

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FUND FOR PHILADELPHIA			D Employer identification number 23-2174863
	Doing Business As THE MAYOR'S FUND FOR PHILADELPHIA			E Telephone number (215) 686-0321
	Number and street (or P.O. box if mail is not delivered to street address) CITY HALL NO 267		Room/suite	G Gross receipts \$ 15,632,770.
	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19107			
F Name and address of principal officer: JODY GREENBLATT CITY HALL NO 267, PHILADELPHIA, PA 19107			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.MAYORSFUNDPHILA.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1981		M State of legal domicile: PA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AS A KEY PARTNER IN ADVANCING THE CITY'S PRIORITIES, WE ENVISION A COHESIVE, VIBRANT, SUPPORTIVE, EQUITABLE PHILADELPHIA WHERE ALL RESIDENTS CAN PROSPER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	3.
	6 Total number of volunteers (estimate if necessary)	6	8.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,510,032.	15,624,342.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,040,390.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	733.	-3,066.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,242.	8,428.
		4,552,397.	15,629,704.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,712,758.	3,822,254.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	216,106.	391,917.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,905,978.	7,421,185.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,834,842.	11,635,356.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,282,445.	3,994,348.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	17,906,604.	22,604,117.
	22 Net assets or fund balances. Subtract line 21 from line 20.	4,643,555.	5,346,720.
	13,263,049.	17,257,397.	

COPY FOR PUBLIC INSPECTION

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ERIC M STRAUSS	Preparer's signature ERIC M STRAUSS	Date 03/29/2022	Check <input type="checkbox"/> if self-employed	PTIN P00991844
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092			
	Firm's address ▶ 1835 MARKET STREET, SUITE 1710 PHILADELPHIA, PA 19103-2945	Phone no. 215-546-2140			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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 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, RELIABLE INTERNET TO THE HOME FROM COMCAST'S INTERNET ESSENTIALS PROGRAM, OR A HIGH-SPEED MOBILE HOTSPOT FROM T-MOBILE FOR FAMILIES WHO ARE HOUSING-INSECURE OR NEED A MOBILE INTERNET SOLUTION; 2. DIGITAL SKILLS TRAINING AND TECH SUPPORT.

4b (Code:) (Expenses \$ 2,233,109. including grants of \$ 2,231,709.) (Revenue \$)

ATTACHMENT 1

4c (Code:) (Expenses \$ 944,879. including grants of \$) (Revenue \$)

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.

4d Other program services (Describe on Schedule O.) ATTACHMENT 2 (Expenses \$ 3,929,829. including grants of \$ 1,028,640.) (Revenue \$)

4e Total program service expenses 10,508,819.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes, and No. Contains questions about governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation reviews.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 books and records

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

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

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

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

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	15,624,342.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f ▶		15,624,342.				
	Program Service Revenue	2a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		0.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		0.				
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties ▶		0.				
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶		0.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						0.		
	b	Less: cost or other basis and sales expenses . .	7b		3,066.			
	c	Gain or (loss)	7c		-3,066.			
	d	Net gain or (loss) ▶		-3,066.			-3,066.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.			
b	Less: direct expenses	8b		0.				
c	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.				
c	Net income or (loss) from gaming activities. ▶		0.					
10a	Gross sales of inventory, less returns and allowances	10a			0.			
b	Less: cost of goods sold	10b		0.				
c	Net income or (loss) from sales of inventory. ▶		0.					
Miscellaneous Revenue	11a	OTHER INCOME	Business Code	900099	8,428.	8,428.		
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶		8,428.				
12	Total revenue. See instructions ▶		15,629,704.	8,428.		-3,066.		

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,590,545.	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.			
7 Other salaries and wages	302,864.		302,864.	
8 Pension plan accruals and contributions (include 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 Fees for services (nonemployees):				
a Management	0.			
b Legal	52,495.		52,495.	
c Accounting	152,715.	1,450.	151,265.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 4	5,228,027.	5,228,027.		
12 Advertising and promotion	369,135.	365,735.	3,400.	
13 Office expenses	459,171.	319,584.	139,587.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	23,413.	22,552.	861.	
18 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.)				
a BAD DEBT EXPENSE	461,612.	95,235.	366,377.	
b EVENT SUPPORT & PARTICIPATIO	181,414.	181,414.		
c PROGRAM EXPENSES	450,875.	450,875.		
d UBIT TAXES	17,296.	14,974.	2,322.	
e All other expenses _____				
25 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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.
	7 Notes and loans receivable, net	1,127.	7	451.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges ATCH 5	8,785.	9	8,875.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	27,569.		
	b Less: accumulated depreciation 10b	13,499.		
	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 Total assets. Add lines 1 through 15 (must equal line 33)	17,906,604.	16	22,604,117.	
Liabilities	17 Accounts payable and accrued expenses	1,098,678.	17	1,041,354.
	18 Grants payable	0.	18	0.
	19 Deferred revenue ATCH 6	1,362,743.	19	2,175,767.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other 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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	4,383.	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 of Schedule D	2,177,751.	25	2,126,382.
	26 Total liabilities. Add lines 17 through 25	4,643,555.	26	5,346,720.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	273,841.	27	131,966.
	28 Net assets with donor restrictions	12,989,208.	28	17,125,431.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	13,263,049.	32	17,257,397.
33 Total liabilities and net assets/fund balances	17,906,604.	33	22,604,117.	

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	15,629,704.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,635,356.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,994,348.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,263,049.
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	17,257,397.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Name of the organization

FUND FOR PHILADELPHIA

Employer identification number

23-2174863

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	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.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	11,051,670.	9,193,104.	10,799,818.	4,250,422.	9,439,898.	44,734,912.
8 Gross income from interest, dividends, payments received on securities loans, 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. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	66.30%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	96.21%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a 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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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 "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(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 - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	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, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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 of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization FUND FOR PHILADELPHIA	Employer identification number 23-2174863
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Organization type (check one):

Filers of:

Section:

- 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

- 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 totaling \$5,000 or more during the year ▶ \$ _____

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

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
1	N/A	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 3,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 3,397,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 1,875,838.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	\$ 980,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 copies of Part II if additional space is needed.

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

Name of organization **FUND FOR PHILADELPHIA**

Employer identification number

23-2174863

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

FUND FOR PHILADELPHIA

Employer identification number

23-2174863

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2020

JSA OE1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		27,569.	13,499.	14,070.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,070.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AGENCIES	2,126,382.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

FUND FOR PHILADELPHIA

Employer identification number

23-2174863

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) 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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization FUND FOR PHILADELPHIA	Employer identification number 23-2174863
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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) 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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

FUND FOR PHILADELPHIA

Employer identification number

23-2174863

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

FUND FOR PHILADELPHIA

Employer identification number

23-2174863

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) SOUTHEAST ASIAN MUTUAL ASSISTANCE ASSOCIATI 1711 SOUTH BROAD STREET	22-2541120	501(C)(3)	35,000.				PHLCONNECTED
(2) CITY OF PHILADELPHIA 1401 JFK BOULEVARD PHILADELPHIA, PA 19107	23-6003047	GOVERNMENT	7,500.				YOUTH RESOURCE BAGS
(3) CITY OF PHILADELPHIA 1401 JFK BOULEVARD PHILADELPHIA, PA 19107	23-6003047	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 & INSPECTIO
(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)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 43.

3 Enter total number of other organizations listed in the line 1 table ▶

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FUND FOR PHILADELPHIA

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

23-2174863

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 FUND FOR PHILADELPHIA	Employer identification number 23-2174863
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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	Employer identification number 23-2174863
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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 FUND FOR PHILADELPHIA	Employer identification number 23-2174863
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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.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
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.	
ITALIAN FESTIVITIES		107,391.	

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ATTACHMENT 2 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
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.	

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ATTACHMENT 2 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
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	<u>1,028,640.</u>	<u>4,023,722.</u>	

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
YOUR PART-TIME CONTROLLER 1500 WALNUT STREET, SUITE 1200 PHILADELPHIA, PA 19102	ACCOUNTING	122,733.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

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

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ATTACHMENT 4 (CONT'D)FORM 990, PART IX - OTHER FEES

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

ATTACHMENT 5FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	8,785.	8,875.
TOTALS	<u>8,785.</u>	<u>8,875.</u>

ATTACHMENT 6FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	1,362,743.	2,175,767.
TOTALS	<u>1,362,743.</u>	<u>2,175,767.</u>