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

Form **990** 

Department of the Treasury Internal Revenue Service 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020
Open to Public Inspection

A F	or th	e 202	0 calendar year, or tax year begir	nning 07/	U⊥ <b>, 2020,</b>	and ending			06/3	30 <b>,20</b> 2	1	
B or	eck if ap	nlicable:	C Name of organization				D	Employer ide	entificati	ion number		
- Ch			FUND FOR PHILADELPHIA									
	Addre chang		Doing Business As THE MAYOR'S					23-2174				
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite		Telephone nu				
	Initial	return	CITY HALL NO 267				(	215) 686	5 – 032	21		
	Termi	nated	City or town, state or province, country, a	and ZIP or foreign postal code								
	Amen return		PHILADELPHIA, PA 1910'	7			G	Gross receipt	s \$	<u>15,63</u>	32 <u>,77</u> 0.	
	Applic pendir		F Name and address of principal officer:	JODY GREENBLA	TT		H(	<ul> <li>a) Is this a grou subordinates?</li> </ul>		or Ye	s X No	
			CITY HALL NO 267, PHII	LADELPHIA, PA 19	9107		H(I	b) Are all subordi		ied? Ye	s No	
1 1	Гах-ех	empt st	atus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.)	4947(a)(1) c	or 527		If "No," attac	h a list. (s	ee instructions	.)	
J \	Nebsi	te: 🕨	WWW.MAYORSFUNDPHILA.ORG				H(	c) Group exemp	tion numb	ber 🕨		
K	orm c	of organ	nization: X Corporation Trust	Association Other		L Year of	formation:	1981 <b>M</b>	State of	legal domic	ile: PA	
Pa	rt I		mmary									
	1	Briefly	y describe the organization's mission o	r most significant activities	: AS A K	EY PARTN	ER IN	ADVANC:	ING 7	THE CIT	'Y'S	
9		PRI	ORITIES, WE ENVISION A C	COHESIVE, VIBRAN	IT, SUPP	ORTIVE,	EQUIT	ABLE				
Jan		PHI	LADELPHIA WHERE ALL RESI	IDENTS CAN PROSE	PER.							
Governance	2	Check	k this box 🕨 🔃 if the organization d	iscontinued its operation	s or dispose	d of more than	n 25% of	its net assets	 3.			
	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		8.	
حة در			er of independent voting members of t						4		8.	
Activities			number of individuals employed in cale						5		3.	
÷			number of volunteers (estimate if necess						6		8.	
ĕ	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a		0	
			nrelated business taxable income from						7b		0	
							F	Prior Year		Current	Year	
ø	8	Contri	ibutions and grants (Part VIII, line 1h)				2	2,510,03	2.	15,6	24,342	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		COPY	FOR	2	2,040,39	0.		0	
e ve	10	Invest	tment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC IN	SPECTION		73	3.		-3,066	
œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)		[		1,24			8,428	
			revenue - add lines 8 through 11 (must				4	4,552,39	7.	15,6	29,704	
	13	Grant	s and similar amounts paid (Part IX, colu	umn (A), lines 1-3)			1	1,712,75	8.	3,8	22,254	
			its paid to or for members (Part IX, colu			0.		0				
ģ			es, other compensation, employee bene					216,10	6.	3	91,917	
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	n (A), line 11e)					0.		0	
×pe	b	Total	fundraising expenses (Part IX, column (I	D), line 25) ▶	0							
ш			expenses (Part IX, column (A), lines 11				3	3,905,97	8.	7,4	21,185	
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)		Ţ	5,834,84	2.	11,6	35,356	
	19		nue less expenses. Subtract line 18 from				-1	L,282,44	5.	3,9	94,348	
o s							Beginnin	g of Current Y	ear	End of \	/ear	
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			[	17	7,906,60	4.	22,6	04,117	
AB	21	Total	liabilities (Part X, line 26)				4	4,643,55	5.	5,3	46,720	
Fee	22	Net as	ssets or fund balances. Subtract line 21	from line 20			13	3,263,04	9.	17,2	57,397	
Pa		Sig	gnature Block									
Und	er per		of perjury, I declare that I have examined the						my kno	wledge and	belief, it is	
true	corre	ct, and	complete. Declaration of preparer (other than	n officer) is based on all inforr	nation of whic	ch preparer has	any know	rledge.				
Sig			Signature of officer					Date				
Her	е											
			Type or print name and title									
		Print/	Type preparer's name	Preparer's signature		Date		Check	if PTII	N		
Paid		ERI	C M STRAUSS	ERIC M STRAUSS		03/29/	2022	self-employe		0099184	14	
Prep		Firm's	s name WITHUMSMITH+BROW	N, PC		1	Fir	m's EIN	22-20	027092		
Use	Only		s address > 1835 MARKET STREET, SUI	TE 1710 PHILADELPHIA,	PA 19103-29	945				546-214	0	
May	the IF		ccuss this return with the preparer show							X Yes	No	
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.							90 (2020)	

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P	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE FUND FOR PHILADELPHIA SERVICES AS THE FISCAL SPONSOR FOR THE CITY	
	OF PHILADELPHIA AND LEVERAGES PUBLIC-PRIVATE PARTNERSHIPS IN	
	COLLABORATION WITH THE CITY, THE PHILANTHROPIC COMMUNITY AND THE	
	RESIDENTS OF PHILADELPHIA.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ? Yes X	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	7
		No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	tners
	the total expenses, and revenue, if any, for each program service reported.	
_		
4a	(Code:) (Expenses \$3,401,002. including grants of \$655,800. ) (Revenue \$)	
	PHLCONNECTED CONNECTS UP TO 35,000 PRE-K THRU 12 STUDENT HOUSEHOLDS WITH INTERNET SERVICE. THE PROGRAM, THROUGH KEY	
	- <u></u>	
	PARTNERSHIPS WITH THE SCHOOL DISTRICT OF PHILADELPHIA, SELECT	
	CHARTER SCHOOLS, AND THE INDEPENDENCE MISSION SCHOOLS, ALSO	
	PROVIDE DIGITAL SKILLS TRAINING AND SUPPORT. THERE ARE TWO CORE	
	COMPONENTS OF PHLCONNECTED: 1.WIRED, HIGH SPEED, RELIABILE	
	INTERNET TO THE HOME FROM COMCAST'S INTERNET ESSENTIALS PROGRAM, OR A HIGH-SPEED MOBILE HOTSPOT FROM T-MOBILE FOR FAMILES WHO ARE	
	HOUSING-INSECURE OR NEED A MOBILE INTERNET SOLUTION; 2. DIGITAL	
	SKILLS TRAINING AND TECH SUPPORT.	
46	(Code: ) (Expenses \$ 2,233,109. including grants of \$ 2,231,709. ) (Revenue \$ )	
40		
	ATTACHMENT 1	
40	(Code: ) (Expenses \$ 944,879. including grants of \$ ) (Revenue \$ )	
40	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.	
	OFFERS 24// ACCESS TO THEIR BIKES.	
_	ATTACIMENTE O	
4d	Other program services (Describe on Schedule O.)  ATTACHMENT 2	
4.5	(Expenses \$ 3,929,829. including grants of \$ 1,028,640. ) (Revenue \$ )	

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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,"	Ė		
	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			7.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
<b>L</b>	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,	144		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, 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		1	_
	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		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part	Checklist of Required Schedules (continued)		V	N <sub>a</sub>
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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		21	
25	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			
	\$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%			
	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			v
00	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
Dort	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 ~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 71		169	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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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	X	
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 2	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a		4a		Х
L	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Tu		
D	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		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	٠. ا		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.5		Х
	excess parachute payment(s) during the year?	15		- 21
4.	If "Yes," see instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	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 of note to any line in this Part VI				• •		Λ
Sect	ion A. Governing Body and Management				Τ,	Yes	No
				_		res	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8			
	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		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with				
	any other officer, director, trustee, or key employee?			2	:		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct				
	supervision of officers, directors, trustees, or key employees to a management company or other p	ersor	?	3	;		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4	-		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5	-		X
6	Did the organization have members or stockholders?			E	i		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint				
	one or more members of the governing body?			7	a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,				
	stockholders, or persons other than the governing body?			7	b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during				
	the year by the following:						
а	The governing body?			8	_	X	
b	Each committee with authority to act on behalf of the governing body?			8	b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot						
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9			Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	e Co	de.)	)	
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10	a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	s?	10	_		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before for	ling th	e form? .	11	а	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	hat c	ould give				
	rise to conflicts?			12	b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"	'			
	describe in Schedule O how this was done			12	-	X	
13	Did the organization have a written whistleblower policy?			1:	_	Х	
14	Did the organization have a written document retention and destruction policy?			1	4	Х	
15	Did the process for determining compensation of the following persons include a review ar	d app	oroval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and	decision?				
а	The organization's CEO, Executive Director, or top management official			15	-	X	
b	Other officers or key employees of the organization			15	b	X	
	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	r arra	ngement				
	with a taxable entity during the year?			16	a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization						
	participation in joint venture arrangements under applicable federal tax law, and take steps to						
	organization's exempt status with respect to such arrangements?			16	b		
Secti	on 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),		and 990	·T (S	ectio	on 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap						
	X Own website Another's website X Upon request Other (explain on So	hedul	<i>∍</i> O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of	nents,	conflict	of in	tere	st p	olicy,
	and financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's JODY GREENBLATT CITY HALL, NO 267 PHILADELPHIA, PA 19107 215-686-0321	ooks	and reco	rds 🕨	>		

Form 990 (2020) FUND FOR PHILADELPHIA 23-2174863 Page **7** 

## 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	Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	hours for related organizations below		Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)JODY B. GREENBLATT	40.00									
EXECUTIVE DIRECTOR	0.			Х				131,808.	0.	0
(2) TUMAR ALEXANDER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(3) ASHLEY DEL BIANCO	10.00									
SECRETARY - MEMBER	0.	Х		Х				0.	0.	0
(4) SIDNEY HARGRO	2.00									
TREASURER - MEMBER	0.	Х		Х				0.	0.	0
(5) MARLENE OLSHAN	1.00									
VICE CHAIR - MEMBER	0.	Х		Х				0.	0.	0
(6) RICHARD LEVINS	2.00									
CHAIR - MEMBER	0.	Х		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
(10)										
(11)										
(12)										
(13)										
(14)										
							1			I

	n 990 (2020)	uataaa 1/-	F				- m cl !	1: '	haat Carrings = 1	ad Empleyees (			age 8
Ρa	rt VII Section A. Officers, Directors, Tru		y⊵m	ipic			ana r	ııgı	1				
	(A)  Name and title	(B)				C) sition			(D) Reportable	<b>(E)</b> Reportable		(F) mated	
	Name and title	Average hours per	(do r	not c			than o	one	compensation	compensation from		ount of	
		week (list any					is both		from	related		ther	
		hours for related					or/trust ⊈ ፲		the	organizations		ensatic m the	n
		organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		nizatior	n
		below dotted	dual	tion	٦	mplc	st co	4	(11 2/1000 111100)			related	
		line)	trust	al tru		уее	ompe				organ	nization	S
			ee	stee			nsa						
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		<u> </u>											
1b	Sub-total								131,808.	0.			0.
	Total from continuation sheets to Part VII, S								0.	0.			0.
	Total (add lines 1b and 1c)							<u> </u>	131,808.	0.			0.
2	Total number of individuals (including but not reportable compensation from the organizatio				ed a	bove	e) who	o re	ceived more than	\$100,000 of			
	reportable compensation from the organizatio											Vaa	Na
_												Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		X
											3		21
4	For any individual listed on line 1a, is the												
	organization and related organizations gr individual										4		X
<b>F</b>	Did any person listed on line 1a receive or										-7		
5	for services rendered to the organization? If "Y										5		X
Se	ction B. Independent Contractors	oo, oompie	.5 501	·out	<i></i> 0	. 101	34011	por					
	Complete this table for your five highest com	pensated i	ndepe	ende	ent	conf	racto	rs t	hat received more	than \$100.000 o	f		
-	compensation from the organization. Report of	•	•							· · ·			
	voar						-		•	-			

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 ▶ 1

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## Part VIII Statement of Revenue

Par	't VIII	Check if Schedule O contains a respon	se or note to ar	nv line in this Part V	/		
				(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	d e	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e					
Contribution and Other S	g	And similar amounts not included above . Noncash contributions included in lines 1a-1f		15,624,342.			
	n n	Total. Add lines 1a-1f	Business Code	15,024,342.			
Program Service Revenue	2a b c d e f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	0.			
	3	Investment income (including dividends, other similar amounts)		0.			
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	(ii) Personal	0.			
			(II) Fersonal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c		0.			
	d	Net rental income or (loss)	(ii) Other	0.			
	7a	sales of assets					
		other than inventory 7a	0.				
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b	3,066.				
Re	С	Gain or (loss)	-3,066.				
er	d	Net gain or (loss)	<u></u>	-3,066.			-3,066.
Other R	8a	Gross income from fundraising events (not including \$ of contributions reported on line					
		1c). See Part IV, line 18	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.				
	С	Net income or (loss) from gaming activities.	<u></u>	0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory.		0.			
ns			Business Code				
Miscellaneous Revenue	11a	OTHER INCOME	900099	8,428.	8,428.		
llar ⁄en	b						
Sev Rev	С						
Mis	d	All other revenue					
	e	Total. Add lines 11a-11d		8,428.	0.463		2.065
JSA	12	Total revenue. See instructions		15,629,704.	8,428.		-3,066.

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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 response or note to any line in this Part IX									
<u></u>		(A)		(C)	(D)					
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	Fundraising					
			expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,590,545.	1,590,545.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,231,709.	2,231,709.							
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.		200 064						
7	Other salaries and wages	302,864.		302,864.						
8	Pension plan accruals and contributions (include	12 525		12 525						
	section 401(k) and 403(b) employer contributions)	13,535.		13,535.						
9	Other employee benefits	50,935.		50,935.						
10	Payroll taxes	24,583.		24,583.						
11	1 - 7 7									
	Management	52,495.		52,495.						
	Legal	152,715.	1,450.							
	Accounting	152,715.	1,450.	151,265.						
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17.	0.								
	f Investment management fees	0.								
g	J Other. (If line 11g amount exceeds 10% of line 25, column מתרום ל	5,228,027.	5,228,027.							
40	(A) amount, list line 11g expenses on Schedule O.) ATCH 4	369,135.	365,735.	3,400.						
	Advertising and promotion	459,171.	319,584.	139,587.						
13	Office expenses	0.	317,301.	137,307.						
14	Information technology	0.								
15 16	Royalties.	0.								
17	Occupancy	23,413.	22,552.	861.						
	Payments of travel or entertainment expenses		•							
	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	7,318.	6,719.	599.						
20	Interest	509.		509.						
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	6,875.		6,875.						
23	Insurance	10,330.		10,330.						
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.)									
_	BAD DEBT EXPENSE	461,612.	95,235.	366,377.						
	EVENT SUPPORT & PARTICIPATIO	181,414.	181,414.							
-	PROGRAM EXPENSES	450,875.	450,875.							
d	UBIT TAXES	17,296.	14,974.	2,322.						
е	All other expenses	11 60 - 0 -	10.500.015	1 101 -01						
_	Total functional expenses. Add lines 1 through 24e	11,635,356.	10,508,819.	1,126,537.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)	0.			- 000 (000)					

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## Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	0.	1	113,605.
	2	Savings and temporary cash investments	16,462,722.	2	20,701,892.
	3	Pledges and grants receivable, net	796,847.	3	1,492,708.
	4	Accounts receivable, net	97,025.	4	119,000.
	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.
Š	7	Notes and loans receivable, net	1,127.	7	451.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges ATCH . 5	8,785.	9	8,875.
	-	Land, buildings, and equipment: cost or other			
	···	basis. Complete Part VI of Schedule D 10a 27,569.			
	h	Less: accumulated depreciation	20,205.	100	14,070.
	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	519,893.	15	153,516.
	16		17,906,604.	16	22,604,117.
	17	Total assets. Add lines 1 through 15 (must equal line 33)	1,098,678.	17	1,041,354.
		Accounts payable and accrued expenses	0.	18	0.
	18	Grants payable	1,362,743.	19	2,175,767.
	19	Deferred revenue	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
		Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	0.		0.
E.		controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	4,383.	23	3,217.
	24	Unsecured notes and loans payable to unrelated third parties	4,303.	24	3,217.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	2,177,751.		2,126,382.
	00	of Schedule D	4,643,555.		5,346,720.
	26	Total liabilities. Add lines 17 through 25	4,043,333.	26	3,340,720.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	273,841.	27	131,966.
Bal	28	Net assets with donor restrictions.	12,989,208.	28	17,125,431.
pu	20		12,000,200.	28	17,123,431.
Ŀ		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances	13,263,049.	31	17,257,397.
Net	33	Total liabilities and net assets/fund balances	17,906,604.	32	22,604,117.
	33	Total liabilities allu liet assets/fullu baldlices	17,500,004.	33	Form <b>990</b> (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		15,6			
2					11,635,356.		
3	Revenue less expenses. Subtract line 2 from line 1	3			94,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		13,2	63,0		
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				0.	
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		17,2	57,3	397.	
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," explain 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 cor	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis				Х		
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ		
	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	_			х		
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c			
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on				
-	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the	3a		Х	
	Single Audit Act and OMB Circular A-133?		41	эa			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo explain why an Schodula O and describe any stone to undergo explain why an Schodula O and describe any stone to undergo explain why an Schodula O and describe any stone to undergo explain why an Schodula O and describe any stone to undergo explain why an Schodula O and describe any stone to undergo explain why an Schodula O and describe any stone to undergo.			3b			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	นนแร .		งม			

#### **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

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

FUN	ID :	FOR PHILADELPHIA					23-21748	63
Pai	τl	Reason for Public Cha	rity Status. (All o	organizations must o	complet	te this pa	art.) See instructions	S.
The	org	anization is not a private four	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	ırches, or associat	tion of churches descr	ibed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in <b>section</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a cooperative	hospital service of	rganization described i	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	or the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		_ section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in <mark>sect</mark>	ion 170(	b)(1)(A)(v).	
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)				
8		A community trust describe	d in section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the r	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt for sent income and ur n after June 30, 19	unctions, subject to c nrelated business tax 1975. See <b>section 509</b> (	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from Part III.)	ip fees, and gross n 331/3 % of its businesses
11		An organization organized a			-			
12		An organization organized a			-			
		of one or more publicly sup	-					
	_	Check the box in lines 12a t	hrough 12d that de	escribes the type of su	upporting	g organiz	ation and complete lir	nes 12e, 12f, and 12g.
а	L	<b>Type I.</b> A supporting orga	anization operated,	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving
		the supported organizatio	n(s) the power to	regularly appoint or e	ect a m	ajority of	the directors or truste	es of the
	_	supporting organization. <b>\</b>	ou must complet	e Part IV, Sections A	and B.			
b	L	<b>Type II.</b> A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
	control or management of the supporting organization vested in the same persons that control or manage the supported							
	_	organization(s). <b>You must</b>	complete Part IV,	, Sections A and C.				
С	L	Type III functionally integ	<b>grated.</b> A supportii	ng organization opera	ted in co	onnectio	n with, and functional	ly integrated with,
	_	its supported organization	(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d	L	Type III non-functionally	integrated. A supp	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness
	_	requirement (see instructi	ons). You must co	mplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е	L	Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f		nter the number of supported	•					
g	Pr	ovide the following information		orted organization(s).				
	(i) N	Name 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))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ı							

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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>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,036,114.	9,177,548.	10,767,668.	4,242,644.	9,424,342.	44,648,316.
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.	32,150.	7,778.	15,556.	86,596.
4	Total. Add lines 1 through 3	11,051,670.	9,193,104.	10,799,818.	4,250,422.	9,439,898.	44,734,912.
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)						14,537,568.
6	Public support. Subtract line 5 from line 4						30,197,344.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4	11,051,670.	9,193,104.	10,799,818.	4,250,422.	9,439,898.	44,734,912.
	rents, royalties, and income from similar sources	367.	8,151.	14,987.	733.		24,238.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	120,348.					120,348.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,453.	643,002.	5,785.	1,242.	8,428.	668,910.
11	Total support. Add lines 7 through 10						45,548,408.
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	the organization	on's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (li	ne 6, column (f)	, divided by line	11, column (f))		14	66.30 <b>%</b>
15	Public support percentage from 2019					15	96.21 <b>%</b>
16a	331/3% support test - 2020. If the org	ganization did n	ot check the box	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	neck this
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org	ganization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or moi	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶ □
17a	10%-facts-and-circumstances test - 2	2020. If the org	anization did no	t check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	n meets the fac	cts-and-circumst	ances test, che	eck this box ar	nd <b>stop here.</b> E	xplain in
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly s	upported
	organization						▶ □
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization	zation meets the	e facts-and-circu	umstances test,	check this box	and stop here	. Explain
	in Part VI how the organization meets					-	-
	organization			_	•	-	
18	Private foundation. If the organization						
	instructions						
_							▶ □

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#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	tion A. Public Support		I	T	T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</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						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
•	or 1% of the amount on line 13 for the year.  Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2020 (lin	ie 10c, column (	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the org	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation . 🕨 🔲
b	331/3% support tests - 2019. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than $331/3\%$ , check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔙
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions <b>&gt;</b>

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#### 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
- 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.)

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Part	V Supporting Organizations (continued)			i age o
			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		
b	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			
01	detail in <b>Part VI</b> .	11c		
Sect	ion B. Type I Supporting Organizations		Vaa	Na
			res	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
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)	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.		0110).	
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
•				No
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	20		
	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain	in in <b>Part VI</b> ). See			
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ection 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	ection 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	<b>Distributable Amount.</b> 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		ited Type III supporting	organization			
-	(see instructions).						

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Part	V Type III Non-Functionally Integrated 509(a)(3)	<b>Supporting Organizat</b>	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		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	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	(ii)		Underdistribution	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.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

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a Excess from 2016...
b Excess from 2017...
c Excess from 2018...
d Excess from 2019...
e Excess from 2020...

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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

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

			23-21/4003
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization FUND FOR PHILADELPHIA

Employer identification number 23-2174863

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	N/A	\$\$\$	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

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obc adplicate copic	o oi i ait ii ii aaaiiloila	i opace is riceaca.

(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 of \$1.000 or less for the copies of the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional	the year from any ons completing Part e 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 nd ZIP + 4	-	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
	Transferred name address on	(e) Transf		
	Transferee's name, address, an	IQ ZIP + 4	Kelatio	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	(e) Transf nd ZIP + 4		nship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I		(0) 200		
	Transferee's name, address, an	(e) Transf nd ZIP + 4	-	nship of transferor to transferee

## 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	ID FOR PHILADELPHIA	23-2174863
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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 in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
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 an	
	conferring impermissible private benefit?	
Pa	rt    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 or	f a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a conservation
	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	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	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 c	conservation easements during the year
_	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	nservation easements during the year
_	<b>&gt;</b> \$	4-0 (1) (4) (B) (I)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	Yes No
9	in Part XIII, describe now the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia organization's accounting for conservation easements.	ii statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ommar /tocotor
1a	7 7	statement and halance sheet works
ıu	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	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or research.	atement and balance sheet works of
	provide the following amounts relating to these items:	aron in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under FASB ASC 958 relating to these items:	3, p. 1
а		<b>▶</b> \$
b	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$

Schedule D (Form 990) 2020

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

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, o	r Other S	imilar Assets (d	continued)	rage =
3	Using the organization's acquisition								
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan c	r exchange	e program			
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	s and expla	ain how t	hey furthe	r the orga	nization's exemp	t purpose i	n Part
	XIII.								
5	During the year, did the organization	on solicit or receive of	donations o	f art, histo	orical treas	ures, or ot	her similar		
_	assets to be sold to raise funds rath		ained as pa	rt of the c	rganizatio	n's collecti	on?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	tion answered "Ye	es" on For	m 990, P	art IV, line	e 9, or rep	oorted an amour	nt on Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trus								_
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing tab	ole:	1			
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance						4 11 1 1114 0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Did the organization include an am							Yes	_ No
	If "Yes," explain the arrangement i	n Part XIII. Check n	ere if the e	xpianation	nas been p	provided or	n Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "V	es" on For	m 000 E	art IV/ line	a 10			
	Complete if the organiza	(a) Current year	(b) Pric		(c) Two yea		(d) Three years back	(e) Four yea	re book
		,,	(6) 1 110	i yeai	(6) 1110 300	aro baok	(u) Tillee years back	(e) i oui yea	- 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	End of year balance	- f (l)		. (1) 4		\			
2 a	Provide the estimated percentage Board designated or quasi-endown		end balanc	e (line 1g,	column (a)	) neid as:			
b	Permanent endowment >	%							
C	Term endowment ▶	/0 %							
·	The percentages on lines 2a, 2b, a	• ' •	100%						
3a	Are there endowment funds not in	· · · · · · · · · · · · · · · · · · ·		ation that	are held ar	nd adminis	tered for the		
-	organization by:	россосов	o. ga <u>-</u> .					Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	•	•						
Pa	rt VI Land, Buildings, and Equ Complete if the organization								_
	Complete if the organization	ation answered "Y	es" on Fo						0.
	Description of property		r other basis stment)		r other basis ther)	(c) Accur deprec		) Book value	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment				27,569.	1	3,499.	14	,070.
<u>e</u>	Other								
	II. Add lines 1a through 1e. (Column		m 990. Part	X. column	(B). line 1	Oc.)	<b>•</b>	14	,070.

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 11h See Form 990 F	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	n:
(1) Financi	al derivatives			
	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) must a must Famil 000 Part V and (D) fine 40 )			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) .  Investments - Program Related.			
Part VIII	Complete if the organization answered	"Yes" on Form 990	Part IV line 11c See Form 990 F	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(b) Book value	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	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	ino 15 )		
Part X	Other Liabilities.	rie io.)	········	
Pail A	Complete if the organization answered line 25.	"Yes" on Form 990	), Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	ral income taxes	•		.,
(2) DUE	TO AGENCIES			2,126,382.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			2,126,382.
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements tha	t 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 . 

| Schedule D (Form 990) 2020 2962SX P490 3/29/2022 7:42:57 AM V 20-7.19 | 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	15,645,260.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	15,556.
3	Subtract line 2e from line 1	3	15,629,704.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,629,704.
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.		
1	Total expenses and losses per audited financial statements	1	11,650,912.
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.)		15 556
е	Add lines 2a through 2d	2e	15,556. 11,635,356.
3	Subtract line 2e from line 1	3	11,033,330.
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	-	
b	Other (Describe in Part XIII.)	4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	5	11,635,356.
	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,	line 4; Part X, line

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

#### Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

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 YEAR ENDED JUNE 30, 2021.

MANAGEMENT EVALUATED THE FUND'S TAX POSITIONS AND CONCLUDED THAT THE FUND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THE FUND FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. DURING THE YEAR ENDED JUNE 30, 2021, THE FUND DID NOT RECORD ANY INTEREST OR PENALTIES DUE TO UNCERTAIN TAX POSITIONS. IF PENALTIES AND INTEREST WERE ASSESSED, THEY WOULD BE INCLUDED IN OPERATING EXPENSES.

## 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.

FUND FOR PHILADELPHIA						23-217486	
	d Assistans	•				23-21/400	
<ol> <li>General Information on Grants and</li> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	ubstantiate th s or assistand	e amount of the				or assistance, and	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 b	be duplicated if a		eeded.	
(a) Name and address of organization or government	<b>(b)</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) LOYALTEE HAIR INC.							
2637 GERMANTOWN AVE PHILADELPHIA, PA 19133	99-9999999	501(C)(3)	15,225.				EMPOWERMENT ZONE GRA
(2) SHOOTERS NARRATIVE SHIFT							
1080 N. DELAWARE AVE., STE 502B	84-3072220	501(C)(3)	9,000.				EMPOWERMENT ZONE GRA
(3) JERRYS II, LLC							
2064 E. BOSTON STREET	46-5650065	501(C)(3)	22,665.				EMPOWERMENT ZONE GRA
(4) VILLAGE OF ARTS & HUMANITIES							
2544 GERMANTOWN AVENUE	22-3045318	501(C)(3)	21,303.				EMPOWERMENT ZONE GRA
(5) CEIBA, INC.							
174 DIAMOND STREET PHILADELPHIA, PA 19122	23-2732783	501(C)(3)	21,250.				EMPOWERMENT ZONE GRA
(6) CAMPAIGN FOR WORKING FAMILIES							
1415 N. BROAD STREET PHILADELPHIA, PA 19122	47-5617041	501(C)(3)	27,750.				EMPOWERMENT ZONE GRA
(7) CARDIFF CONSERVATION PARTNERS							
1625 HOWARD STREET PHILADELPHIA, PA 19122	82-1144325	501(C)(3)	65,000.				EMPOWERMENT ZONE GRA
(8) BEECH COMMUNITY SERVICES							
1510 CECIL B. MOORE AVENUE, #300	20-4968928	501(C)(3)	12,480.				EMPOWERMENT ZONE GRA
(9) TEMPLE UNIVERSITY							
1852 N. 10TH STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	6,000.				PHLDONATE TECH INITI
(10) NORRIS SQUARE COMMUNITY ALLIANCE							
174 DIAMOND STREET PHILADELPHIA, PA 19122	23-9233412	501(C)(3)	20,000.				PROGRAM FUNDING
(11) MOVEMENT ALLIANCE PROJECT							
924 CHERRY STREET, FLOOR 5	26-0307123	501(C)(3)	20,000.				COMMUNITY BASED MESH
(12) CAMBODIAN ASSOCIATION OF GREATER PHILADELPH							
5412 N. 5TH STREET PHILADELPHIA, PA 19120	23-2169935	501(C)(3)	20,000.				BUILDING BRIDGES PRO
<ul><li>Enter total number of section 501(c)(3) and</li><li>Enter total number of other organizations list</li></ul>	_	-					

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

Schedule I (Form 990) 2020

# **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.

Name of the organization  FUND FOR PHILADELPHIA						Employer identification number 23-2174863			
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand	e?					X Yes No		
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					'es" on Form 990,		
1 (a) Name and address of organization or government	<b>(b)</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) LIBERTY RESOURCES, INC.									
112 N. 8TH STREET, SUITE 600	22-2483916	501(C)(3)	20,000.				TEACH ME ENGLISH ONL		
(2) THOMAS JEFFERSON UNIVERSITY									
1020 WALNUT STREET, 5TH FLOOR	23-1352651	501(C)(3)	36,541.				DIGITAL LITERACY / H		
(3) PENN ASIAN SENIOR SERVICES									
6926 OLD YORK ROAD PHILADELPHIA, PA 19126	20-2643138	501(C)(3)	20,736.				HELPING SENIORS CONN		
(4) AFRICAN CULTURAL ALLIANCE OF NORTH AMERICA									
5530 CHESTER AVENUE PHILADELPHIA, PA 19143	23-3062024	501(C)(3)	25,000.				PROGRAM FUNDING		
(5) CONGRESSO DE LATINOS UNIDOS, INC.									
216 W. SOMERSET STREET	23-2051143	501(C)(3)	300,000.				EMPOWERMENT ZONE GRA		
(6) THE CLAY STUDIO									
139 N. SECOND STREET PHILADELPHIA, PA 19106	23-7380408	501(C)(3)	34,872.				EMPOWERMENT ZONE GRA		
(7) UNINCARCERATED MINDS									
1229 CHESTNUT STREET, PMB 179	84-5094247	501(C)(3)	10,000.				PROGRAM FUNDING		
(8) TRAPDOOR									
191 E. FARISTON DRIVE	81-1434028	501(C)(3)	10,000.				FORGE PROJECT		
(9) REAWAKENING AGENCY									
1114 S. 23RD STREET PHILADELPHIA, PA 19146	82-4439930	501(C)(3)	10,000.				COMMUNITY ENGAGEMENT		
(10) YOUTH SENTENCING & REENTRY PROJECT									
1528 WALNUT STREET, SUITE 515	47-1153595	501(C)(3)	10,000.				MITIGATION & REENTRY		
(11) FIRE - FREE INSPIRATION REACHING EVERYONE									
135 E. POMONA STREET	81-1319439	501(C)(3)	10,000.				FORGE PROJECT		
(12) FIRST STEP STAFFING									
1952 E ALLEGHENY AVE., SUITE 500	20-8038859	501(C)(3)	10,000.				PROGRAM FUNDING		
<ul> <li>Enter total number of section 501(c)(3) and</li> <li>Enter total number of other organizations list</li> <li>For Paperwork Reduction Act Notice, see the Instruct</li> </ul>	ted in the line	1 table				<b>&gt;</b>			

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## 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.

Name of the organization						Employer identificat	
FUND FOR PHILADELPHIA		_				23-217486	0.3
Part I General Information on Grants and							
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand	ce?					X Yes No
Part II Grants and Other Assistance to D					ploto if the organize	ation answered "\	/os" on Form 000
Part IV, line 21, for any recipient the		_			. •		es on Form 990,
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) WOMEN IN DIALOGUE							
123 S BROAD STREET, SUITE 1320	23-2979717	501(C)(3)	10,000.				PROGRAM FUNDING
(2) PENNSYLVANIA PRISON SOCIETY							
230 S. BROAD STREET, #605	23-1352267	501(C)(3)	10,000.				PROGRAM FUNDING
(3) CAREER WARDROBE							
413 N. 4TH STREET PHILADELPHIA, PA 19123	23-2900156	501(C)(3)	9,000.				PROGRAM FUNDING
(4) CULTURE TRUST GREATER PHILADELPHIA							
315 WALNUT STREET, SUITE 320	46-3109411	501(C)(3)	10,000.				PROGRAM FUNDING
(5) REDEMPTION HOUSE							
6726 RISING SUN AVENUE	27-5459881	501(C)(3)	10,000.				PROGRAM FUNDING
(6) STUDENTS RUN PHILLY STYLE							
1819 JOHN F. KENNEDY BLVD, SUITE #480	81-4223573	501(C)(3)	10,000.				PROGRAM FUNDING
(7) NEW LEASH ON LIFE							
P.O. BOX 326 PHILADELPHIA, PA 19072	27-2204508	501(C)(3)	10,000.				YOUNG ADULT DIVERSIO
(8) DIMPLEZ 4 DAYZ							
6752 PASCHALL AVENUE PHILADELPHIA, PA 19142	82-4459835	501(C)(3)	10,000.				PROGRAM FUNDING
(9) CITY OF PHILADELPHIA							
1401 JFK BOULEVARD PHILADELPHIA, PA 19107	23-6003047	GOVERNMENT	550,800.				MOBILE HOTSPOTS
(10) COMMUNITY LEARNING CENTER							
2701 NORTH BROAD STREET	23-2791129	501(C)(3)	35,000.				CONNECTED NAVIGATION
(11) NERDIT FOUNDATION							
1614 W. NEWPORT PIKE PHILADELPHIA, PA 19804	83-2957814	501(C)(3)	10,000.				PHLDONATE TECH INITI
(12) DREXEL UNIVERSITY							
3141 CHESTNUT STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	35,000.				DIGITAL NAVIGATOR GR
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ole		<del> </del>	
3 Enter total number of other organizations lis	ted in the line	1 table	<u> </u>	<u> </u>	<u> </u>	<u>.</u> . <b>&gt;</b>	

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

Schedule I (Form 990) 2020

Department of the Treasury

Internal Revenue Service

# **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.

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

Open to Public Inspection

Part I General Information on Grants and Assistant  1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assistant  2 Describe in Part IV the organization's procedures for more part II Grants and Other Assistance to Domestic Organization (b) EIN  Part IV, line 21, for any recipient that received 1 (a) Name and address of organization or government (b) EIN  (1) SOUTHEAST ASIAN MUTUAL ASSISTANCE ASSOCIATI 1711 SOUTH BROAD STREET 22-2541120  (2) CITY OF PHILADELPHIA 1401 JFK BOULEVARD PHILADELPHIA, PA 19107 23-6003047  (3) CITY OF PHILADELPHIA 1401 JFK BOULEVARD PHILADELPHIA, PA 19107 23-6003047	the amount of the nce?	of grant funds in the	e United States.	plete if the organiza	ation answered "Y	X Yes No
1 Does the organization maintain records to substantiate to the selection criteria used to award the grants or assistant 2 Describe in Part IV the organization's procedures for motion Part IV, line 21, for any recipient that received 1 (a) Name and address of organization or government (b) EIN  (1) SOUTHEAST ASIAN MUTUAL ASSISTANCE ASSOCIATI 1711 SOUTH BROAD STREET 22-2541120 (2) CITY OF PHILADELPHIA 1401 JFK BOULEVARD PHILADELPHIA, PA 19107 23-6003047 (3) CITY OF PHILADELPHIA	the amount of the name? onitoring the use rganizations and more than \$5	of grant funds in the nd Domestic Gov 5,000. Part II can be did a	e United States.  vernments. Compe duplicated if a	plete if the organiza	ation answered "Y	
the selection criteria used to award the grants or assistant 2 Describe in Part IV the organization's procedures for more part II Grants and Other Assistance to Domestic O Part IV, line 21, for any recipient that received 1 (a) Name and address of organization or government (b) EIN  (1) SOUTHEAST ASIAN MUTUAL ASSISTANCE ASSOCIATI 1711 SOUTH BROAD STREET 22-2541120  (2) CITY OF PHILADELPHIA 23-6003047  (3) CITY OF PHILADELPHIA	rganizations and more than \$5	of grant funds in the nd Domestic Gov 5,000. Part II can be did a	e United States.  vernments. Compe duplicated if a	plete if the organiza	ation answered "Y	
Part IV, line 21, for any recipient that received  1 (a) Name and address of organization or government  (b) EIN  (1) SOUTHEAST ASIAN MUTUAL ASSISTANCE ASSOCIATI  1711 SOUTH BROAD STREET  22-2541120  (2) CITY OF PHILADELPHIA  1401 JFK BOULEVARD PHILADELPHIA, PA 19107  23-6003047	d more than \$5	5,000. Part II can b	be duplicated if a	additional space is n		es" on Form 990,
1 (a) Name and address of organization or government  (1) SOUTHEAST ASIAN MUTUAL ASSISTANCE ASSOCIATI  1711 SOUTH BROAD STREET  22-2541120  (2) CITY OF PHILADELPHIA  1401 JFK BOULEVARD PHILADELPHIA, PA 19107  23-6003047	(c) IRC section	(d) Amount of cash	•	·		
1711 SOUTH BROAD STREET  (2) CITY OF PHILADELPHIA  1401 JFK BOULEVARD PHILADELPHIA, PA 19107  (3) CITY OF PHILADELPHIA			cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1711 SOUTH BROAD STREET  (2) CITY OF PHILADELPHIA  1401 JFK BOULEVARD PHILADELPHIA, PA 19107  (3) CITY OF PHILADELPHIA						
1401 JFK BOULEVARD PHILADELPHIA, PA 19107 23-6003047  (3) CITY OF PHILADELPHIA	501(C)(3)	35,000.				PHLCONNECTED
1401 JFK BOULEVARD PHILADELPHIA, PA 19107 23-6003047  (3) CITY OF PHILADELPHIA						
<u> </u>	GOVERNMENT	7,500.				YOUTH RESOURCE BAGS
<u> </u>						
	GOVERNMENT	6,745.				OFFICE OF EMERGENCY
(4) CITY OF PHILADELPHIA						
1401 JFK BOULEVARD PHILADELPHIA, PA 19107 23-6003047	GOVERNMENT	7,500.				FIRE DEPARTMENT 360
(5) CITY OF PHILADELPHIA						
1401 JFK BOULEVARD PHILADELPHIA, PA 19107 23-6003047	GOVERNMENT	6,800.				LICENSES & INSPECTION
(6) CITY OF PHILADELPHIA						
1401 JFK BOULEVARD PHILADELPHIA, PA 19107 23-6003047	GOVERNMENT	10,000.				FIRE ACADEMY REMOTE
(7) CITY OF PHILADELPHIA						
1401 JFK BOULEVARD PHILADELPHIA, PA 19107 23-6003047	GOVERNMENT	10,000.				FIRE ACADEMY REMOTE
_(8)						
(9)						
(10)						
(11)						
(12)						
		1	<u> </u>			43.
<ul> <li>Enter total number of section 501(c)(3) and government</li> <li>Enter total number of other organizations listed in the lin</li> </ul>	organizations lis	sted in the line 1 tak				

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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 WORKER RELIEF FUND	1,591.	2,231,709.			
_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.

FORM 990, SCHEDULE I, PART I, LINE 2

THE NUMBER AND SIZE OF AWARDS GIVEN EACH YEAR WILL VARY DEPENDING ON THE FUNDS RAISED BY ANNUAL EVENTS. 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 REQUIRES TO PREPARE AND SUBMIT BOTH A FINANCIAL AND

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

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>(b)</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.

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: VISION

AS A KEY PARTNER IN ADVANCING THE CITY'S PRIORITIES, WE ENVISION A COHESIVE, VIBRANT, SUPPORTIVE, EQUITABLE PHILADELPHIA WHERE ALL RESIDENTS CAN PROSPER.

#### **VALUES**

WE VALUE TRANSPARENCY, INTEGRITY AND EFFICIENCY IN OUR STEWARDSHIP OF RESOURCES

WE VALUE COLLABORATION, DIVERSITY, INCLUSION, EQUITY

WE VALUE THE POWER OF THE COMMUNITY IN ADDRESSING THE NEEDS OF OUR

RESIDENTS.

WE SEE PHILANTHROPY AS A POWERFUL TOOL TO HELP SERVE THE MANY NEEDS IN OUR COMMUNITY.

#### MISSION

THE FUND FOR PHILADELPHIA SERVES AS THE FISCAL SPONSOR FOR THE CITY OF PHILADELPHIA AND LEVERAGES PUBLIC-PRIVATE PARTNERSHIPS IN COLLABORATION WITH THE CITY, THE PHILANTHROPIC COMMUNITY AND THE RESIDENTS OF PHILADELPHIA. WE ENVISION A COHESIVE, VIBRANT, SUPPORTIVE, EQUITABLE PHILADELPHIA WHERE ALL RESIDENTS CAN PROSPER.

Name of the organization

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 CHAIR 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 19:

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

FORM 990, PART VI, SECTION B, LINE 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.

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

DETERMINES THE SALARY, TAKING COMPARABLE CITY DATA INTO CONSIDERATION.

FORM 990, PART XI, LINE 8 PRIOR PERIOD ADJUSTMENT

THE FUND RESTATED ITS JULY 1, 2020 NET ASSETS TO REFLECT AN ADJUSTMENT TO NET ASSETS WITH RESTRICTIONS IN THE AMOUNT OF \$697,476 DUE TO A RE-EVALUATION OF REVENUE RECOGNITION ON ONE GRANT CONTRACT.

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

THE PHILADELPHIA WORKER RELIEF FUND WAS ESTABLISHED WITH THE

CRITICAL SUPPORT AND ADVOCACY OF THE NATIONAL DOMESTIC WORKERS

ALLIANCE AND THE COALITION TO RESPECT EVERY WORKER, A COALITION OF

WORKER-FOCUSED ORGANIZATIONS COMPOSED OF LEGAL AID GROUPS,

NON-PROFITS, AND LABOR UNIONS. THE PHILADELPHIA WORKER RELIEF FUND

PROVIDES EMERGENCY DIRECT CASH ASSISTANCE TO WORKERS AND FAMILIES

IMPACTED BY COVID-19 WHO WERE LEFT OUT OF ALL FEDERAL AND STATE

RELIEF. THE GOAL OF THE CASH ASSISTANCE IS TO IMPROVE THE ECONOMIC

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

ATTACHMENT 1 (CONT'D)

SECURITY, HEALTH, AND SAFETY OF MORE PHILADELPHIA FAMILIES. THOSE WHO WERE UNABLE TO ACCESS FEDERAL AND STATE RELIEF INCLUDE ESSENTIAL WORKERS ON THE FRONT LINES OF THE PANDEMIC-DOMESTIC WORKERS, FARMWORKERS, HOME HEALTH AIDES, AND FOOD DELIVERY WORKERS. THESE WORKERS ARE CRITICAL TO THE RECOVERY OF OUR CITY, YET HAVE BEEN CARVED OUT OF GOVERNMENT RELIEF PROGRAMS.

DESCRIPTION   GRANTS   EXPENSES   REVENUE			ATTACHMENT 2	
ASEZ - FUNDING STREAM 455,113. 455,113.  CENTERS' LAUNCH 81,106.  CIVIC ENGAGEMENT VOLUNTEERS 246,308.  CLIMATE RESILIENCY 5,109.  CLIP 1,344.  COMCAST DIGITAL ALLIANCE 167,277. 167,277.  COMMUNITY SCHOOLS 67,629.  CPI PROGRAM EXPANSION 989.  DR. THOMAS STOREY MEMORIAL 24.  EARLY LEARNING LABS 5,775.  EQUITABLE ENGAGEMENT TOOLKIT 1,348.  FOOD POLICY ADVISORY COUNCIL 74,538.  FOSTER GRANDPARENTS 4,350.  HISTORIC PRESERVATION 13,325.  INNOVATION FUND 93,895. 93,895.	FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	<u>S</u>		
CENTERS' LAUNCH       81,106.         CIVIC ENGAGEMENT VOLUNTEERS       246,308.         CLIMATE RESILIENCY       5,109.         CLIP       1,344.         COMCAST DIGITAL ALLIANCE       167,277.         COMMUNITY SCHOOLS       67,629.         CPI PROGRAM EXPANSION       989.         DR. THOMAS STOREY MEMORIAL       24.         EARLY LEARNING LABS       5,775.         EQUITABLE ENGAGEMENT TOOLKIT       1,348.         FOOD POLICY ADVISORY COUNCIL       74,538.         FOSTER GRANDPARENTS       4,350.         HISTORIC PRESERVATION       13,325.         INNOVATION FUND       93,895.       93,895.	DESCRIPTION	GRANTS	EXPENSES	REVENUE
CIVIC ENGAGEMENT VOLUNTEERS 246,308.  CLIMATE RESILIENCY 5,109.  CLIP 1,344.  COMCAST DIGITAL ALLIANCE 167,277. 167,277.  COMMUNITY SCHOOLS 67,629.  CPI PROGRAM EXPANSION 989.  DR. THOMAS STOREY MEMORIAL 24.  EARLY LEARNING LABS 5,775.  EQUITABLE ENGAGEMENT TOOLKIT 1,348.  FOOD POLICY ADVISORY COUNCIL 74,538.  FOSTER GRANDPARENTS 4,350.  HISTORIC PRESERVATION 13,325.  INNOVATION FUND 93,895. 93,895.	ASEZ - FUNDING STREAM	455,113.	455,113.	
CLIMATE RESILIENCY  CLIP  CLIP  1,344.  COMCAST DIGITAL ALLIANCE  167,277.  COMMUNITY SCHOOLS  CPI PROGRAM EXPANSION  989.  DR. THOMAS STOREY MEMORIAL  EARLY LEARNING LABS  5,775.  EQUITABLE ENGAGEMENT TOOLKIT  1,348.  FOOD POLICY ADVISORY COUNCIL  FOSTER GRANDPARENTS  4,350.  HISTORIC PRESERVATION  13,325.  INNOVATION FUND  93,895.  93,895.	CENTERS' LAUNCH		81,106.	
CLIP 1,344.  COMCAST DIGITAL ALLIANCE 167,277. 167,277.  COMMUNITY SCHOOLS 67,629.  CPI PROGRAM EXPANSION 989.  DR. THOMAS STOREY MEMORIAL 24.  EARLY LEARNING LABS 5,775.  EQUITABLE ENGAGEMENT TOOLKIT 1,348.  FOOD POLICY ADVISORY COUNCIL 74,538.  FOSTER GRANDPARENTS 4,350.  HISTORIC PRESERVATION 13,325.  INNOVATION FUND 93,895. 93,895.	CIVIC ENGAGEMENT VOLUNTEERS		246,308.	
COMCAST DIGITAL ALLIANCE 167,277. 167,277.  COMMUNITY SCHOOLS 67,629.  CPI PROGRAM EXPANSION 989.  DR. THOMAS STOREY MEMORIAL 24.  EARLY LEARNING LABS 5,775.  EQUITABLE ENGAGEMENT TOOLKIT 1,348.  FOOD POLICY ADVISORY COUNCIL 74,538.  FOSTER GRANDPARENTS 4,350.  HISTORIC PRESERVATION 13,325.  INNOVATION FUND 93,895. 93,895.	CLIMATE RESILIENCY		5,109.	
COMMUNITY SCHOOLS  CPI PROGRAM EXPANSION  DR. THOMAS STOREY MEMORIAL  EARLY LEARNING LABS  EQUITABLE ENGAGEMENT TOOLKIT  FOOD POLICY ADVISORY COUNCIL  FOSTER GRANDPARENTS  HISTORIC PRESERVATION  13,325.  INNOVATION FUND  67,629.	CLIP		1,344.	
CPI PROGRAM EXPANSION 989.  DR. THOMAS STOREY MEMORIAL 24.  EARLY LEARNING LABS 5,775.  EQUITABLE ENGAGEMENT TOOLKIT 1,348.  FOOD POLICY ADVISORY COUNCIL 74,538.  FOSTER GRANDPARENTS 4,350.  HISTORIC PRESERVATION 13,325.  INNOVATION FUND 93,895. 93,895.	COMCAST DIGITAL ALLIANCE	167,277.	167,277.	
DR. THOMAS STOREY MEMORIAL  EARLY LEARNING LABS  5,775.  EQUITABLE ENGAGEMENT TOOLKIT  1,348.  FOOD POLICY ADVISORY COUNCIL  FOSTER GRANDPARENTS  4,350.  HISTORIC PRESERVATION  13,325.  INNOVATION FUND  93,895.  93,895.	COMMUNITY SCHOOLS		67,629.	
EARLY LEARNING LABS  5,775.  EQUITABLE ENGAGEMENT TOOLKIT  1,348.  FOOD POLICY ADVISORY COUNCIL  FOSTER GRANDPARENTS  4,350.  HISTORIC PRESERVATION  13,325.  INNOVATION FUND  93,895.  93,895.	CPI PROGRAM EXPANSION		989.	
EQUITABLE ENGAGEMENT TOOLKIT  1,348.  FOOD POLICY ADVISORY COUNCIL  FOSTER GRANDPARENTS  4,350.  HISTORIC PRESERVATION  13,325.  INNOVATION FUND  93,895.  93,895.	DR. THOMAS STOREY MEMORIAL		24.	
FOOD POLICY ADVISORY COUNCIL  FOSTER GRANDPARENTS  4,350.  HISTORIC PRESERVATION  13,325.  INNOVATION FUND  93,895.  93,895.	EARLY LEARNING LABS		5,775.	
FOSTER GRANDPARENTS 4,350. HISTORIC PRESERVATION 13,325. INNOVATION FUND 93,895. 93,895.	EQUITABLE ENGAGEMENT TOOLKIT		1,348.	
HISTORIC PRESERVATION 13,325.  INNOVATION FUND 93,895. 93,895.	FOOD POLICY ADVISORY COUNCIL		74,538.	
INNOVATION FUND 93,895. 93,895.	FOSTER GRANDPARENTS		4,350.	
	HISTORIC PRESERVATION		13,325.	
ITALIAN FESTIVITIES 107,391.	INNOVATION FUND	93,895.	93,895.	
	ITALIAN FESTIVITIES		107,391.	

Name of the organization Employer identification number FUND FOR PHILADELPHIA 23-2174863 ATTACHMENT 2 (CONT'D)

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FURM	990.	PART	$\perp \perp \perp \perp$ .		4D	- OTHER	PROGRAM	SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
J PAL		15,918.	
KABOOM PROJECT		30,483.	
KIVA		15,235.	
MACARTHUR GRANTS	152,750.	152,750.	
MAYOR'S COMM ASIAN AFFAIRS		3,400.	
MAYOR'S COMMISSION ON LITERACY		84,105.	
MULTILINGUAL VOTERS GUIDE	3,000.	7,212.	
NCEZ - FUNDING STREAM	105,995.	105,995.	
OFFICE OF DIVERSITY AND INCLUSION		15,000.	
OFFICE OF IMMIGRANT AFFAIRS		1,700.	
OST - LITERACY PROGRAM		228,582.	
OST QUALITY GRANT		435,648.	
PGW DIVERSIFICATION STUDY		146,250.	
PHILA MARATHON GENERAL		539,148.	
PHILDELPHIA ACHIEVERS INITIATIVE	6,250.	7,003.	
PHILLY READING COACHES 2		129,974.	
PHL LIVE		541.	
PHLDONATE TECH	26,000.	26,008.	
PIRATE SIGNAGE		825.	
POLICE STONELEIGH FELLOWSHIP		26,268.	
PPR ENHANCED LAYSTREET & LITERACY		60,128.	
PPR IMPLEMENTATION OF STRATEGIC PLAN		28,239.	
PUBLIC ART FUND		14,524.	
PUBLIC SAFETY		597.	
READI PHILIDELPHIA		5,000.	

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

Name of the organization	Employer identification number
FUND FOR PHILADELPHIA	23-2174863
	ATTACHMENT 2 (CONT'D)

FORM	990,	PART	III,	LINE	4D	_	OTHER	PROGRAM	SERVICES
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DESCRIPTION		GRANTS	EXPENSES	REVENUE
SERVICE ENTERPRISE INITIATIVE			55,352.	
SERVICE YEAR EXPANSION			53,618.	
SUMMER OF WONDER		4,360.	267,838.	
TALENT FUND			30,720.	
UNITY CUP			175.	
URBAN AGRICULTURE PLAN			131,100.	
URBAN FORREST			56,715.	
WOMEN WITH LIVED EXPERIENCES			2,000.	
WOMEN'S COMMISSION			6,150.	
WPEZ - FUNDING STREAM		14,000.	14,000.	
	TOTALS =	1,028,640.	4,023,722.	

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

YOUR PART-TIME CONTROLLER 1500 WALNUT STREET, SUITE 1200 PHILADELPHIA, PA 19102

ACCOUNTING 122,733.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CITY SERVICES	65,237.	65,237.		
CONSULTANTS	5,110,694.	5,110,694.		

Name of the organization	Employer identification number
FUND FOR PHILADELPHIA	23-2174863
AT	TACHMENT 4 (CONT'D)

### FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
ENTERTAINERS/ARTISTS	37,886.	37,886.		
SPEAKER FEES	3,500.	3,500.		
INFORMATION TECHNOLOGY	7,800.	7,800.		
CATERING	2,167.	2,167.		
TOTALS	5,228,027.	5,228,027.		

		ATTACHMENT 5
FORM 990, PART X - PREPAID EXPENSES AND D	DEFERRED CHARGES	
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES	8,785.	8,875.
TOTALS	8,785.	8,875.
FORM 990, PART X - DEFERRED REVENUE		ATTACHMENT 6
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
DEFERRED REVENUE	1,362,743.	2,175,767.
TOTALS	1,362,743.	2,175,767.