name of organization			D	Employer ider	ntificatio	n numbe	er	
В 0	Check if a	pplicable:	FUND FOR PHILADELPHIA				23-2174	1863			
	Addre		Doing business as THE MAYOR 'S	FUND FOR PHILADELPHIA	A, I						
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E	Telephone nur	nber			
	Initia	l return	CITY HALL NO 267			(215) 68	6-032	21		
	Final termi	return/ nated	City or town, state or province, country, a	nd ZIP or foreign postal code							
	Amer retur	nded	PHILADELPHIA, PA 19107	G	Gross receipts	\$	4,	552,	397.		
		cation	F Name and address of principal officer:	JODY GREENBLATT		H(a) Is this a grou		or	Yes	X No
	_ ,	5	CITY HALL NO 267, PHII	LADELPHIA, PA 19107		H(b) Are all subordi		ed?	Yes	No
ı	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52	7	If "No," at	tach a list.	See instru	ctions	
J	Webs	ite: 🕨	WWW.MAYORSFUNDPHILA.ORG			Н(c) Group exemp	otion numb	oer 🕨		
K	Form	of organ	nization: X Corporation Trust	Association Other ►	L Year of	f formation:	1981 M s	State of I	legal dom	nicile:	PA
Pa	art I	Su	mmary	· ·	<u>'</u>						
	1	Briefly	/ describe the organization's mission or	r most significant activities: SEE A'	TTACHED	SCHEDU	ILE O				
ě		,	, G								
and											
ern	2	Check	this box if the organization di	scontinued its operations or dispose	ed of more tha	an 25% of	its net assets	S.			
Governance	3	Numb	er of voting members of the governing	body (Part VI, line 1a)				3			8.
	4		er of independent voting members of the					4			8.
ties	5		number of individuals employed in cale					5			3.
Activities &	6		number of volunteers (estimate if necess					6			9.
Ac	_		unrelated business revenue from Part VI					7a			0.
			nrelated business taxable income from F					7b			0.
						1	Prior Year		Curre	ent Ye	ar
_	8	Contri	ibutions and grants (Part VIII, line 1h)			6	5,499,30	7.	2,5	510,	032.
Revenue	9		am service revenue (Part VIII, line 2g)				7,604,27				390.
e ve	10		ment income (Part VIII, column (A), line				14,98		<u> </u>		733.
æ	11		revenue (Part VIII, column (A), lines 5,				5,78			1,	242.
	12		revenue - add lines 8 through 11 (must			14	1,124,35		4,5		397.
_	13		s and similar amounts paid (Part IX, colu				2,951,45				758.
	14		its paid to or for members (Part IX, colu				, , .	0.			0.
	4-		es, other compensation, employee bene				271,46	4.		216,	106.
Expenses	16 a		ssional fundraising fees (Part IX, column					0.			0.
ber	h		fundraising expenses (Part IX, column (I	(7.1), line 25) >).						
Ä	17		expenses (Part IX, column (A), lines 11	a-11d 11f-24e)		12	2,706,62	1.	3.9	905.	978.
	18		expenses. Add lines 13-17 (must equal				5,929,54				842.
	19		nue less expenses. Subtract line 18 from				,805,18				445.
es		IXCVCI	The reas expenses. Oubtract line to from	1 11110 12			g of Current Y			of Year	
ets	20	Total	assets (Part X, line 16)				,163,73				604.
Ass Bal	21		liabilities (Part X, line 26)				5,536,48		•		555.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21				1,627,24				049.
	rt II		qnature Block	110111 11110 201 1 1 1 1 1 1 1 1 1 1 1 1			, , , , , , , ,			,	
			of perjury, I declare that I have examined thi	s return, including accompanying sched	ules and staten	nents, and	to the best of	mv kno	wledge a	and bel	lief. it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer ha	s any know	ledge.				
Sig	jn	5	Signature of officer				Date				
He	re										
		Ī	ype or print name and title								
			Type preparer's name	Preparer's signature	Date		Check	if PTIN	N N		
Paid	t		C M STRAUSS	ERIC M STRAUSS	05/17	/2021	self-employe	"	P0099	184	4
Pre	parer		. UTHILIMONTHII DDOUN		00/1/		rm's EIN ▶ 2				
Use	Only		s andress >1835 MARKET STREET, SUITE	•	145				46-21		
Mar	v the		iscuss this return with the preparer				10110 110.		X Ye		No
_			Reduction Act Notice, see the separate	·	,			[(2020)
	. upc										\-U-U)

Form 990 (2020) Page 2

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$2,284,802. including grants of \$544,773.) (Revenue \$2,040,390.) THE CITY OF PHILADELPHIA LAUNCHED INDEGO BIKE SHARE AS THE CITY'S
	NEWEST FORM OF PUBLIC TRANSPORTATION IN 2015. INDEGO BIKE SHARE IS AN INITIATIVE OF THE CITY AND WORKS TO BUILD AN EQUITABLE BIKE
	SHARE SYSTEM IN THE CITY. THE CITY OWNS OVER 1,000 SELF-SERVE
	BIKES AND OVER 130 STATIONS THROUGHOUT THE CITY. INDEGO BIKE SHARE
	OFFERS 24/7 ACCESS TO THEIR BIKES.
4b	(Code:) (Expenses \$ 948,832. including grants of \$ 0.) (Revenue \$ 0.)
	THERE ARE MORE THAN 400 NEIGHBORHOOD PARKS, RECREATION CENTERS,
	AND LIBRARIES IN PHILADELPHIA. THEY SERVE AS SAFE SPACES FOR
	PEOPLE TO LEARN, PLAY, EXERCISE AND GET ACCESS TO IMPORTANT
	SERVICES. HOWEVER, ABOUT 90 PERCENT OF THESE PLACES ARE IN NEED
	OF INVESTMENT,. REBUILD IS THE PROGRAM THAT WILL INVEST HUNDREDS
	OF MILLIONS OF DOLLARS IN IMPROVING COMMUNITY FACILITIES THROUGH
	MAKING PHYSICAL IMPROVEMENTS, PROMOTING DIVERSITY AND ECONOMIC INCLUSION, AND ENGAGING COMMUNITY MEMBERS TO INFORM THE
	IMPROVEMENTS.
	THE ROVEMENTO.
4c	(Code:) (Expenses \$412,851. including grants of \$406,611.) (Revenue \$0.)
	ATTACHMENT 1
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,822,469. including grants of \$ 761,374.) (Revenue \$ 0.)
4e	Total program service expenses ► 5,468,954.

Page 3 Form 990 (2020)

Par	Checklist of Required Schedules		1	
			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
c	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		3.5	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
L	Schedule D, Parts XI and XII.	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	426		Х
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		<u> </u>
-	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		Х
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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		3,5	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2020) Page 4

Part	Checklist of Required Schedules (continued)		V	Na
22	Did the comparisor report more than OF 000 of greate or other assistance to or for democial individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
- u	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
05.	or IV, and Part V, line 1	34		$\frac{X}{X}$
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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	330		
30	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		Х
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	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2020) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 3					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х		
b	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		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	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					
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х		
h	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).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
а	and services provided to the payor?	7a		Х		
h	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					
C	required to file Form 8282?	7c		Х		
	If "Yes," indicate the number of Forms 8282 filed during the year					
		7e		Х		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		Х		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h				
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
Ū	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.					
h	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					
c	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_	37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1		X
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	. 1	Λ
Secu	on B. Folicies (This Section B requests information about policies not required by the internal Nevenue	Coue	Yes	No
40.	D'Atha ann a' atha ha a baal ah atau haa ah a an a 1877 ata 0	10a		X
	Did the organization have local chapters, branches, or affiliates?	Iva		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a		114		
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	1-4		
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
4-				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest p	olicy,
00	and financial statements available to the public during the tax year.	حالہ		
20	State the name, address, and telephone number of the person who possesses the organization's books and record greenblatt city hall, no 267 Philadelphia, PA 19107 215-686-0321	us 🟲		

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated Officer Institutional trustee or director		Position (do not check more than one box, unless person is both an officer and a director/trustee)				Position (do not check more than one box, unless person is both an officer and a director/trustee)				Position (do not check more than one box, unless person is both an officer and a director/trustee)				Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position It check more than one Inless person is both an Indian and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position do not check more than one ox, unless person is both an ficer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JODY GREENBLATT	40.00																																			
EXECUTIVE DIRECTOR	0.			Х				67,760.	0.	0.																										
(2) RICHARD LEVINS	2.00																																			
CHAIR OF BOARD	0.	Х		Х				0.	0.	0.																										
(3) MARLENE OLSHAN	1.00																																			
VICE CHAIR	0.	Х		Х				0.	0.	0.																										
(4) SIDNEY HARGRO	2.00																																			
TREASURER	0.	Х		Х				0.	0.	0.																										
(5) ASHLEY DEL BIANCO	10.00																																			
EXECUTIVE DIRECTOR/SECRETARY	0.	Х		Х				0.	0.	0.																										
(6) TUMAR ALEXANDER	1.00																																			
BOARD MEMBER	0.	Х						0.	0.	0.																										
(7) GARRETT SNIDER	1.00																																			
BOARD MEMBER	0.	Х						0.	0.	0.																										
(8) LAURA SOLOMON	1.00																																			
BOARD MEMBER	0.	Х						0.	0.	0.																										
(9) VAUGHN ROSS	1.00																																			
BOARD MEMBER	0.	Х						0.	0.	0.																										
<u>(10)</u>																																				
(11)																																				
(12)																																				
(13)																																				
(14)																																				

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	rt VII Section A. Officers, Directors, Tru	ietone Ko	v En	nlo		06	and L	Jial	host Component	od Emplo	V006 (0	ontinu		age o
Го	-		y ⊑ 11	ipic			anu r	iigi			yees (C	Onlinu		
	(A)	(B)				C)			(D)	(E) Reporta	abla	_	(F)	
	Name and title	Average hours per	(do r	not c		sition more	e than o	ne	Reportable compensation	compensati			stimated mount o	
		week (list any					is both		from	relate		_	other	-
		hours for				$\overline{}$	or/trust		the	organiza			npensati	
		related	ndi or d	nsti	Officer	Key employee	High High	Former	organization	(W-2/1099	-MISC)		rom the	
		organizations below dotted	/idu	tutic	ěř	emp	est	ner	(W-2/1099-MISC)			•	ganization nd relate	
		line)	tor tr	onal		oloy	con						ganizatio	
			Individual trustee or director	Institutional truste		ee	Highest compensated employee							
			ď	stee			nsat							
							ed							
		L												
		T												
		T												
		T												
		T												
		T	1											
		t												
														
			1											
1h	Sub-total Sub-total								67,760.		0.			0.
	Total from continuation sheets to Part VII, S			• •	• •	• •			0.		0.			0.
	Total (add lines 1b and 1c)	-		• •	• •	• •			67,760.		0.			0.
	Total number of individuals (including but not							re		\$100 000				
-	reportable compensation from the organization		0.		a u	DOV.	<i>5)</i> W 110	, ,	ocived more than	φ100,000	O1			
	1,1 1,1 3 3	<u> </u>											Yes	No
2	Did the ergenization list any former office	or directo		4	ıoto		م برما	. .	lovos or highes	t compone	notod		103	140
3	Did the organization list any former offic employee on line 1a? <i>If</i> "Yes," <i>complete Schedi</i>											3		Х
												3		
4	For any individual listed on line 1a, is the	sum of rep	ortab	ole o	com	pen	sation	n ai	nd other compens	sation from	the			
	organization and related organizations gre								complete Schedu	le J for	such	4		X
_	individual											4		Λ
5	Did any person listed on line 1a receive or											-		Х
	for services rendered to the organization? If "Ye	es, comple	ie Sch	ieat	iie J	ı tor	sucn	per	son			5	1	^
	ction B. Independent Contractors			1					danak mananah serik ser		0.000	ı		
1	Complete this table for your five highest comcompensation from the organization. Report of												,	
	year.	ompensall	011 101	uie	, ua	i-CIIC	ıaı ye	ai t	anding with or With	iii tile orga	ariizatiOl	ıs lax	<u>.</u>	
	<u>·</u>							_						
	(A)								(B)		I	(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VIII Statement of Revenue

Par	t VIII	Statement of Revenue Check if Schedule O contains a respor	neo or note to an	/ line in this Part \	7III		
		Check if Schedule O Contains a respon	ise of flote to arij	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
Gra	b	Membership dues 1b					
ts, (Fundraising events 1c					
ia git		Related organizations 1d	454.500				
S. imi	e	Government grants (contributions) . 1e	171,500.				
i S	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	2,338,532.				
t per	g	Noncash contributions included in	2,330,332.				
a to	9	lines 1a-1f 1g	\$ 7,778.				
a C	h	Total. Add lines 1a-1f	•	2,510,032.			
			Business Code				
8	2a	BIKE SHARE MEMBERSHIPS AND SPONSORSHIPS	900099	2,040,390.	2,040,390.		
Program Service Revenue	b						
onu	C						
ran	d						
og R	е						
- □	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,040,390.			
	3	Investment income (including dividends,	·				
		other similar amounts)		733.			733.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	(ii) Personal	0.			
	٥-		(ii) i diddidi				
	6a	Gross rents 6a Less: rental expenses 6b					
	b c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	•	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis					
venue		and sales expenses 7b					
	С	Gain or (loss) 7c					
<u> </u>	d	Net gain or (loss)	▶	0.			
Other Re	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.	0.			
	С	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances10a	0.				
	J-		0.				
	b	Less: cost of goods sold		0.			
<u>"</u>			Business Code	3.			
Miscellaneous Revenue	11a	ADMINISTRATIVE FEES	900099	1,242.	1,242.		
nue				_,	_,		
elle ye	b c						
Sc.	d	All other revenue					
Σ	e			1,242.			
	12	Total revenue. See instructions		4,552,397.	2,041,632.		733.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,704,674.	1,704,674.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	8,084.	8,084.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	164,392.		164,392.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
a	Other employee benefits	38,775.		38,775.	
	Payroll taxes	12,939.		12,939.	
	Fees for services (nonemployees):				
	Management	0.			
	Legal	14,707.		14,707.	
	Accounting	104,828.		104,828.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) ATCH 2	1,853,869.	1,853,869.		
12	Advertising and promotion	65,189.	65,189.		
13	Office expenses	16,842.	16,842.		
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	7,778.		7,778.	
17	Travel	22,243.	21,608.	635.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	6,849.	6,550.	299.	
20	Interest	190.		190.	
	Payments to affiliates	0.		2 606	
	Depreciation, depletion, and amortization	2,696.		2,696.	
	Insurance	5,272.		5,272.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	· ·	1,731,857.	1,731,857.		
-	BIKE SHARE OPERATIONS RUNNER EXPENSES & EVENTS	189.	189.		
~	TRAINING AND PROFESSIONAL DE	3,135.	3,135.		
•	UBIT TAXES	3,133.	3,133.		
_		70,334.	56,957.	13,377.	
	• All other expenses Total functional expenses. Add lines 1 through 24e	5,834,842.	5,468,954.	365,888.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.	2,233,332.	222,000.	

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Part X Balance Sheet

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		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	17,811,930.	2	16,462,722.
	3	Pledges and grants receivable, net	1,560,914.	3	796,847.
	4	Accounts receivable, net	146,981.	4	97,025.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ts	7	Notes and loans receivable, net	1,856.	7	1,127.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges ATCH . 3	32,275.	9	8,785.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	18,101.	10c	20,205.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	591,677.	15	519,893.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	20,163,734.	16	17,906,604.
	17	Accounts payable and accrued expenses	1,776,595.	17	1,098,678.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	1,067,734.	19	1,362,743.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	500,000.	24	4,383.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,192,160.	25	2,177,751.
	26	Total liabilities. Add lines 17 through 25	5,536,489.	26	4,643,555.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	616,536.	27	273,841.
Ва	28	Net assets with donor restrictions.	14,010,709.	28	12,989,208.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ ⊅	32	Total net assets or fund balances	14,627,245.	32	13,263,049.
Net	33	Total liabilities and net assets/fund balances	20,163,734.	33	17,906,604.
		Total national of and not according balanced, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	20,200,701.	_ JJ	Form 990 (2020)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,5	52,3	397.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,8	34,8	342.
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,2	82,4	145.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		14,6	27,2	245.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8		-	81,7	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		13,2	63,0)49.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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," e	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

FUl	JD :	FOR PHILADELPHIA					23-21748	63
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	e this p	art.) See instructions	3.
	_	anization is not a private fou					· ·	
1		A church, convention of chi	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s		•	•			
5		An organization operated		a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	J	•	•	, 0	
6		A federal, state, or local go	•	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norm	_			-		om the general public
		described in section 170(b)	=	· ·				0 1
8		A community trust describe		·	Part II.)			
9		An agricultural research or				operated	d in conjunction with a	land-grant college
		or university or a non-land-	-			-	•	
		university:	gram conege or ag	,	,		, , , , , , , , , , , , , , , , , , ,	and comege of
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ited to its exempt f nent income and u	unctions, subject to c nrelated business tax	ertain ex able incc	ceptions me (les	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized		•	′ '		•	, , ,
		of one or more publicly su						
		Check the box in lines 12a t	through 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	f the directors or truste	es of the
		$_{_}$ supporting organization. ullet	You must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	•					
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
		organization(s). You must	complete Part IV	, Sections A and C.				
С		Type III functionally integrated						lly integrated with,
	_	$_$ its supported organizatior	n(s) (see instruction	is). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The orgar	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
	_	$_$ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from tl	he IRS tl	hat it is a Type I, Type I	I, Type III
		functionally integrated, or			porting c	organizat	tion.	
f		iter the number of supported	=					
g		ovide the following information		· · · · · ·	I		T	T
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docur	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al .						I	I

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,937,228.	11,036,114.	9,177,548.	6,499,307.	2,510,032.	35,160,229.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	15,556.	15,556.	15,556.	32,150.	7,778.	86,596.
4	Total. Add lines 1 through 3	5,952,784.	11,051,670.	9,193,104.	6,531,457.	2,517,810.	35,246,825.
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).						0.
6	Public support. Subtract line 5 from line 4						35,246,825.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	5,952,784.	11,051,670.	9,193,104.	6,531,457.	2,517,810.	35,246,825.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	123.	367.	8,151.	14,987.	733.	24,361.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	99,562.	120,348.	302,734.	155,123.		677,767.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,618.	10,453.	643,002.	5,785.	1,242.	685,100.
11	Total support. Add lines 7 through 10						36,634,053.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	29,668,271.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						06.01
14	Public support percentage for 2020 (li		•			14	96.21%
15	Public support percentage from 2019					15	96.62 %
16a	331/3% support test - 2020. If the org	_					
	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					•	•
	Part VI how the organization meets			J	•		
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the organization made					-	
	in Part VI how the organization meets			•	•		
10	organization						
18							
	instructions						

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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.)

				· · ·			
	tion A. Public Support	() 05:5			() () ()		(n =
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
,	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		+				
С 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(-, -	(1)		(1)	(1)	(,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						504()(5)
14	First 5 years. If the Form 990 is for	ŭ	•		•		` ` ` ` _
<u></u>	organization, check this box and stop here.						
<u>Sec</u> 15	tion C. Computation of Public Supp Public support percentage for 2020 (line 8,		•	ımn (f\)		45	
						15	%
16	Public support percentage from 2019 Sched					16	%
	tion D. Computation of Investment			40. polium: (f))		47	
17	Investment income percentage for 2020 (lin						%
18	Investment income percentage from 2019 S					•	%
19 a	331/3% support tests - 2020. If the org	-					
	17 is not more than 331/3%, check this		_				
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization d	iu not cneck a	a box on line 1	4, 19a, or 19b,	cneck this box	and see instruc	ctions

Schedule A (Form 990 or 990-EZ) 2020 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
g y			
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is ed			
	2		
er	3a		
d e			
	3b		
3)			
	3с		
If	4a		
n n			
	4b		
n ed 3)			
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h	9b		
it	9c		
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	10a		
О	10b		
nrm.	000 or	990-F7	7) 2020

Page **5** Schedule A (Form 990 or 990-EZ) 2020

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Casti	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Voc	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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	103	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		1.0	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
- '	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		V	NI -
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	_	res	No
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s						
1	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 organi	zations r	nust complete Sectio	ns A through E.					
Se	Section A - Adjusted Net Income (A) Prior Year								
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							
Se	ction 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 Part VI):	1e							
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Se	ction C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting	g organization					
	(see instructions).	_							

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7**

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				

Schedule A (Form 990 or 990-EZ) 2020

6

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Schedule A (Form 990 or 990-EZ) 2020 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

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

2020

Employer identification number

FUND FOR PHILADELPHIA 23-2174863 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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).

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) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization FUND FOR PHILADELPHIA

Employer identification number 23-2174863

art I	Contributors	(see instructions).	Use duplicate cop	ies of Part I if additiona	Il space is needed.
-------	--------------	---------------------	-------------------	----------------------------	---------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	WILLIAM PENN FOUNDATION TWO LOGAN SQUARE, 11TH FLOOR, STE 100 PHILADELPHIA, PA 19103	\$597,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	KNIGHT FOUNDATION 30 S. 15TH STREET, 15TH FLOOR PHILADELPHIA, PA 19102	\$150,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	CITY OF PHILADELPHIA 1501 MARKET STREET PHILADELPHIA, PA 19102	\$171,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	UNITED WAY OF GREATER PHILADELPHIA 1800 JOHN F. KENNEDY BOULEVARD, STE 1200 PHILADELPHIA, PA 19103	\$85,347.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	AMERICAN AIRLINES 1 SKYVIEW DRIVE FORT WORTH, TX 76155	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	OPEN SOCIETY FOUNDATION 224 WEST 57TH STREET	\$	Person X Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization FUND FOR PHILADELPHIA

Employer identification number 23-2174863

Part I	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ALFRED & MARY DOUTY FOUNDATION P.O. BOX 1437 PHILADELPHIA, PA 19105	\$\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FUND FOR PHILADELPHIA

Employer identification number 23-2174863

art II	Noncash Property	(see instructions)). Use duplicate	copies of Part II if a	dditional 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
		\$	

Name of organization FUND FOR PHILADELPHIA

Employer identification number 23-2174863

	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	the year from any ons completing Parte year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transf	-	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf				
	Transferee's name, address, an	nd ZIP + 4	Relatio	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, an		sfer of gift Relationship of transferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
Part I	(b) Fullpose of glit	(c) use	vi yiit	(a) bescription of now girt is neid		
	Transferee's name, address, an	(e) Transf nd ZIP + 4	sfer of gift Relationship of transferor to transferee			

SCHEDULE D (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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FUN	ND FOR PHILADELPHIA	23-2174863
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination	nated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	ncoryation accoments during the year
′	S Amount of expenses incurred in monitoring, inspecting, framding of violations, and emorcing co	riservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	up 170(b)(4)(R)(i)
Ü		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
Ū	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or other similar assets held for public exhibition, education, or other similar assets held for public exhibition, education, or other similar assets held for public exhibition.	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, of service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
D	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	,
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	 \$

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures	or Other	Similar Assets (continued)	
3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, check	any of	the follow	ring that make sig	nificant use	of its
	collection items (check all that app	ly):			_					
а	Public exhibition			d	Loan	or exchai	nge prograi	m		
b	Scholarly research			е	Other					
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's	collections	and expla	ain how t	hey furt	her the or	ganization's exemp	t purpose in	Part
	XIII.									
5	During the year, did the organization									_
	assets to be sold to raise funds rath			ained as pa	rt of the	organiza	tion's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	_		es" on For	m 990, F	Part IV, I	ine 9, or r	eported an amou	nt on Form	
1a	Is the organization an agent, trus	tee, custo	odian or o	ther interm	nediary fo	or contri	butions or	other assets not		
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i									_
								Amoun	t	
С	Beginning balance					[1c			
d	Additions during the year					📙	1d			
е	Distributions during the year					📙	1e			
f	Ending balance					_	1f			
	Did the organization include an am								Yes	_ No
$\overline{}$	If "Yes," explain the arrangement i	n Part XII	I. Check h	ere if the e	xplanation	has bee	n provided	on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation and	word "Ve	oc" on Eor	m 000 E	Part I\/ I	ino 10			
	Complete ii the organiza		rent year	(b) Pric			years back	(d) Three years back	(e) Four years	hook
		(a) Cui	Terit year	(b) P110	i yeai	(C) TWO	years back	(u) Three years back	(e) Four years	Dack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g 2	End of year balance Provide the estimated percentage		rront voor	and halana	o (lino 1a	column	(a)) hold ac		1	
a	Board designated or quasi-endown			%	e (iiile 1g,	COIGITITI	(a)) Helu as			
	Permanent endowment ▶	%								
	Term endowment ▶	%								
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.						
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are held	and admir	nistered for the		
	organization by:								Yes	No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
_	If "Yes" on line 3a(ii), are the relate	-		•					3b	
4	Describe in Part XIII the intended u			tion's endo	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation ans	wered "Y	es" on Fo	rm 990, I	Part IV.	line 11a. S	See Form 990, Pa	art X, line 10).
	Description of property		(a) Cost or	other basis	(b) Cost	or other bas	is (c) Aco	cumulated (d) Book value	
1.	Land		(inves	tment)	(0	ther)	depr	eciation		
_	Land	T I								
b	Buildings Leasehold improvements									
d	Equipment					27,56	9.	10,060.	2.0 -	205.
	Other					- , , , , , ,		-,		
	I. Add lines 1a through 1e. (Column		equal Forr	n 990, Part	X, columi	n (B), line	9 10c.)		20,	205.

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11b. See Form 990. F	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	n:
(1) Financi	al derivatives			
` '	held equity interests			
(3) Other	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	Investments - Program Related.	W	D 4 D 4 D 5 000 D	
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatior Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (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, F	Part X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u></u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
		41 f 11-1 111		#ND: 1
1.	. , , , ,	tion of liability		(b) Book value
	ral income taxes			0 177 751
	TO AGENCIES			2,177,751.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				0 100 051
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			2,177,751.
2. Liability for	or 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . X

Schedule D (Form 990) 2020
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PAGE 2

Schedule D (Form 990) 2020 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,552,397.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,552,397.
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	- 1	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	4 550 207
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,552,397.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		5 024 040
1	Total expenses and losses per audited financial statements	1	5,834,842.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e 3	5,834,842.
3	Subtract line 2e from line 1	3	3,031,012.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	- 1	
b	Other (Beschibe in Late Alli.)	4c	
с 5	Add lines 4a and 4b	5	5,834,842.
	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	Part V, nation.	line 4; Part X, line

FUND FOR PHILADELPHIA 23-2174863 Schedule D (Form 990) 2020 Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XIII: FIN 48 FOOTNOTE

THE FUND IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE FUND QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. UNRELATED BUSINESS INCOME TAX EXPENSE AMOUNTED TO \$0 FOR THE PERIOD FROM JANUARY 1, 2020 TO JUNE 30, 2020.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	,				-	Employer identificat	ion number
FUND FOR PHILADELPHIA						23-217486	53
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to set the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D		_					es on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if a		eeaea.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACHIEVEABILITY							KEYSPOT GRANT
35 N. 60TH ST. PHILADELPHIA, PA 19139	23-2215980	501(C)(3)	5,400.				ALLIANCE
(2) BEECH INTERPLEX, INC.							EMPOWERMENT ZONE
1510 CECI B MOORE AVE.	52-1693162	501(C)(3)	13,690.				GRANT
(3) BETHESDA PROJECT							COVID-19 RELIEF
1630 SOUTH STREET PHILADELPHIA, PA 19146	23-2209338	501(C)(3)	25,000.				FUND GRANT
(4) BICYCLE COALITION OF GREATER PHILADELPHIA							BIKE SHARE EDUCATION
1500 WALNUT STREET PHILADELPHIA, PA 19102	23-2732783	501(C)(3)	163,500.				AND TAX PREPARATION
(5) CITY OF PHILADELPHIA							
1401 JFK BLVD PHILADELPHIA, PA 19107	23-6003047	GOVERNMENT	130,000.				COVID-19 RELIEF
(6) CITY OF PHILADELPHIA							
1401 JFK BLVD PHILADELPHIA, PA 19102	23-6003047	GOVERNMENT	45,000.				CLIMATE RESILIENCY
(7) CITY OF PHILADELPHIA							
1401 JFK BLVD PHILADELPHIA, PA 19102	23-6003047	GOVERNMENT	15,000.				PARKS & RECREATION
(8) CAMPAIGN FOR WORKING FAMILIES							TAX PREP SERVICES
1415 N. BROAD STREET PHILADELPHIA, PA 19122	47-5617041	501(C)(3)	60,625.				GRANT
(9) COMMUNITY LEARNING CENTER							TECHNOLOGY SUPPORT
2701 N. BROAD ST. PHILADELPHIA, PA 19132	23-2791129	501(C)(3)	30,000.				ALLIANCE
(10) CONGRESSO DE LATINOS UNIDOS, INC.							
216 W. SOMERSET STREET	23-2051143	501(C)(3)	10,880.				KEYSPOT GRANT
(11) DAWN'S PLACE							
P.O. BOX 48253 PHILADELPHIA, PA 19144	26-0196507	501(C)(3)	10,000.				COVID-19 RELIEF FUI
(12) DEPAUL USA, INC.							COVID-19 RELIEF FUI
P.O. BOX 756 CHICAGO, IL 60690	35-2338110	N/A	15,000.				GRANT
Enter total number of section 501(c)(3) andEnter total number of other organizations list	•	•					

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

Schedule I (Form 990) 2020

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

ame of the organization						Employer identification number		
FUND FOR PHILADELPHIA						23-217486	53	
Part I General Information on Grants and	d Assistanc	е						
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grants	s or assistance, and		
the selection criteria used to award the grants	s or assistand	e?					X Yes No	
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.				
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiza	ation answered "Y	es" on Form 990,	
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	oe duplicated if a	additional space is n	eeded.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) DIVERSIFIED COMMUNITY SERVICES							KEYSPOT GRANT	
1529 S. 22ND STREET PHILADELPHIA, PA 19146	23-1365980	501(C)(3)	10,880.				ALLIANCE	
(2) DREXEL UNIVERSITY								
3141 CHESTNUT STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	30,000.				DLA NAVIGATOR GRANT	
(3) GREATER PHILADELPHIA CULTURAL FUND							COVID-19 ARTS AID	
1315 WALNUT STREET; SUITE 732	23-1885448	501(C)(3)	15,000.				GRANT	
(4) NATIONALITIES SERVICE CENTER								
1216 ARCH ST, #4 PHILADELPHIA, PA 19134	23-1352336	501(C)(3)	5,400.				KEYSPOT GRANT	
(5) JEVS HUMAN SERVICES							AMERICORPS SCHOLARSH	
1845 WALNUT STREET; 7TH FLOOR	23-1352118	501(C)(3)	25,000.				GRANT	
(6) LUTHERAN SETTLEMENT HOUSE								
1340 FRANKFORD AVE. PHILADELPHIA, PA 19125	23-1352365	501(C)(3)	10,880.				KEYSPOT GRANT	
(7) NORTH PHILADELPHIA FINANCIAL PARTNERSHIP							EMPOWERMENT ZONE	
1300 W. LEHIGH AVE, SUITE 100	23-2850840	501(C)(3)	22,460.				GRANT	
(8) NATIONAL ASSOCIATION OF CITY TRANSPORTATION							BIKE SHARE EDUCATION	
120 PARK AVENUE; FLOOR 23	20-1874085	501(C)(3)	125,500.				GRANT	
(9) PEOPLEFORBIKES FOUNDATION								
P.O. BOX 2359 BOULDER, CO 80306	20-4306888	501(C)(3)	265,250.				BIKE SHARE EDUCATION	
10) PEOPLE'S EMERGENCY CENTER								
325 N. 39TH STREET PHILADELPHIA, PA 19104	23-2017882	501(C)(3)	10,880.				KEYSPOT GRANT	
11) PHILADELPHIA FIGHT								
1233 LOCUST STREET; FLOOR 3	23-2625934	501(C)(3)	10,880.				KEYSPOT GRANT	
12) PHILADELPHIA INDUSTRIAL DEVELOPMENT CORPORA							DIGITAL LITERACY	
1500 MARKET ST, SUITE 3500	23-2176818	501(C)(3)	230,000.				ALLIANCE	

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

Schedule I (Form 990) 2020

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
20**20**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization						Employer identificat	ion number
FUND FOR PHILADELPHIA	JND FOR PHILADELPHIA						
Part I General Information on Grants and	d Assistanc	е				'	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No Yes" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	pe duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SILVA'S BAKERY							COVID-19 RELIEF FUND
2530 N 2ND ST PHILADELPHIA, PA 19133	90-0415411	N/A	7,000.				GRANT
(2) PHILADELPHIA OIC							KEYSPOT GRANT
1231 N. BROAD STREET PHILADELPHIA, PA 19122	23-6296920	501(C)(3)	5,400.				GRANT
(3) SAM5100 ENTERPRISES INC							EMPOWERMENT ZONE GRA
5100 LANCASTER AVENUE	36-4503011	N/A	14,100.				GRANT
(4) SOUTHEAST ASIAN MUTUAL ASSISTANCE ASSOCIATI							TECHNOLOGY SUPPORT G
1711 SOUTH BROAD STREET	22-2541120	501(C)(3)	30,000.				ALLIANCE
(5) STRAWBERRY MANSION COMMUNITY DEVELOPMENT CO							KEYSPOT GRANT
2829 W. DIAMOND STREET	06-1734513	501(C)(3)	5,400.				OPERATING SUPPORT
(6) THE RESOURCE EXCHANGE							
1800 NORTH AMERICAN STREET	27-0493941	501(C)(3)	12,000.				EMPOWERMENT ZONE GRA
(7) TURNING THE TIDE							KEYSPOT GRANT
427 S. 61ST STREET PHILADELPHIA, PA 19143	23-3090635	501(C)(3)	10,880.				TRANSLATION SERVICES
(8) VICA TECHNOLOGIES, LLC							
4155 LANCASTER AVENUE	27-0100331	N/A	5,400.				KEYSPOT GRANT
(9) VILLAGE ARTS & HUMANITIES							
2544 GERMANTOWN AVE. PHILADELPHIA, PA 19133	22-3045318	501(C)(3)	130,104.				EMPOWERMENT ZONE GRA
(10) LLT, LLC D/B/A KENSINGTON MINI MART							
2560 KENSINGTON AVENUE; #1322	81-4534033	N/A	12,000.				COVID-19 RELIEF FUND
(11) LUTHERAN SETTLEMENT HOUSE							
1340FRANKFORD AVENUE PHILADELPHIA, PA 19125	23-1352365	501(C)(3)	10,880.				COVID-19 RELIEF FUND
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	-	•					30.

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

Schedule I (Form 990) 2020

FUND FOR PHILADELPHIA 23-2174863

Schedule I (Form 990) (2020)

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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_2					
3					
4					
5					
6					
_ 7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, SCHEDULE 2:

THE NUMBER AND SIZE OF AWARDS GIVEN EACH YEAR WILL VARY DEPENDING ON THE FUNDS RAISED BY THE MARATHON. FUNDING REQUESTS ARE ACCEPTED ON A ROLLING BASIS AND DECISIONS ARE MADE AT EACH OF THE BOARD MEETINGS. THE GRANT COMMITTEE REVIEWS THE APPLICATIONS AND MAKES RECOMMENDATIONS TO THE FUND'S BOARD. FINAL DECISIONS ARE MADE AT EACH BOARD MEETING. THERE ARE FOUR BOARD MEETINGS A YEAR.

GRANTEES ARE REQUIRED TO PREPARE AND SUBMIT BOTH A FINANCIAL AND

Schedule I (Form 990) (2020)

FUND FOR PHILADELPHIA 23-2174863

Schedule I (Form 990) (2020)

art 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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

NARRATIVE REPORT FOR ANY GRANTS THE FUND ISSUES THAT ARE RESTRICTED TO A

SPECIFIC PROGRAM. REPORTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AS WELL

AS THE DEPUTY DIRECTOR.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 23-2174863

FUND FOR PHILADELPHIA

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION'S PRIMARY MISSION:
THE FUND'S GOAL IS TO ADVANCE THE MAYOR OF PHILADELPHIA'S PRIORITIES
THROUGH LEVERAGING PUBLIC-PRIVATE PARTNERSHIPS TO BENEFIT THE PEOPLE OF
PHILADELPHIA.

VALUES STATEMENT: THE MAYOR'S FUND FOR PHILADELPHIA (BOARD, STAFF, AND VOLUNTEERS) IS COMMITTED TO FULLY INTEGRATING THE FOLLOWING VALUES INTO ALL THAT WE DO. THESE ARE PRINCIPALS THAT WILL GUIDE OUR WORK ON BEHALF OF THE MAYOR FOR THE RESIDENTS OF PHILADELPHIA.

STEWARDSHIP: THE MAYOR'S FUND IS COMMITTED TO THE HIGHEST LEVEL OF STEWARDSHIP OF ALL PUBLIC AND PRIVATE FUNDS, WITH THE HIGHEST LEVEL OF INTEGRITY, TRANSPARENCY AND EFFICIENCY.

EQUALITY: WE SEEK TO INTEGRATE EQUALITY IN ALL THAT WE DO, AS AN EMPLOYER, FUNDER, AND IN OUR ROLE AS A POINT OF ENTRY FOR PUBLIC-PRIVATE PARTNERSHIPS IN PHILADELPHIA.

COLLABORATION: THE FUND IS COMMITTED TO FACILITATING COLLABORATION BETWEEN THE PUBLIC AND PRIVATE SECTORS TO ENSURE A SUCCESSFUL AND PROSPEROUS PHILADELPHIA.

EXCELLENCE: THE FUND IS COMMITTED TO EXCELLENCE IN ALL THAT WE DO, AND TO ALWAYS GO THE EXTRA STEP FOR THE RESIDENTS OF PHILADELPHIA.

FUND FOR PHILADELPHIA

Employer identification number

SIGNIFICANT ACTIVITIES: THE MAYOR'S FUND FOR PHILADELPHIA SUPPORTS

PROGRAMS LED BY CITY DEPARTMENTS AND COMMUNITY DEVELOPMENT ORGANIZATIONS

THAT ACHIEVE THE MAYOR'S GOALS. THE FUND SERVES AS A FISCAL AGENT OR

FISCAL SPONSOR FOR MORE THAN 100 CIVIC PROGRAMS, AND THE FOLLOWING IS A

SAMPLING OF THE WORK THAT WE SUPPORT.

MAYOR'S 5 GOALS:

- 1) PHILADELPHIA BECOMES ONE OF THE SAFEST CITIES IN AMERICA,
- 2) THE EDUCATION AND HEALTH OF PHILADELPHIANS IMPROVE
- 3) PHILADELPHIA IS A PLACE OF CHOICE
- 4) PHILADELPHIA BECOMES THE GREATEST AND MOST SUSTAINABLE CITY IN AMERICA, AND
- 5) PHILADELPHIA GOVERNMENT WORKS EFFICIENTLY AND EFFECTIVELY, WITH INTEGRITY AND RESPONSIVENESS.

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

THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO EACH VOTING BOARD MEMBER BEFORE IT HAS BEEN FILED. THE EXECUTIVE DIRECTOR OF THE ORGANIZATION REVIEWS THE FORM 990 AND ATTACHMENTS PRIOR TO SUBMITTING IT TO ALL VOTING BOARD MEMBERS. THE BOARD CHAIRPERSON AND BOARD TREASURER REVIEW AND SIGN THE FORM AND THE DOCUMENT IS THEN DISCUSSED AT THE NEXT REGULAR BOARD MEETING.

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

THE FUND FOR PHILADELPHIA ADOPTED THE CITY OF PHILADELPHIA'S ETHICS CODE,

WHICH IS DISTRIBUTED TO EACH NEW BOARD MEMBER. THE CODE INCLUDES RULES OF CONDUCT FOR CONFIDENTIALITY, PUBLIC DISCLOSURES AND DISQUALIFICATION, CONFLICTS OF INTEREST, GIFTS, LOANS AND FAVORS, AND OTHER MATTERS. THE ORGANIZATION ALSO USES THE CITY OF PHILADELPHIA STATEMENT OF FINANCIAL INTEREST FOR BOARD MEMBERS TO DOCUMENT THE FINANCIAL INTEREST FOR THEMSELVES AND THEIR FAMILY MEMBERS AND TO INDICATE ANY CONFLICTS OF INTEREST IN APPEARANCE OF FACT. THE FORM IS USED TO AFFIRM BOARD MEMBER'S COMPLIANCE WITH THE REQUIREMENTS IN THE EHTICS CODE. EMPLOYEES ARE REQUIRED TO SIGN A POLICY ON CONDUCT, INTEGRITY AND ETHICS AT WORK.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST DURING REGULAR BUSINESS HOURS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST DURING REGULAR BUSINESS HOURS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MY BROTHER'S KEEPER CONSULTANTS

PROGRAM SERVICE EXPENSES 2,828

MANAGEMENT AND GENERAL EXPENSES C

FUNDRAISING EXPENSES 0

TOTAL EXPENSES 2,828

Name of the organization	Employer identification number
FUND FOR PHILADELPHIA	23-2174863

MARATHON CONSULTANTS:

PROGRAM SERV	ICE EXPENSES	125,814

MANAGEMENT AND GENERAL EXPENSES 0

FUNDRAISING EXPENSES

TOTAL EXPENSES 125,814

CITY ACCELERATOR CONSULTANTS:

10,582 PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES 10,582

KIVA CONSULTANTS:

PROGRAM SERVICE EXPENSES 7,034

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

7,034 TOTAL EXPENSES

FOOD POLICY ADVISORY CONSULTANTS:

PROGRAM SERVICE EXPENSES 36,962

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES 36,962

FINANCIAL EMPOWERMENT CONSULTANTS:

Schedule O (Form 990 or 990-EZ) 2020			Page 2
Name of the organization FUND FOR PHILADELPHIA		Employer identification number 23-2174863	
PROGRAM SERVICE EXPENSES	18,000		
MANAGEMENT AND GENERAL EXPENSES	0		
FUNDRAISING EXPENSES	0		
TOTAL EXPENSES	18,000		
TRAVEL DEVELOPMENT CONSULTANTS:			
PROGRAM SERVICE EXPENSES	287,561		
MANAGEMENT AND GENERAL EXPENSES	0		
FUNDRAISING EXPENSES	0		
TOTAL EXPENSES	287,561		
ADULT EDUCATION CONSULTANTS:			
PROGRAM SERVICE EXPENSES	36,597		
MANAGEMENT AND GENERAL EXPENSES	0		
FUNDRAISING EXPENSES	0		
TOTAL EXPENSES	36,597		
CIVIC ENGAGEMENT CONSULTANTS:			
PROGRAM SERVICE EXPENSES	176,771		
MANAGEMENT AND GENERAL EXPENSES	0		
FUNDRAISING EXPENSES	0		
TOTAL EXPENSES	176,771		
DIVERSITY & INCLUSION CONSULTANTS:			
PROGRAM SERVICE EXPENSES	13,733		

Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization		Employer identification number
FUND FOR PHILADELPHIA		23-2174863
MANAGEMENT AND GENERAL EXPENSES	0	
ELINDRATATING EVERNARA	0	
FUNDRAISING EXPENSES	0	
TOTAL EXPENSES	13,733	
RACIAL EQUITY CONSULTANTS:		
PROGRAM SERVICE EXPENSES	12,650	
TROOMER BERVIOLE EMELOUS	12,030	
MANAGEMENT AND GENERAL EXPENSES	0	
FUNDRAISING EXPENSES	0	
TOTAL EXPENSES	12,650	
DUDI TO ADEL BUND CONQUERANTO.		
PUBLIC ART FUND CONSULTANTS:		
PROGRAM SERVICE EXPENSES	405	
MANAGEMENT AND GENERAL EXPENSES	0	
THE CONTROL OF THE CO	v	
FUNDRAISING EXPENSES	0	
TOTAL EXPENSES	405	
WOMEN'S COMMISSION CONSULTANTS:		
	5 500	
PROGRAM SERVICE EXPENSES	5,500	
MANAGEMENT AND GENERAL EXPENSES	0	
FUNDRAISING EXPENSES	0	
FUNDICATISTING EXPENSES	U	
TOTAL EXPENSES	5,500	
EMPOWERMENT ZONE CONSULTANTS:		
PROGRAM SERVICE EXPENSES	6,240	

0

MANAGEMENT AND GENERAL EXPENSES

Name of the organization Employer identification number FUND FOR PHILADELPHIA 23-2174863

FUNDRAISING EXPENSES 0

TOTAL EXPENSES 6,240

EMPOWERMENT ZONE CONSULTANTS:

PROGRAM SERVICE EXPENSES 461

MANAGEMENT AND GENERAL EXPENSES

0 FUNDRAISING EXPENSES

TOTAL EXPENSES 461

REBUILD PROGRAM CONSULTANTS:

PROGRAM SERVICE EXPENSES 948,832

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES 948,832

STRATEGIC PLAN IMPLEMENTATION CONSULTANTS:

PROGRAM SERVICE EXPENSES 53,588

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES 53,588

DIGITAL SKILLS - BICYCLE THRILLS CONSULTANTS:

PROGRAM SERVICE EXPENSES 125

MANAGEMENT AND GENERAL EXPENSES 0

0 FUNDRAISING EXPENSES

Schedule O (Form 990 or 990-EZ) 2020			Page 2
Name of the organization		Employer identification number	
FUND FOR PHILADELPHIA		23-2174863	
TOTAL EXPENSES	125		
101112 211211020	110		
EARLY LITERACY CONSULTANTS:			
PROGRAM SERVICE EXPENSES	6,593		
	•		
MANAGEMENT AND GENERAL EXPENSES	0		
DINIDDATATIO DVDDIAGO	0		
FUNDRAISING EXPENSES	0		
TOTAL EXPENSES	6,593		
SUMMER OF WONDER CONSULTANTS:			
SOFMER OF WONDER CONSULTANTS:			
PROGRAM SERVICE EXPENSES	34,425		
MANAGEMENT AND GENERAL EXPENSES	0		
FUNDRAISING EXPENSES	0		
TONDITUDING BALLAGED	Ü		
TOTAL EXPENSES	34,425		
COMMUNITY COMPOSTING CONSULTANTS:			
PROGRAM SERVICE EXPENSES	838		
MANIA CEMENTE AND CENTED AT EXPENSES	0		
MANAGEMENT AND GENERAL EXPENSES	0		
FUNDRAISING EXPENSES	0		
TOTAL EXPENSES	838		
URBAN AGRICULTURE CONSULTANTS:			
PROGRAM SERVICE EXPENSES	30,989		
MANAGEMENT AND GENERAL EXPENSES	0		
	ŭ		
FUNDRAISING EXPENSES	0		
	20.022		
TOTAL EXPENSES	30,989		

Name of the organization Employer identification number FUND FOR PHILADELPHIA 23-2174863

SERVICE ENTERPRISE INITIATIVE CONSULTANTS:

PROGRAM SERVICE EXPENSES 32,500

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES 32,500

BIKESHARE CONSULTANTS:

PROGRAM SERVICE EXPENSES 4,840

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES 4,840

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A \$1,853,869

DETERMINATION OF COMPENSATION

BOARD OF DIRECTORS REVIEWS EXECUTIVE DIRECTOR'S PERFORMANCE AND DETERMINES THE SALARY, TAKING COMPARABLE CITY DATA INTO CONSIDERATION.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MAYOR'S FUND FOR PHILADELPHIA SUPPORTS PROGRAMS LED BY CITY DEPARTMENTS AND COMMUNITY DEVELOPMENT ORGANIZATIONS THAT ACHIEVE THE MAYOR'S GOALS.

FORM 990, PART VI, SECTION B, QUESTION 15

BOARD OF DIRECTORS REVIEWS EXECUTIVE DIRECTOR'S PERFORMANCE AND

Name of the organization

FUND FOR PHILADELPHIA

23-2174863

DETERMINES THE SALARY, TAKING COMPARABLE CITY DATA INTO CONSIDERATION.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE NEIGHBORHOOD FUNDING STREAM INITIATIVE, WHICH WAS ESTABLISHED WITH RESOURCES FROM THE PHILADELPHIA EMPOWERMENT ZONE, MAKES GRANTS AVAILABLE ON AN ANNUAL BASIS TO SUPPORT ECONOMIC AND COMMUNITY DEVELOPMENT. THE NFS CONTRIBUTES TO BUILDING HEALTHY, SAFE AND SUSTAINABLE NEIGHBORHOODS THAT DRAW ON THE DIVERSE, ETHNIC AND CULTURAL ASSETS OF THEIR RESPECTIVE COMMUNITIES.

THROUGHOUT THE YEAR, THE NEIGHBORHOOD'S COMMUNITY TRUST BOARD MEETS TO ESTABLISH THE PRIORITIES TO BE ADDRESSED BY THE NSF, EVALUATES PROPOSALS AND DISTRIBUTES GRANTS TO COMMUNITY ORGANIZATIONS AND BUSINESSES THAT REFLECT THOSE PRIORITIES FOR ECONOMIC DEVELOPMENT. THE NORTH CENTRAL EMPOWERMENT ZONE MADE GRANTS DURING THE PERIOD TO REFLECT THEIR NEIGHBORHOOD DEVELOPMENT PRIORITIES, INCLUDING SMALL AND MEDIUM-SIZED BUSINESS SUPPORTS, AFFORDABLE HOUSING AND LOCAL RETAIL INITIATIVES.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
DESCRIPTION	TOTAL FEES	PROGRAM SERVICE EXP.	MANAGEMENT AND GENERAL	FUNDRAISING EXPENSES
CONSULTANTS	1 . 853 . 869	1,853,869.	-	
CONSCIENTS	1,000,000.	1,000,000.		
TOTALS	1,853,869.	1,853,869.		

Employer identification number Name of the organization FUND FOR PHILADELPHIA 23-2174863 ATTACHMENT 3 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES ENDING DESCRIPTION BOOK VALUE PREPAID EXPENSES 8,785. TOTALS 8,785.

FORM 990, PART X - DEFERRED REVENUE

ENDING BOOK VALUE DESCRIPTION DEFERRED REVENUE 1,362,743. 1,362,743. TOTALS

ATTACHMENT 4



FUND FOR PHILADELPHIA Instructions for Filing Form BCO- 10 Pennsylvania Charitable Organization Registration Statement For the year ended June 30, 2020

The return should be signed (use full name) and dated on page 6 by two authorized officers of the organization, including the chief fiscal officer.

File the signed return by May 17, 2021 with:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building, Harrisburg, PA 17120

A check or money order payable to "Commonwealth of Pennsylvania" in the amount of \$250 should be attached to the return. Be sure to include the federal EIN and "2020 Form BCO- 10" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certific	cate number: 5211 (N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:				
Fiscal y	/ear ended:06/30/_2020_ MM	Organization is exempt from registration because				
FEIN:	2 3 - 2 1 7 4 8 6 3	Organization does not solicit contributions in Pennsylvania				
1.	Legal name of organization: FUND FOR PHILE	ADELPHIA				
	Check if name change and give previous name	9				
2.	All other names used to solicit contributions:					
3.	Contact person: <u>JODY GREENBLATT</u>	Contact's e-mail: JODY . GREENBLATT@PHILA . GOV				
4.	Principal address of organization:	Mailing address (if different than principal address):				
	CITY HALL NO 267					
	County:	Phone number: 215-686-0321				
	800 number:	Fax number:				
	Email (if different than Contact's email):					
	Website: WWW.MAYORSFUNDPHILA.ORG					
5.	Type of organization (e.g. non-profit corporation, uniCORPORATION	ncorporated association, etc.):				
	Where established: PENNSYLVANIA	Date established:* 07/30/1984				
	*Initial registrants must submit copies of organizational d	ocuments such as charter, articles of incorporation.				

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

6.	Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary) ATTACHMENT 7
7.	Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
	X Not Applicable
	Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.
	Items 8 and 9 are required to be completed by initial registrants only
8.	Date organization first solicited contributions from Pennsylvania residents://
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.
	Other
	*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

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10.	Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? X Yes No
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.): ATTACHMENT 2
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence. ATTACHMENT 1
14.	Is the organization registered to solicit contributions in any other state or municipality? Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes No
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents://
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary) ATTACHMENT 4

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imes, addresses, and telephone numbers of any commercial coventurers under contract with		
mes, addresses, and telephone numbers of any commercial coventurers under contract with		
e organization: (Attach a separate sheet if necessary)		
TACHMENT 6		
he registering charity is a parent organization located in Pennsylvania, does the organization ect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and rent Organization") Yes No X Not Applicable		
Yes," give all names and certificate numbers of the affiliate organizations: ch affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent anization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)		
the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a mbined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable		
Yes," provide the name and, if available, certificate number of the parent organization. ch affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent anization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)		
gal name of parent organization Pennsylvania certificate number		
Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)		
TACHMENT 11		
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22.	Naı	Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)			
	A.	Are in charge of solicitation activities:			
		ATTACHMENT 9			
	B.	Have final responsibility for the custody of contributions:			
		ATTACHMENT 8			
	C.	Have final responsibility for final distribution of contributions:			
		ATTACHMENT 3			
	D.	Are responsible for custody of financial records:			
		ATTACHMENT 10			
23.	Are	any officers, directors, trustees, or employees related by blood, marriage, or adoption to:			
	A.	Any other officer, director, trustee, or employee?			
	B.	Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** \square Yes \boxtimes No			
	C.	Any officers, agents or employees of any supplier or vendor providing goods or services? ** Yes X No			
**(this includes any officer, director, trustee, or employee of the charitable organization who is also director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, vendor)					
		If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.			
24.	Has eve	s the organization or any of its present officers, directors, executive personnel or trustees r:			
	A.	Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes X No			
	B.	Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? \square Yes $\stackrel{\boxtimes}{\boxtimes}$ No			
	C.	Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes X No			
		(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)			

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Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 10 P.S. § 162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date			
ASHLEY DELBIANCO, SECRETARY Type or print name and title of Chief Fiscal Officer				
Type of print hame and title of officer riscal officer				
Signature of Other Authorized Officer	Date			
JODY GREENBLATT EXECUTIVE DI Type or print name and title of Other Authorized Officer				
Checklist for registration:				
Completed registration statement properly signed and dated.				
A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer				
Public Disclosure Form BCO-23 (if required)				
 Applicable Financial Statements (audited, review prepared) Registration fee and any late filing fees 	ved, compiled or internally			
Initial Registrants Only: IRS determination letter charter and by-laws.	, articles of incorporation or			
See Instructions for more information on completing this form and attachments.				

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PROGRAMS FOR WHICH CONTRIBUTION WILL BE USED (LINE 13)

THE MAYOR'S FUND FOR PHILADELPHIA SUPPORTS PROGRAMS LED BY CITY DEPARTMENTS AND COMMUNITY DEVELOPMENT ORGANIZATIONS THAT ACHIEVE THE MAYOR'S GOALS.

23-2174863

MANNER IN WHICH CONTRIBUTION ARE SOLICITED LINE 12)

DIRECT SOLICIATION (MAIL, PHONE, ETC.) ALL FUNDRAISING ACTIVITIES/EXPENSES ARE FROM DONATED SERVICES AND IN-KIND CONTRIBUTIONS.

INDIVIDUAL(S) RESPONSIBLE FOR FINAL DISTRIBUTION OF CONTRIBUTION (LINE 22)

JODY GREENBLATT CITY HALL NO 267 PHILADELPHIA, PA, 19107

PROFESSIONAL SOLICITORS (LINE 16)

NAME AND ADDRESS PHONE NUMBER CONTRACT DATES

N/A

PROFESSIONAL FUND RAISING COUNSEL (LINE 17)

NAME AND ADDRESS PHONE NUMBER CONTRACT DATES

N/A

COMMERCIAL COVENTURERS (LINE 18)

NAME, ADDRESS AND PHONE NUMBER

N/A

OFFICES, CHAPTERS, ETC. LOCATED IN PENNSYLVANIA (LINE 6)

NAME, ADDRESS AND PHONE NUMBER

SAME AS #4 ABOVE CITY HALL NO 267 2156860321

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INDIVIDUAL(S) RESPONSIBLE FOR CONTRIBUTIONS (LINE 22)

NAME AND ADDRESS

JODY GREENBLATT CITY HALL NO 267 PHILADELPHIA, PA, 19107

INDIVIDUAL(S) RESPONSIBLE FOR SOLICITATION ACTIVITIES (LINE 22)

NAME AND ADDRESS

JODY GREENBLATT CITY HALL NO 267 PHILADELPHIA, PA, 19107

INDIVIDUAL(S) RESPONSIBLE FOR CUSTODY OF FINANCIAL RECORDS (LINE 22)

NAME AND ADDRESS

JODY GREENBLATT CITY HALL NO 267 PHILADELPHIA, PA, 19107

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OFFICERS, DIRECTORS, TRUSTEES, AND EXECUTIVE STAFF OFFICERS (LINE 21)

NAME, ADDRESS AND TITLE

JODY GREENBLATT CITY HALL NO 267 EXECUTIVE DIRECTOR

RICHARD LEVINS CITY HALL NO 267 CHAIR OF BOARD

MARLENE OLSHAN CITY HALL NO 267 VICE CHAIR

SIDNEY HARGRO CITY HALL NO 267 TREASURER

ASHLEY DEL BIANCO CITY HALL NO 267 SECRETARY

TUMAR ALEXANDER

COUNCILMAN BOBBY HENON CITY HALL NO 267 BOARD MEMBER

GARRETT SNIDER CITY HALL NO 267 BOARD MEMBER

CONT'D ON NEXT PAGE

ATTACHMENT 11 (CONT'D)

OFFICERS, DIRECTORS, TRUSTEES, AND EXECUTIVE STAFF OFFICERS (LINE 21)

LAURA SOLOMON CITY HALL NO 267 BOARD MEMBER

FUND FOR PHILADELPHIA

VAUGHN ROSS CITY HALL NO 267

ELLEN KAPLAN CITY HALL NO 267 EX-OFFICIO