\*\* PUBLIC DISCLOSURE COPY \*\*
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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	2023 calendar year, or tax year beginning and end	aing		
<b>В</b> с	heck if	C Name of organization		D Employer identi	fication number
	Addres	I THE DENIEST INSTITUTE FOR COOKNADISM			
	Name change			04-37318	329
	Initial return	*	om/suite	E Telephone numb	
	Final return/	1835 MARKET STREET 24	10	(215) 50	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	37,409,888.
	Ameno return	PHILADELPHIA, PA 19105		H(a) Is this a group	
	Application pending	F Name and address of principal officer: FEDRO A. RAMOS		for subordinate	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or [	527	1	a list. See instructions
	Vebsit			H(c) Group exempt	
	orm of I <b>rt I</b>	organization: X Corporation Trust Association Other  Summary	<b>L</b> Year (	of formation: 2002	M State of legal domicile; PA
		Briefly describe the organization's mission or most significant activities: SUPPOR	т тн	E PHILADELE	РΗΤΔ
ce		FOUNDATION BY ENABLING QUALITY LOCAL JOURNA			
Activities & Governance		Check this box if the organization discontinued its operations or disposed			
ver	_			3	1
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			
s S		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			17
itie		Total number of volunteers (estimate if necessary)			33
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12			a 0.
٧	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
О	8	Contributions and grants (Part VIII, line 1h)		39,762,088	
Revenue	9	Program service revenue (Part VIII, line 2g)		0 .	
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,678,832	
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		75,816	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		41,516,736	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		15,908,568	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,902,556	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0 .	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 1,408,938		<u> </u>	4 600 005
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,753,976	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,565,100	
	19	Revenue less expenses. Subtract line 18 from line 12		19,951,636	
s or				ginning of Current Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		07,280,135	
et A	21	Total liabilities (Part X, line 26)		4,625,558 02,654,577	
Z∷ Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		02,034,311	1 120,739,030.
		ties <u>of perious indeedare</u> that I have examined this return, including accompanying schedules and	d etateme	nte and to the heet of n	ny knowledge and helief it is
					ny knowicage and benef, it is
uu,	001100	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ргорагог	nas any knowledge.	
Sigr	,	Signature of officer 98415		Date	
Her		PEDRO A. RAMOS, PRESIDENT & CEO			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN
Paid		DANIELLE NIHILL DANIELLE NIHILL	1	1/12/24 if self-emp	P01350943
Prep		Firm's name CLIFTONLARSONALLEN LLP	, <u> </u>		41-0746749
Use		Firm's address 4 BATTERYMARCH PARK, SUITE 100			
_		QUINCY, MA 02169		Phone no. (	781) 982-1001
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt 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 MISSION OF THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF THE PHILADELPHIA FOUNDATION (THE INSTITUTE) IS TO RECEIVE, MANAGE,	<u>,                                     </u>
	AND DISTRIBUTE ASSETS IN SUPPORT OF THE PHILADELPHIA FOUNDATION (TPF)	
	BY ENABLING QUALITY LOCAL JOURNALISM THAT SERVES ITS COMMUNITIES.	
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	<b>7</b> N.−
		Z NO
2	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes   Yes	Z Na
3		Z 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 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	
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 19,195,824. including grants of \$ 13,810,448.) (Revenue \$	0.)
4a	(Code:) (Expenses \$19,195,824. including grants of \$13,810,448. ) (Revenue \$THE LENFEST INSTITUTE FOR JOURNALISM, LLC (LLC):	<u> </u>
	THE LLC IS A DISREGARDED ENTITY OF THE INSTITUTE THAT SUPPORTS BOTH TH	
	DIGITAL TRANSFORMATION OF HERITAGE NEWS ORGANIZATIONS AND THE	I.E.
	ENTREPRENEURIAL EFFORTS OF YOUNG, INNOVATIVE COMPANIES. THE INSTITUTE	
	BELIEVES THAT QUALITY CIVIC JOURNALISM REQUIRES NEW BUSINESS MODELS,	
	POWERFUL INNOVATIONS AND GROWING, DIVERSE AUDIENCES TO ACHIEVE	
	SUSTAINABILITY IN THE DIGITAL AGE. IT FUNDS PROGRAMS THAT PRODUCE	
	HIGH-IMPACT JOURNALISM, INNOVATIVE NEWS TECHNOLOGY, AND THAT HELP LOCA	т
	NEWS ORGANIZATIONS REACH NEW AUDIENCES AND DEVELOP SUSTAINABLE DIGITAL	
	BUSINESS MODELS.	
	POSINESS MODELS.	
	(CONTINUED ON SCHEDULE O.)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
TD	Code ) (Expenses a including grains of a ) (neverties a)	—— '
	•	
	•	
	•	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
		— '
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 19,195,824.	
	- 000	

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# Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		<del></del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	$\cdot$	-		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	Schedule D, Part III	8		<u> </u>
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?			l
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			<del></del>
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	21	<del>                                     </del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<b> </b> ₩
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	ــــّــــ		<del></del>
13		19		x
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<del>  ^</del>
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		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

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Form **990** (2023)

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# THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Form 990 (2023)

Part IV Checklist of Required Schedules (continued)

22 IX  23 Did the arganization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column Al, line 29 if Yies, * complete Schedule I, Part I and III of the organization awave "Yes" to Part IX! Saction A, line 3, 4, or 5, about compensation of the organization surrent and former officers, directors, tustees, key employees, and highest compensation of the organization awave "Yes" to Part IX! Saction A, line 3, 4, or 5, about compensation of the organization awave and the state 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 Discerber 31, 2002? If "Yes," answer lines 2db through 2dd and complete Schedule K, If "Nho," to 1 line 2da		· /		Yes	No
23 Dit the organization answer "Yes" to Part VII, Section A, Isra 3, 4, or 5, about compensation of the organization's current and former offices, directors, fusetors, trustees, key employees, and highest compensated employees?" if "Yes," complete Schedule I, Part IV leads to the organization have a tax-exempt bornd issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Documber 31, 2002? If "Yes," answer lines 25 through 25d and complete Schedule K, If "No," ye to line 25a.  24b	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II and officers of the complete schedule I. Part II and officers of the complete schedule I. Part II and officers of the complete Schedule I. Part II and officers of the complete Schedule I. Part II and officers of the controlled entity frommer or aperts of the controlled entity from or more officer, director, trustees, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I. Part IV and the organization parts and party to a design and or officers of the controlled entity from the controlled entity from ordinary and residuated controlled entity from the controlled entity from ordinary and residuated controlled entity from the members of any of these persons? If "Yes," complete Schedule I. Part II 289 X  We set the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity from the parts of a bumber of any of these persons? If "Yes," complete Schedule I. Part IV I. 26 X  We are the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, customatical parts of the controlled entity from the controlled entity of the controlled entity of the controlled entity of the contro			22	X	
Schedule / In the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the tax 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 25e.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest and an escore account other than a returning escore at any time during the year?  24d Did the organization account of the analysis of "yes," complete Schedule L, Part I Did the organization and the transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I Did the organization asserts that the gaged in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I Did the organization aware that the gaged 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-E27 If "Yes," complete Schedule L, Part I 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 engine or any of these persons? If "Yes," complete Schedule L, Part II 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 a \$5% controlled entity (notuding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization feet of the part Did the organization feet	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If No." got to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b		, , , , , , , , , , , , , , , , , , ,		.,	
sized day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." or to line 25s b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? d) Did the organization invest any proceeds of tax exempt bonds? d) Did the organization analyst and an escore account other than a refunding escrow at any time during the year? 24d 25a Section 501(6), 301(6)(4), and 501(6)(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 Section 501(6), 301(6)(4), and 501(6)(29) organizations. Did the organization grappe in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25b Is the organization aware that lengaged 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 organizations prior Forms 990 or 990.EZ? If "Yes," complete Schedule L. Part I 25b Did the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fusetae, key employee, creator or former officer, director, fusetae, key employee, creator or former officer director, fusetae, key employee, creator or former officer, director, fusetae, key employee, transcription or former officer, director, fusetae, key employee, transcription or former officer, director, fusetae, key employee, transcription or former officer, director, fusetae, key and proyee thereof, agrant selection committee member, or to a 30% controlled entity (including an employee thereof) agrant selection committee member, or to a 30% controlled entity (including an employee thereof) agrant selection committee member, or to a 30% controlled entity (including and employee) an			23	X	
Schedule K. If "No." go to line 25a	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d 24d 25a Section 50(16)3, 601(6)4, and 501(6)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule I., Part I 25a X 5b 15 the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule I., Part I 25a X 5b 15 the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule I., Part I 25a X 25b 15 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 I., Part II 26b X 27b 15 the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If Yes, "complete Schedule I., Part III 27b X 28b X 28b 15 the organization aparty to a business transaction with one of the following parties? (See the Schedule I., Part III 27b X 28b 15 the organization aparty to a business transaction with one of the following parties? (See the Schedule I., Part III 27b X 28b 15 the organization aparty to a business transaction with one of the following parties? (See the Schedule I., Part III 27b X 28b 17c 27b			240		x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  24c	h				
any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d   25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I   25a   X    25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I   25b   X    25c 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 prior Forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I   25b   X    26b Did the organization proported on any of the organization prior Forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I   25b   X    27c Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or organization aperty to a business transaction with one of the following parties? (See the Schedule L, Part II   27c   X   28b   Was the organization aperty to a business transaction with one of the following parties? (See the Schedule L, Part II   27c   X   28c   X					
d Did the organization act as an *On behalf of *Issuer for bonds outstanding at any time during the year?  24d   25a Section 501(53), 501(64), and 501(64), and 501(64) organizations to little organization engage in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule L, Part I   25a   X   25b   X   25b   X   25c   X			24c		
transaction with a disqualified person during the year? #"ws," complete Schedule L, Part I  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 E2? #"ryes," complete Schedule L, Part I  26 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 55% controlled entity or family member of any of these persons? #"ryes," 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 55% controlled entity (including an employee thereof) or family member of any of these persons? #"ryes," complete Schedule L, Part III   27 X  28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "ryes," complete Schedule L, Part IV   28b X  29 Did the organization receive more than \$25,000 in noncash contributions? #"ryes," complete Schedule M   29 X  30 Did the organization receive more than \$25,000 in noncash contributions? #"ryes," complete Schedule M   29 X  31 Did the organization receive more than \$25,000 in noncash contributions? #"ryes," complete Schedule M   29 X  32 Did the organization receive more than \$25,000 in noncash contributions? #"ryes," complete Schedule M, Part I   31 X  32 Did the organization orliquidate, terminate, or dissolve and cease operations? #"ryes," complete Schedule M, Part I   31 X  33 Did the organization orliquidate, terminate, or dissolve and cease operations? #"ryes," complete Schedule M, Part I   31 X  34 Was the organ	d		24d		
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? // "Yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete Schedule I, Part I 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? # "Yes," complete Schedule I., Part II 26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part II 27 X  28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part II V. instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV. 28a X  b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV. 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule II, Part IV. 28c X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M, Part I 31 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "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? # "Yes," complete Schedule N, Part II 34 X  34 Was the organization related to any tax-exempt or taxable entity? # "Yes," complete Schedule R, Part II, ##, or IV, and Part V,		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
Schedule L, Part II  26 b II 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  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 thereot, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization and y to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  28 A Says controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M, Part I  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,77012 and 301,77013? If "Yes," complete Schedule R, Part IV, Inn II  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Sc	b				
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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  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		,		X	
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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		•	35a		<u>X</u>
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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	b		٥		
If "Yes," complete Schedule R, Part V, line 2  36	26		356		
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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	30		36		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37		30		
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	٠.	· · · · · · · · · · · · · · · · · · ·	37		Х
Note: All Form 990 filers are required to complete Schedule O  Part V  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38				
Check if Schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any lin		Note: All Form 990 filers are required to complete Schedule O	38	Х	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Pai	Statements Regarding Other IRS Filings and Tax Compliance			
1a       112         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       112         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check if Schedule O contains a response or note to any line in this Part V		·····	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	C	(gambling) winnings to prize winners?	1c		

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Form 990 (2023)

Part V 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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-		
11	Section 501(c)(12) organizations. Enter:	1		
''	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
-	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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 purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NJ, 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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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			
	KAREN CLEARY - (215) 563-6417	0.1.		
	100 SOUTH INDEPENDENCE MALL WEST, SUITE 600, PHILADELPHIA, PA 1	910	6	

### Form 990 (2023) 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A)		I	mea	1011	<u> </u>	ipoi	oute	(D)	(E)	(F)
	(B)			Pos		1				
Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week					s both r/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	r direc				eg G		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	omp		1099-NEC)		and related
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	lns	JJ0	Ş.	e Fig	For			
(1) JAMES FRIEDLICH	37.00	ļ						406 050		
CHIEF EXECUTIVE OFFICER - LLC	0.00	Х		Х				496,259.	0.	76,555.
(2) PEDRO A. RAMOS	1.20									
SECRETARY, PRESIDENT & CEO	37.10	Х		Х				0.	424,584.	66,225.
(3) ANNIE MADONIA	37.00	1								
CHIEF ADVANCEMENT OFFICER - LLC	0.00				Х			304,349.	0.	64,455.
(4) KEN HERTS	37.00	1								
CHIEF OPERATING OFFICER - LLC	0.00			Х				303,716.	0.	32,951.
(5) ORLANDO ESPOSITO	1.00							_		
TPF CHIEF FINANCIAL OFFICER	35.10			Х				0.	200,158.	51,544.
(6) REBECCA FORMAN	35.00									
HEAD OF DEVEL & DONOR RELATIONS-LLC	0.00					X		181,609.	0.	24,961.
(7) SHAWN MOORING	35.00									
HEAD OF PHILADELPHIA PROGRAMS - LLC	0.00					X		167,889.	0.	27,541.
(8) AMY KOVAC-ASHLEY	35.00									
HEAD OF NATIONAL PROGRAMS - LLC	0.00					X		183,065.	0.	10,106.
(9) KAREN CLEARY	28.00								_	
CHIEF FINANCIAL OFFICER - LLC	0.00			Х				141,582.	0.	32,355.
(10) JOSEPH LICHTERMAN	35.00									
HEAD OF EDITORIAL AND COMMS - LLC	0.00					X		133,563.	0.	14,387.
(11) DIANA LU	35.00									
DIR LOCAL NEWS TRANSFORMATION FD-LLC	0.00					X		122,549.	0.	18,923.
(12) LON GREENBERG	1.00									
CHAIR JUL 2023, VICE CHAIR	4.80	Х		Х				0.	0.	0.
(13) WILLIAM J. BURKE	1.00									
TREASURER	4.80	Х		Х				0.	0.	0.
(14) KATE ALLISON	1.00									
CHAIR TO JUN 2023, BRD MBR	4.80	Х		Х				0.	0.	0.
(15) ROSALIND REMER	1.00									
CHAIR - LLC	0.00	Х		Х				0.	0.	0.
(16) MICHAEL X. DELLI CARPINI, PH.D.	1.00									
VICE CHAIR - LLC	0.00	Х	L	Х	L	L		0.	0.	0.
(17) STEVEN SCOTT BRADLEY	1.00									
BOARD MEMBER	3.80	Х						0.	0.	0.
	·			_		_	_	·		Farm 990 (2022)

Form **990** (2023)

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Form 990 (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)	loy	ccs,	((		gnes	<u> </u>	(D)	(E)	(F)	
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) FERNANDO CHANG-MUY	1.00										
BOARD MEMBER	3.80	Х						0.	0.	0.	
(19) HOLLY FLANAGAN	1.00	٠,,						_	0	0	
BOARD MEMBER	3.80	Х	_					0.	0.	0.	
(20) CHRISTINA MESIRES FOURNARIS BOARD MEMBER	1.00 3.80	X						0.	0.	0.	
(21) WILLIAM P. HANKOWSKY	1.00										
BOARD MEMBER	3.80	Х						0.	0.	0.	
(22) DIXIEANNE JAMES BOARD MEMBER	1.00	х						0.	0.	0.	
(23) SHIRIN KARSAN	1.00							_	_	_	
BOARD MEMBER	3.80	Х						0.	0.	0.	
(24) EVELYN MCNIFF BOARD MEMBER	1.00 3.80	х						0.	0.	0.	
(25) MICHAEL K. PEARSON	1.00							•	•		
BOARD MEMBER	3.80	Х						0.	0.	0.	
(26) R. DUANE PERRY	1.00										
BOARD MEMBER	3.80	Х						0.	0.	0.	
1b Subtotal								2,034,581.	624,742.	420,003.	
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)								2,034,581.	624,742.	420,003.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LOVE NOW LLC	SUPPORT FOR PHILA.	
3922 NICO LANE, COLLEGEVILLE, PA 19146	MEDIA FOUNDERS EXCH.	307,500.
BLUE LENA	SUPPORT PROVIDED TO	
306 AMBERMORE PLACE, CARY, NC 27519	LOCAL NEWS ORGS.	225,000.
XOMAD LLC, 3616 THE STRAND UNIT B,	NONPARTISAN RESEARCH	
MANHATTAN BEACH, CA 90266	EVERYVOICEEVERYVOTE	200,000.
VANGUARD INSTITUTIONAL ADVISORY SERVICES	INVESTMENT	
PO BOX 3009, MONROE, WI 53566-8309	MANAGEMENT SERVICES	121,954.
SSRS, 155 GAITHER DRIVE, SUITE A, MT.	NONPARTISAN RESEARCH	
LAUREL, NJ 08054	EVERYVOICEEVERYVOTE	103,808.
<ul> <li>Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization</li> </ul>	above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

Form 990 SPECIAL 2	ASSET FU	INE	<u> </u>	)F	TP	F			04-373	1829	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average			Pos				Reportable	Reportable	Estimated	
	hours	(c	(check all that apply)				ly)	compensation	compensation	amount of	
	per	Ì						from	from related	other	
	week	١.				yee		the	organizations	compensation	
	(list any	ordirector				em plc		organization	(W-2/1099-MISC)	from the	
	hours for	ordi	ee ee			ated		(W-2/1099-MISC)		organization	
	related	ustee	trust		ee	Suedi				and related	
	organizations below	lual tr	tional		nploy	tcon	_			organizations	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) WENDELL PRITCHETT	1.00										
BOARD MEMBER	3.80	Х						0.	0.	0.	
(28) ANDREW ROGOFF	1.00							•	•		
BOARD MEMBER	3.80	Х						0.	0.	0.	
(29) JANE SCACCETTI	1.00	25						•	•	<u>.</u>	
BOARD MEMBER	3.80	х						0.	0.	0.	
(30) EVAN URBANIA	1.00	22						0.	0.	<u> </u>	
BOARD MEMBER AS OF MAY 2023	3.80	Х						0.	0.	0.	
(31) ELLEN SINIS BADGER	1.00										
MANAGER - LLC	3.80	х						0.	0.	0.	
(32) DAVID BOARDMAN	1.00									<u> </u>	
MANAGER - LLC	0.00	х						0.	0.	0.	
(33) DAVID HAAS	1.00							-	-	-	
MANAGER - LLC	0.00	х						0.	0.	0.	
(34) TONY HAILE	1.00								• •		
MANAGER - LLC	0.00	х						0.	0.	0.	
(35) ERRIN HAINES	1.00								• •		
MANAGER - LLC	0.00	х						0.	0.	0.	
(36) KEITH LEAPHART	1.00										
MANAGER - LLC	0.00	х						0.	0.	0.	
(37) SHELTON MERCER III	1.00										
MANAGER - LLC	0.00	Х						0.	0.	0.	
(38) MARTIN NISENHOLTZ	1.00										
MANAGER - LLC	0.00	Х						0.	0.	0.	
(39) HONG QU	1.00										
MANAGER - LLC	0.00	Х						0.	0.	0.	
(40) SULAIMAN RAHMAN	1.00										
MANAGER - LLC	0.00	Х						0.	0.	0.	
(41) VIJAY RAVINDRAN	1.00										
MANAGER - LLC	0.00	Х						0.	0.	0.	
(42) ROY ROSIN	1.00										
MANAGER - LLC	0.00	Х						0.	0.	0.	
Total to Part VII, Section A, line 1c											

Form 990 (2023) SPECIAL
Part VIII Statement of Revenue

			Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
			3.130.1.1.23.1.24.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	штоороно		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
									sections 512 - 514
nts nts	1 :		Federated campaigns						
Gra			Membership dues						
ts, ( Arr	,		Fundraising events		444.050				
Gif			Related organizations		111,250.				
ns, Sim	,		Government grants (contributions						
er	1	f	All other contributions, gifts, grants, a	1 1	00 500 100				
žė.			similar amounts not included above		29,723,139.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines 1a-1f			20 024 200			
<u>0</u> 8		h	Total. Add lines 1a-1f			29,834,389.			
	_				Business Code				
ice	2								
erv		b							
Program Service Revenue	(	С							
yraı Re		d							
rog		e	All all and a second and a second as a sec						
ш			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divid			2,656,705.			2656705.
						2,030,703.			2030703.
	4 5		Income from investment of tax-exc	· -	•				
	Э		Royalties	(i) Real	(ii) Personal				
	6	_	Cross rents	(i) i icai	(ii) i cisoriai				
			Gross rents 6a Less: rental expenses 6b						
			Less: rental expenses 6b  Rental income or (loss) 6c						
			Not rental income or (less)						
			` ' <del></del>	) Securities	(ii) Other				
	•	a		1,860,350	. ,				
		h	Less: cost or other basis	, ,	•				
Ф	'			5,458,047					
enn		c		-597,697					
her Revenue			Net gain or (loss)			-597,697.			-597,697.
er F			Gross income from fundraising events	I .		, -			, -
Oth		_		of					
			contributions reported on line 1c).						
			Part IV, line 18	I .	a				
		b	Less: direct expenses						
			Net income or (loss) from fundrais		·				
			Gross income from gaming activit						
			Part IV, line 19	9	а				
		b	Less: direct expenses		b				
			Net income or (loss) from gaming						
	10	а	Gross sales of inventory, less retu	rns					
			and allowances	10	)a				
		b	Less: cost of goods sold	10	b				
		С	Net income or (loss) from sales of	inventory	<u></u>				
S		-			Business Code				
o jo	11	а	FEE FOR SERVICE INCOME		900099	58,444.			58,444.
ane		b							
Miscellaneous Revenue		С							
Misc B		d	All other revenue						
_		е	Total. Add lines 11a-11d			58,444.			
	12		Total revenue. See instructions			31,951,841.	0.	0.	2117452.

## Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respor		this Part IX	(0)	<u>X</u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 $\dots$	13,588,578.	13,588,578.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	221,870.	221,870.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,552,861.	519,751.	377,177.	655,933
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,403,775.	855,630.	178,540.	369,605
8	Pension plan accruals and contributions (include	,,		-,	,
	section 401(k) and 403(b) employer contributions)	88,049.	57,966.	10,115.	19,968
9	Other employee benefits	94,186.		24,676.	11,286
10	Payroll taxes	169,921.	87,028.	31,224.	51,669
11	Fees for services (nonemployees):				
а	Management	50 505		F0 F05	
	Legal	78,705.		78,705.	
	Accounting	61,455.		61,455.	
	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	121,954.		121,954.	
g	Other. (If line 11g amount exceeds 10% of line 25,	121,334.		121,331.	
9	column (A), amount, list line 11g expenses on Sch 0.)	3,203,435.	2,955,984.	160,239.	87,212
12	Advertising and promotion	533.	276.	86.	171
13	Office expenses	122,268.	39,767.	36,502.	45,999
14	Information technology	120,230.	60,240.	26,467.	33,523
15	Royalties				
16	Occupancy	88,305.	30,995.	24,107.	33,203
17	Travel	149,691.	102,023.	15,722.	31,946
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	437,125.	360,401.	19,938.	56,786
19 20	Conferences, conventions, and meetings Interest	±31,14J•	300,401.	17,930.	30,700
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,853.	4,511.	3,509.	4,833
23	Insurance	31,468.		31,468.	
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.)				
а	PROGRAM EXPENSES	239,605.	239,605.		
b	MEMBERSHIP DUES	21,308.	12,975.	1,529.	6,804
С					
d					
е	All other expenses	04 000 477	10 10 5 00 1	1 000 110	1 100 000
25	Total functional expenses. Add lines 1 through 24e	21,808,175.	19,195,824.	1,203,413.	1,408,938
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

Par	τχ	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	139,836
	2				11,546,758.	2	21,243,859
	3	Pledges and grants receivable, net			2,736,998.	3	6,839,545
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	r former	officer, director,			
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	•			5	
	6	Loans and other receivables from other disqua	-	·			
		under section 4958(f)(1)), and persons describe				6	
jts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			20 010	8	20 176
٦	9				29,810.	9	32,176
	10a	Land, buildings, and equipment: cost or other		115 207			
		basis. Complete Part VI of Schedule D		115,397. 14,493.	11,267.	40-	100 004
		Less: accumulated depreciation			79,096,688.		100,904 81,598,889
	11	Investments - publicly traded securities			13,858,614.		13,858,614
	12	Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line			13,030,014.	13	13,030,014
	13	. 3				14	
	14 15	Intangible assets Other assets. See Part IV, line 11			0.	15	714,114
	16	Total assets. Add lines 1 through 15 (must equ			107,280,135.	16	124,527,937
	17	Accounts payable and accrued expenses			1,242,439.		1,432,854
	18	Grants payable			3,383,119.	18	1,628,754
	19	Deferred revenue			, ,	19	, , , , ,
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or for	ner offic				
<u>i</u>		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
ן כי	23	Secured mortgages and notes payable to unrel	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			706 404
		of Schedule D			0.	25	726,491
	26			77	4,625,558.	26	3,788,099
s		Organizations that follow FASB ASC 958, ch	eck her	X			
uce	07	and complete lines 27, 28, 32, and 33.			23,218,247.	07	32 301 063
ala	27				79,436,330.	27 28	32,301,963 88,437,875
g	28	Net assets with donor restrictions			79,430,330.	28	00,437,073
ᇤ		Organizations that do not follow FASB ASC sand complete lines 29 through 33.	900, CHE	ck nere			
ō	20	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			102,654,577.	32	120,739,838
2	33				107,280,135.		124,527,937

Form 990 (2023)

Pa	rt 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		1,95		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,80		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,14		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,65		
5	Net unrealized gains (losses) on investments	5	'	7,94	1,5	95.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain 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	120	0,73	9,8	38.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
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 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?			2b	X	
	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 X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (	<b>)</b> .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **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.

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

OMB No. 1545-0047

Open to Public

THE LENFEST INSTITUTE FOR JOURNALISM **Employer identification number** Name of the organization SPECIAL ASSET FUND OF TPF 04-3731829 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) THE PHILADELPHIA 23-1581832 8 19,195,824 FOUNDATION Х

0.

19

,195

#### Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)
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(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.)

Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  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	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.")  2 Tax reversues levied for the organization is benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subsettiles 5 ten like 4.  Section B. Total Support Subsettiles 5 ten like 4.  Section B. Total Support Called and the support of called a support supported organization in the subset of support subsettiles 5 ten like 4.  Section B. Total Support Subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support Subsettiles 5 ten like 4.  Section B. Total Support Support subsettiles 5 ten like 4.  Section B. Total Support 5 ten like 5 ten like 4.  Section B. Total Support 5 ten like 6	Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any "unusual grants.")  2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, selested inc of trons line 4  8 Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from inerest, dividends, payments received on securities loans, rents, royalties, and income from ismilar sources  9 Net income from ismilar sources  9 Net income from ismilar sources  9 Net income from line dealth is sources activities, whether or not the business activities, whether or not the business is regularly carried on the business is regularly carried on the business in city of the property. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  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.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2022 Schedule A, Part II, line 14  15 Public support percentage from 2022 Schedule A, Part II, line 14  15 Public support percentage from 2022 Schedule A, Part II, line 14  16 Sa 31/3% support test - 2022. If the organization did not check to box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check a box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circum	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the property of the portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 povernmental unit or publicly supported organization junctuded on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Jubinet line's sensitive 4 Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from line 4 8 Gross income from line 4 8 Gross income from line's secreted on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 1 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years, if the Form 900 is for the organization's first, second, third, fourth, or lifth tax year as a section 501c(x) organization, check this box and stop here. The organization qualifies as a publicly support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 14 15 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 15 16 33 1/3% support test - 2022. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization indid not check a box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization meets t		membership fees received. (Do not						
ization's benefit and ether paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without change  4. Total. Add lines 1 through 3.  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)  6. Public support. Subsective 5 from line 4.  8. Section B. Total Support  Calendar year (or fiscal year beginning in)  7. Amounts from line 4.  8. Gross income from interest, dividends, payments received on securities lones, rents, royaltes, and income from similar sources.  9. Net income from unrelated business activities, whether or not the business is regularly carried on the business in regularly carried on the business is regularly carried on the business is regularly carried on the business in regularly carried on the		include any "unusual grants.")						
or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total, Add lines 1 through 3. 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 296 of the amount shown on line 11, column (f) 6. Public support. Subract line 5 from line 4.  Section B. Total Support Calendar year (or fiscal year beginning in) 7. Amounts from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11. Total support. Add lines 7 through 10. 12. Gross receipts from related activities, etc. (see instructions) 12. Gross receipts from related activities, whether or not Public Support Percentage 14. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 16. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 17. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 18. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 19. Augustation of the box and stop here. The organization qualifies as a publicly supported organization 17. 10% - facts-and-circumstances test - 2023. If the organization oft on teheck the box on line 13, faa, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization because 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 did not check a box on line 13, faa, 16b, or 17a, and line 15 is 10% or more, and if the organiza	2	Tax revenues levied for the organ-						
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activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  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  Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16a 33 1/3% support test - 2023. 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  17a 10% -facts-and-circumstances test - 2023. 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, check this box and stop here. Explain in Part VI how the		and income from similar sources						
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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	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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.)						
Sec	ction B. Total Support		<u> </u>	T			
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		*	•	.,.,	
0-	check this box and stop here						
	ction C. Computation of Publi					T I	
	Public support percentage for 2023 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves			no 10! /^\		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :					18	7 is not
198	33 1/3% support tests - 2023. If the						
ı.	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

332023 12-21-23

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		_
	Yes	No
1	Х	
2		_X_
3a		X
3b		
3с		
4a		Х
Tu		
4b		
4.		
4c		
5a		Х
ъa		
5b		
5c		
6		X
7		Х
_		37
8		X
9a		Х
Ol-		Х
9b		
9с		_X_
40-		Х
10a		
10b		
ıle A (Forn	n 990)	2023

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Schedule A (Form 990) 2023

Pa	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion 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? 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			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	1	Х	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, · ·			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		Х
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			21
	tion of type it dapporting organizations		Vaa	Na
	Ware a majority of the examination's divestors by twistons during the toy year also a majority of the divestors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1	ш	
566	tion B. 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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	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? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
b		Ju		
~	of its supported organizations? If "Ves " describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu		•	
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)
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>b</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			
(explain in detail in Part VI):			
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 Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions)

04-3731829 Page 7 SPECIAL ASSET FUND OF TPF Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions

Schedule A (Form 990) 2023

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3

# THE LENFEST INSTITUTE FOR JOURNALISM

04-373<u>1829 Page 8</u> SPECIAL ASSET FUND OF TPF Schedule A (Form 990) 2023 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, Part VI 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.)

332028 12-21-23 Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

**Employer identification number** 

04-3731829

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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), 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), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization
THE LENFEST INSTITUTE FOR JOURNALISM
SPECIAL ASSET FUND OF TPF

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$310,388.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 12,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Name, audiess, and ZIF + +	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Humo, address, and Zif T T	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE LENFEST INSTITUTE FOR JOURNALISM
SPECIAL ASSET FUND OF TPF

Employer identification number

Page 2

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 725,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 75,000.	Person X Payroll

Name of organization
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 170,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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THE LENFEST INSTITUTE FOR JOURNALISM
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	\$ 7,250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE LENFEST INSTITUTE FOR JOURNALISM
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE LENFEST INSTITUTE FOR JOURNALISM
SPECIAL ASSET FUND OF TPF

Employer identification number

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0	4	_	3	7	3	1	8	2	9
v	7		J	•	J	_	v	4	J

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		5,050.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		5,066.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll

Name of organization
THE LENFEST INSTITUTE FOR JOURNALISM
SPECIAL ASSET FUND OF TPF

Employer identification number

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
40	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$ <u>18,908,400.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$15,000.	Person X Payroll

Name of organization
THE LENFEST INSTITUTE FOR JOURNALISM
SPECIAL ASSET FUND OF TPF

Employer identification number

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$111,250 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll

Name of organization
THE LENFEST INSTITUTE FOR JOURNALISM
SPECIAL ASSET FUND OF TPF

Employer identification number

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Name, address, and ZIF + +	9,794.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$57,500.	Person X Payroll
(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll 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.)

Employer identification number Name of organization THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		   \$	
53 12-26-		*	Schedule B (Form 990) (2

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF 04 - 3731829Exclusively 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 info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

**Employer identification number** 04 - 3731829

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 donor advis-	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	uired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	ents that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	, ,	
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

332051 09-28-23

Schedule D (Form 990) 2023

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

	t III Organizations Maintaining C	ollections of Art		asures, or Ot	her S	imilar A		(continu	Pag (pd)	e <b>-</b>
3	Using the organization's acquisition, accession							COITIIIL	ieu)	—
Ü	collection items (check all that apply).	on, and other records	s, check any of the i	ollowing that man	c sigini	ilcarit usc	01 113			
а	Public exhibition	d	Loop or ovo	hange program						
	Scholarly research			nange program						
b	<b>—</b>	е	Other							—
C	Preservation for future generations	llastians and avalain	bout thou further the	a avaanization'a a	wamnt		in Dort	VIII		
4	Provide a description of the organization's co						ın Parı	AIII.		
5	During the year, did the organization solicit or							7 v		NI.
Par	to be sold to raise funds rather than to be ma							Yes		No
ı aı	reported an amount on Form 990, Par		e ii trie organization	ranswered res	OH FOH	m 990, Pa	art IV, II	ne 9, or		
12	Is the organization an agent, trustee, custodia		liany for contribution	s or other assets	not inc	luded				—
ıu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII							_ 103		10
D	ii res, explain the arrangement iiii art xiii e	and complete the lon	owing table.					Amount		—
•	Beginning balance					1c				—
						1d				—
	Additions during the year									—
_	Distributions during the year					1e 1f				—
f Oo	Ending balance							Yes		— No
	If "Yes," explain the arrangement in Part XIII.				-		🗀	_ 1es	H'	NO
Par										
	Complete II	(a) Current year	(b) Prior year	(c) Two years bac		Three year	rs hack	(e) Four	rears ha	
10	Paginning of year halance	59,234,718.	69,667,433.			63,938			561,52	
	Beginning of year balance	33,231,710.	298,283.			1,400	<u> </u>	<u> </u>	743,53	
	Contributions  Net investment earnings, gains, and losses	8,777,362.	-10,631,561.			5,515			717,44	
		0,777,302.	10,031,301.	0,730,13	<del>-</del>	3,313	,,,,,,	,	, _ , ,	<u> </u>
	Grants or scholarships									—
е	Other expenditures for facilities	4,624,943.		4,215,41	4	4,750	825	2 1	855,00	10
	and programs	91,720.	99,437.				,938.		228,62	
	Administrative expenses	63,295,417.	59,234,718.			65,927			938,87	
g 2	End of year balance [Provide the estimated percentage of the current p		· · · · · · · · · · · · · · · · · · ·		٠٠	00,527	,,,,,,	00,5	, 50, 01	<u></u>
	Board designated or quasi-endowment	• 0000	%	) Held as.						
	Permanent endowment 88.6497	%								
	11 0500									
C	The percentages on lines 2a, 2b, and 2c shou	-								
22	Are there endowment funds not in the posses	•	tion that are hold an	nd administered fo	r tha					
Ja	organization by:	ssion of the organiza	tion that are neid ar	ia administerea re	n uie			[·	Yes N	No.
								3a(i)		X
	<ul><li>(i) Unrelated organizations?</li><li>(ii) Related organizations?</li></ul>							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require							<del>-   '</del>	
4	Describe in Part XIII the intended uses of the							OD		—
Pai	t VI Land, Buildings, and Equipm		willent fulfus.							
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. Par	t X. line	10.				
	Description of property	(a) Cost or of	i i	<u> </u>		ımulated		(d) Book	value	
	bescription of property	basis (investm	` ', '	(other)	•	ciation		(a) Book	value	
1a	Land	`	,	, ,						—
	Buildings									
	Leasehold improvements		3	3,328.		3,333	3.	29	,99!	<u> </u>
	Equipment	I		3,395.		6,293		<u></u> 27	,10	<u>.</u>
	Other			8,674.		$\frac{3,25}{4,867}$			,80'	
	I. Add lines 1a through 1e. (Column (d) must e		•					100	,904	$\frac{\dot{1}}{4}$
. 5.0		<u> 4001   01111 330, FdIL /</u>	N. IIIIE TOC. COIUITIIT	بالاص					,	<u> </u>

Schedule D (Form 990) 2023

	THE DEMINEST INSTITUTE	LOW GOOKWART
Schedule D (Form 990) 2023	SPECIAL ASSET FUND OF	TPF

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or er	id-of-year market value
A) Financial desiration	(D) Dook value	(0)	a or your marries raise
Pinancial derivatives     Closely held equity interests			
3) Other			
(A) THE PHILADELPHIA			
(B) INQUIRER, PBC - NONVOTING			
(C) SHARES	13,858,614.	COST	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	13,858,614.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(0)			
(7)			
(7)			
(8)			
(8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			_
(8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of			1
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities  Complete if the organization answered "Yes" of the displayed of the organization of liability			5. (b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the column (a) Description of liability (1) Federal income taxes			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) LEASE LIABILITY			1
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes (2) LEASE LIABILITY (3)			(b) Book value
(8) (9)  Fotal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of the income taxes (2) LEASE LIABILITY (3) (4)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5)			(b) Book value
(8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities  Complete if the organization answered "Yes" of the image of the i			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7)	n Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 2	(b) Book value

Schedule D (Form 990) 2023

га	neconciliation of nevertide per Addited Financial Statements	VVIL	ii nevellue pei ne	turri		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				20 771 /	ດ ລ
1				1	39,771,48	04.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_ 1	7 0/1 505			
_	Net unrealized gains (losses) on investments	2a	7,941,595.			
b		2b				
С		2c				
d	,	2d			7 041 5	<b>٥</b> -
	Add lines 2a through 2d			2e	7,941,59	95.
3	Subtract line 2e from line 1			3	31,849,80	0/•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. 1	101 054			
а		4a	121,954.			
b	,	4b			101 01	- 4
С	Add lines <b>4a</b> and <b>4b</b>			4c	121,9	<u> 54.</u>
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	- \A/:	th Evnance nex F	5	31,951,8	<u>41.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	S WI	tn Expenses per F	teturi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				01 606 0	
1	Total expenses and losses per audited financial statements			1	21,686,2	<u> 21.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а		2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	21,686,2	<u>21.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	121,954.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c	121,9	
5				5	21,808,1	75.
Pa	rt XIII Supplemental Information					
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, $^{\rm I}$	lines 1	lb and 2b; Part V, line 4	; Part )	X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal info	ormation.			
PAI	RT V, LINE 4:					
TH	E PURPOSE OF THE PERMANENTLY RESTRICTED ENDOV	WME:	NT IS TO SUP	POR'	r current	
OP1	ERATIONS THROUGH A TOTAL RETURN INVESTMENT ST	rra'	regy and a s	PEN	DING	
PO1	LICY SET TO MAINTAIN, AND IDEALLY INCREASE TH	HE :	PURCHASING P	OWE	R OF THE	
ENI	DOWMENT WHILE PUTTING THE PRINCIPAL VALUE OF	TH	ESE FUNDS AT	MI	NIMAL	
RI	SK. THE TEMPORARILY RESTRICTED ENDOWMENT FUNI	os i	ARE RESTRICT	ED '	TO SUPPORT	Г
TH	E INQUIRER'S TRANSITION TO DIGITAL NEWS DELIVE	VER'	Υ.			

## **SCHEDULE I** (Form 990)

Department of the Treasury Internal Revenue Service

# **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.

Attach to Form 990.

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

Open to Public

Inspection

30.

OMB No. 1545-0047

THE LENFEST INSTITUTE FOR JOURNALISM Name of the organization

**Employer identification number** 04 - 3731829SPECIAL ASSET FUND OF TPF 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 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) THE INSTITUTE IS PHILADELPHIA INQUIRER, PBC SUPPORTING THE INQUIRERS 100 S INDEPENDENCE MALL W. STE 600 TRANSITION FROM A PHILADELPHIA, PA 19107 45-5415437 0 TRADITIONAL PRINTED 7,529,895, 5 SHORTS PROJECT LLC 7263 WALNUT LANE PHILADELPHIA, PA 19138 83-3874023 6,977. 0. (A) = \$6.977ACCION LATINA 2958 24TH STREET 94-3039956 501(C)(3) SAN FRANCISCO, CA 94110 25,000 0. (B) = \$25,000AFRICAN CULTURAL ALLIANCE 55330 CHESTER AVENUE 23-3062024 501(C)(3) PHILADELPHIA PA 19143 100 000 0. (C) = \$100.000ANIMAS DEL OESTE DBA WORLD JOURNAL 504 MAIN STREET, PO BOX 346 WALSENBURG, CO 81089-0346 84-1502478 25 000 0. (B) = \$25,000ARK REPUBLIC LLC 142 LAFAYETTE STREET NEWARK , NJ 07105 82-1810239 5 000 0 (A) = \$5.00029. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2023 SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
01-0024570		25 000.	0.			(B) = \$25,000
						1-7
87-3101920	501(C)(3)	5,000.	0.			(D) = \$5,000
23-7182955	501(C)(3)	100,000.	0.			(C) = \$100,000
14-1828815		25,000.	0.			(E) = \$25,000
						(C) = \$100,000, (D) =
						\$3,000, (H) = \$38,650,
						(F) = \$25,000, (G) =
90-1707595		171,650.	0.			\$5,000
04 1005543		7 500	0			(3) 47 500
84-1985543		7,500.	0.			(A) = \$7,500
46-3109411	501(C)(3)	7 500	^			(A) = \$7,500
40-2103411	501(0)(3)	7,300.	0.			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
23-1352290	501(C)(3)	5 000	0			(D) = \$5,000
		5,500.	3.			, , , , , , , , , , , , , , , , , , , ,
						(F) = \$17,500, (D) =
02 1620072	F01/G)/3)	30,000.	0.			\$7,500, (G) = \$5,000
	(b) EIN  01-0024570  87-3101920  23-7182955  14-1828815  90-1707595  84-1985543  46-3109411  23-1352290	(b) EIN (c) IRC section if applicable  01-0024570  87-3101920 501(C)(3)  23-7182955 501(C)(3)  14-1828815  90-1707595	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 25,000.  87-3101920 501(c)(3) 5,000.  23-7182955 501(c)(3) 100,000.  14-1828815 25,000.  90-1707595 171,650.  84-1985543 7,500.  46-3109411 501(c)(3) 7,500.	(b) EIN         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance           01-0024570         25,000.         0.           87-3101920         501(c)(3)         5,000.         0.           23-7182955         501(c)(3)         100,000.         0.           14-1828815         25,000.         0.           90-1707595         171,650.         0.           84-1985543         7,500.         0.           46-3109411         501(c)(3)         7,500.         0.           23-1352290         501(c)(3)         5,000.         0.	(b) EIN         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance         (f) Method of valuation (book, FMV, appraisal, other)           01-0024570         25,000.         0.           87-3101920         501(c)(3)         5,000.         0.           23-7182955         501(c)(3)         100,000.         0.           90-1707595         171,650.         0.           84-1985543         7,500.         0.           46-3109411         501(c)(3)         7,500.         0.           23-1352290         501(c)(3)         5,000.         0.	14-1828815   171,650.   0.

Schedule I (Form 990) SPECIAL A			and Domostic Co	vernmente (Sch	adula I (Form 990) Par		4-3731829 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUNTIMES MAGAZINE LLC 1226 N. 52ND STREET PHILADELPHIA, PA 19131	80-0583176		219,000.	0.			(I) = \$119,000, (C) = \$100,000
GREATER PHILADELPHIA CULTURAL ALLIANCE - 1315 WALNUT STREET, SUITE 732 - PHILADELPHIA, PA 19107	23-1885448	501(C)(3)	5,000.	0.			(D) = \$5,000
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE, 2ND FLR CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	7,500.	0.			(J) = \$7,500
INDONESIAN LANTERN MEDIA LLC 2114 S. DORRANCE STREET PHILADELPHIA, PA 19145	46-6321883		15,000.	0.			(A) = \$7,500, (D) = \$5,000, (K) = \$2,500
ZM INDY LLC PO BOX 1772 DURHAM, NC 27702	46-0999063		25,000.	0.			(B) = \$25,000
LONG BEACH POST 5318 E 2ND ST #304 LONG BEACH, CA 90803	93-4121848	501(C)(3)	25,000.	0.			(B) = \$25,000
LOVE NOW MEDIA INC 3922 NICO LANE COLLEGEVILLE, PA 19146	85-4074069		100,000.	0.			(C) = \$100,000
MAINE TRUST FOR LOCAL NEWS L3C 295 GANNETT DRIVE SOUTH PORTLAND, ME 04106	93-2398532		25,000.	0.			(B) = \$25,000
MEDIA IMPACT FUNDERS, INC 200 WEST WASHINGTON SQUARE, SUITE 2 PHILADELPHIA, PA 19106	26-1948166	501(C)(3)	75,000.	0.			(L) = \$75,000

Schedule I (Form 990) SPECIAL A							4-3731829 Page
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Т
(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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIKE JAY FILMS LLC TOTAL							
3616 NORTH 16TH STREET							
PHILADELPHIA, PA 19140	82-4110874		7,500.	0.			(A) = \$7,500
MITCHELL STARK ENTERPRISES DBA BAY			,,,,,,,				1.7
STATE BANNER - 1100 WASHINGTON							
STREET, SUITE 303 - DORCHESTER, MA							
02124	92-0308691		25,000.	0.			(B) = \$25,000
NEW YORK FOCUS INC							
361 WARREN STREET	05 2154550	501/61/21	25.000	2			(7) #05 000
BROOKLYN, NY 11201	85-3154579	501(C)(3)	25,000.	0.			(B) = \$25,000
NEWSPAPER MEDIA GROUP							
130 TWINBRIDGE DRIVE							
PENNSAUKEN, NJ 08110	81-3056230		100,000.	0.			(C) = \$100,000
NORTH TEXAS PUBLIC BROADCASTING							
INC - PO BOX 676028 - DALLAS, TX							
75267-6028	75-2084961	501(C)(3)	17,000.	0.			(B) = \$17,000
ODANGE INMEDNAMIONAL MEDIA ING							
ORANGE INTERNATIONAL MEDIA INC 6401 CASTOR AVE, ROOM 101							(F) = \$25,000, (G) =
PHILADELPHIA, PA 19149	85-3320312		30,000.	0.			\$5,000
			00,000				70,000
OUR BIBLE APP							
1010 N HANCOCK ST							(F) = \$25,000, (G) =
PHILADELPHIA, PA 19123	82-4243846		30,000.	0.			\$5,000
PHILA. ASSOC. OF BLACK JOURNALISTS							
30 SOUTH 15TH STREET	22 2004522	E01/G)/2)	F0 000	•			(14) #50 000
PHILADELPHIA, PA 19102	23-2094500	DU1(C)(3)	50,000.	0.			(M) = \$50,000
PHILADELPHIA GAY NEWS/MASCO							
COMMUNICATIONS - 505 SOUTH 4TH							
STREET - PHILADELPHIA, PA 19147	23-2278868		100,000.	0.			(C) = \$100,000

(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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILADELPHIA TRIBUNE CO							
520 SOUTH 16TH STREET							(C) = \$150,000, (N) =
PHILADELPHIA, PA 19146	23-0974080		167,000.	0.			\$17,000
PLEASE TOUCH MUSEUM							
4231 AVENUE OF THE REPUBLIC							
PHILADELPHIA, PA 19131	23-2109376	501(C)(3)	5,000.	0.			(D) = \$5,000
PQRADIO1.COM LLC							
5233 SANSOM STREET							(F) = \$25,000, (G) =
PHILADELPHIA, PA 19139	04-3730364		30,000.	0.			\$5,000
REAL CHANGE HOMELESS EMPOWERMENT							
PROJECT - 219 1ST AVE S, SUITE 220							
SEATTLE, WA 98104	91-1817387	501(C)(3)	25,000.	0.			(B) = \$25,000
RESOLVE PHILADELPHIA, INC.							
699 RANSTEAD STREET, STE 3							(O) = \$211,500, (P) =
PHILADELPHIA, PA 19106-2334	83-2762074	501(C)(3)	311,500.	0.			\$100,000
ROWHOME PRODUCTIONS LLC							
4415 OSAGE AVENUE							
PHILADELPHIA, PA 19104	85-3041326	501(C)(3)	7,500.	0.			(A) = \$7,500
DUGGELI DDAND, GLODAY, TWEED DOGG, TO							
RUSSELLBRAND GLOBAL ENTERPRISE LLC 453 OAKWOOD STREET							(F) = \$25,000, (G) =
WASHINGTON, DC 20032	83-3631797		31,200.	0.			\$5,000, (Q) = \$1,200
	03 3031131		31,200.	0.			75,555, (Q) = \$1,200
SAN FRANCISCO JEWISH COMMUNITY							
PUBLICATIONS - 131 STEWART ST							
#600 - SAN FRANCISCO, CA 94115	94-1089387	501(C)(3)	25,000.	0.			(B) = \$25,000
SANTA CRUZ LOCAL, LLC							
877 CEDAR STREET, SUITE 150							
SANTA CRUZ, CA 95060	83-3897905		20,150.	0.			(R) = \$20,150

Schedule I	/	222

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHNEPS PHILLY							
4517 MARATHON PKWY							
LITTLE NECK, NY 11362	84-4049455		150,000.	0.			(C) = \$150,000
·							·
SPOTLIGHT PA							
228 WALNUT ST, #11728							
HARRISBURG, PA 17108-1728	92-0577182	501(C)(3)	2,866,862.	0.			(S) = \$2,866,861.54
TECHNICALLY MEDIA INC							
CURTIS CENTER 601 WALNUT STREET #12							
PHILADELPHIA, PA 19106	27-3522063		150,000.	0.			(C) = \$150,000
TEMPLE UNIVERSITY-OF THE							
COMMONWEALTH SYSTEM OF HIGHER							
EDUCATION - 2020 N. 13TH STREET -							
PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	80,000.	0.			(U) = \$80,000
THE CENTER FOR STRATEGIC ECONOMIC							
STUDIES & INSTITUTIONAL							
DEVELOPMENT - 330 E LAMBERT RD,							
STE 275 - BREA, CA 92821-4136	52-2135889	501(C)(3)	7,500.	0.			(P) = \$7,500
THE HAITIAN TIMES							
495 FLATBUSH AVE, SUITE 38	00 404000		44.050				(-)
BROOKLYN, NY 11225	82-4949037		14,250.	0.			(T) = \$14,250
THE MONKEY & THE ELEPHANT							
2831 WEST GIRARD AVENUE							
	46-3420110	E01/G)/2)	5,000.	0.			(D) &F 000
PHILADELPHIA, PA 19130	40-2420110	301(0/(3)	3,000.	0.			(D) = \$5,000
THE PHILADELPHIA CITIZEN							
2400 MARKET STREET							(C) = \$100,000, (P) =
PHILADELPHIA, PA 19103-3041	46-2777419	501(C)(3)	103,000.	0.			\$3,000
I.D. 19103-3041	40 7111413	301(0/(3/	103,000.	0.			P3,000
TRACE MEDIA INC							
PO BOX 24532							
BROOKLYN, NY 11202	41-4175513	501(C)(3)	150,000.	0.			(C) = \$150,000
, 11 1100	11 11,0010		1 230,000.	٠.			Oaka dala 1/5 assa

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JRBAN AFFAIRS COALITION							
1207 CHESTNUT STREET							
PHILADELPHIA, PA 19107	23-7046393	501(C)(3)	10,000.	0.			(P) = \$10,000
VICTORIAS URBAN OUTREACH TUTORING							
SERVICE - 6353 GERMANTOWN AVE,							
BRD FLR - PHILADELPHIA, PA 19144	81-4082698	501(C)(3)	5,000.	0.			(D) = \$5,000
WE TALK WEEKLY LLC							
1618 NORTH 76TH STREET							
PHILADELPHIA, PA 19151	84-4898255		7,500.	0.			(A) = \$7,500
WEST TEXAN MEDIA GROUP LLC							
PO BOX P							
MARFA, TX 79843	83-3102666		29,700.	0.			(V) = \$29,700
,							, <b>, , ,</b>
WHYY							
150 NORTH 6TH STREET							(C) = \$100,000, (W) =
PHILADELPHIA, PA 19106	23-1438083	501(C)(3)	105,163.	0.			\$5,162.56
WOY MAGAZINE LLC							
1213 S 61ST STREET							(F) = \$17,500, (G) =
PHILADELPHIA, PA 19143	87-2617909		22,500.	0.			\$5,000
WURD RADIO LLC							
200 HIGHPOINT DRIVE #215							(C) = \$150,000, (X) =
CHALFONT, PA 18914	43-1986554		280,000.	0.			\$105,000, (Y) = \$25,00
SHADFONI, FA 10514	43 1300334		200,000.	٠.			\$105,000, (1) = \$25,00

**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 noncash assistance
GRANT UNDER THE PHILADELPHIA MEDIA FOUNDERS					
EXCHANGE WHICH IS A COMMUNITY GROUNDED ACCELERATOR					
PROGRAM SUPPORTING BIPOC MEDIA AND NEWS					
ENTREPRENEURS.	8	172,050.	0.	N/A	N/A
GRANT TO SUPPORT PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR PHILADELPHIA-AREA JOURNALISTS,					
MEDIA EXECUTIVES AND STUDENTS OF COLOR	21	32,320.	0.	N/A	N/A
FELLOWSHIP GRANT FOR MANAGEMENT DEVELOPMENT					
PROGRAM PROVIDING CAREER COACHING AND EXECUTIVE					
LEADERSHIP RESOURCES TO PHILADELPHIA AREA MEDIA					
PROFESSIONALS OF COLOR.	7	17,500.	0.	N/A	N/A

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

#### PART I, LINE 2:

THE INSTITUTE REVIEWS ALL GRANT APPLICATIONS. DUE DILIGENCE INCLUDES:

- 1) ENSURE THE ORGANIZATION HAS A VALID PUBLIC CHARITY STATUS OR EQUIVALENCY
- DETERMINATION, OR IS A QUALIFIED RECIPIENT WITHIN THE INSTITUTE'S MISSION.
- 2) REVIEW THE APPLICANT'S APPLICATION, WEBSITES, PUBLIC MATERIALS, AND

FINANCIAL INFORMATION, INCLUDING FORM 990, ANNUAL REPORT OR EQUIVALENT, IF

AVAILABLE.

3) MAKE SELECTED SITE VISITS

Part IV | Supplemental Information

- 4) PERIODICALLY MEET WITH NONPROFIT'S KEY STAFF MEMBERS
- COMPLETE EXPENDITURE RESPONSIBILITY, AS REQUIRED.

UPON RECEIPT OF A GRANT AWARD NOTIFICATION, THE GRANTEE MUST SIGN A

CERTIFICATION INDICATING THAT THE FUNDS WILL BE USED FOR THE INTENDED

PURPOSE. THE GRANTEE IS ALSO ADVISED OF ANY FURTHER GRANT REPORTING

REQUIREMENT AND DEADLINES. ALL REPORTING REQUIREMENTS MUST BE MET BEFORE

THE GRANTEE CAN REAPPLY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PHILADELPHIA INQUIRER, PBC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE INSTITUTE IS SUPPORTING THE

INQUIRERS TRANSITION FROM A TRADITIONAL PRINTED NEWSPAPER TO AN

ECONOMICALLY SUSTAINABLE, PRIMARILY DIGITAL, EQUITABLE NEWS ENTERPRISE.

A SERIES OF GRANTS WERE MADE TO THE INQUIRER TO FUND (A) HIGH IMPACT

JOURNALISM, INCLUDING WORK BY ITS INVESTIGATIVE TEAM, SPOTLIGHT PA AND

HEALTH COVERAGE AND (B) NEWS TECHNOLOGY AND PRODUCT IMPROVEMENTS,

INCLUDING A GRANT FOR DIGITAL TRANSFORMATION ACCELERATION, BRAND

DEVELOPMENT, TECHNOLOGY FOR AUDIENCE GROWTH, DIGITAL SUBSCRIPTION PROCESS

IMPROVEMENTS, AND OTHER TECHNOLOGY SUPPORT.

PART II, COLUMN (H) - PURPOSE OF GRANT REFERENCE CODE KEY:

THE PURPOSE DESCRIPTION ON SCHEDULE I, PART II, COLUMN (H) INCLUDE

APPLICABLE REFERENCES (A) - (Y) FOR A GIVEN GRANTEE, THE FULL GRANT

PURPOSE DESCRIPTIONS THAT CORRESPOND TO THOSE REFERENCE ARE AS FOLLOWS:

(A) PHILADELPHIA MEDIA FOUNDERS EXCHANGE PROGRAM GRANT WHICH MATCHES

OTHER DOLLARS RAISED BY BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC)

MEDIA ENTREPRENEURS TO FUND THEIR WORK.

Part IV | Supplemental Information

- (B) BEYOND PRINT GRANT TO HELP PUBLISHERS MOVE AWAY FROM PRINT-CENTRIC REVENUE MODELS TOWARDS A MORE SUSTAINABLE DIGITAL FUTURE.
- (C) PHILADELPHIA LOCAL NEWS SUSTAINABILITY INITIATIVE GRANT WHICH

  PROVIDES CORE OPERATING SUPPORT AND CAPACITY-BUILDING FUNDING TO LOCAL

  NEWS ORGANIZATIONS IN THE PHILADELPHIA REGION.
- (D) EVERY VOICE, EVERY VOTE PROGRAM GRANT TO SUPPORT COMMUNITY LISTENING EVENTS AND FORUMS.
- (E) GRANT TO GROW READER REVENUE IN SUPPORT OF NEWS COVERAGE GENERATED BY THE RIVER'S NEWSROOM.
- (F) PHILADELPHIA MEDIA FOUNDERS EXCHANGE PROGRAM GRANT THAT PROVIDES

  OPERATING AND OTHER SUPPORT FOR THE WORK OF BIPOC MEDIA ENTREPRENEURS.
- (G) PHILADELPHIA MEDIA FOUNDERS EXCHANGE PROGRAM GRANT THAT PROVIDES
  PROJECT SUPPORT FOR BIPOC MEDIA ENTREPRENEURS.
- (H) FISCAL SPONSORSHIP GRANT TO SUPPORT GENEROCITY, A LOCAL SOCIAL MEDIA OUTLET FOCUSED ON COMMUNITY VOICE AND ENGAGEMENT.
- (I) FISCAL SPONSORSHIP GRANT TO SUPPORT FUNTIMES MAGAZINE, WHICH IS AN

  INFORMATION SOURCE FOR THE AFRICAN AMERICAN, CARIBBEAN AND AFRICAN

  COMMUNITIES IN THE DELAWARE VALLEY.
- (J) GRANT TO SUPPORT THE LOCAL TELEVISION NEWS STUDY RESEARCH PROJECT
  WHICH IS FOCUSED ON THE ABILITY OF LOCAL TELEVISION NEWS TO EXPAND
  THEIR LOCAL COVERAGE.
- (K) CONSTELLATION NEWS LEADERSHIP INITIATIVE GRANT WHICH PROVIDES

  CAREER DEVELOPMENT SUPPORT TO MID-CAREER MEDIA PROFESSIONALS OF COLOR.
- (L) GRANT TO SUPPORT THE COMPLETION AND DELIVERY OF THE 2023 SURVEY OF FUNDERS AND THE FIELD.
- (M) OPERATING SUPPORT GRANT TO EXPAND PROGRAMMING UNDER THE

  ORGANIZATION'S PILLARS OF TRAINING, ADVOCACY, INVESTMENT AND

  COLLABORATION.

Part IV | Supplemental Information

- (N) GRANT TO HELP THE PHILADELPHIA TRIBUNE IDENTIFY AREAS OF NEED AND POTENTIAL FUNDING SOURCES IN ORDER TO ACHIEVE THE PAPER'S MISSION.
- (O) KNIGHT-LENFEST TRANSFORMATION FUND GRANT FOR THE PHILADELPHIA

  JOURNALISM COLLABORATIVE INCLUDING COMMUNITY LISTENING, EDITORIAL

  PREPARATION AND SOCIAL MEDIA STRATEGIES.
- (P) EVERY VOICE, EVERY VOTE GRANT, WHICH IS A PROGRAM TO BRING

  NEWSROOMS, COMMUNITY ORGANIZATIONS, AND PHILADELPHIA RESIDENTS TOGETHER

  IN A COLLABORATIVE EFFORT TO ADDRESS OUR CITY'S MOST PRESSING NEEDS.
- (Q) NEXT GENERATION FUND GRANT WHICH SUPPORTS PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR PHILADELPHIA-AREA JOURNALISTS AND STUDENTS OF COLOR.
- (R) FISCAL SPONSORSHIP GRANT TO SUPPORT SANTA CRUZ LOCAL'S MISSION TO GET SANTA CRUZ COUNTY RESIDENTS INFORMED ABOUT LOCAL GOVERNMENT.
- (S) GRANT TO SUPPORT SPOTLIGHT PA, WHICH PRODUCES HIGH-IMPACT

  PUBLIC-SERVICE AND INVESTIGATIVE JOURNALISM ABOUT URGENT STATEHOUSE AND

  STATEWIDE ISSUES IN PENNSYLVANIA.
- (T) FISCAL SPONSORSHIP GRANT TO SUPPORT THE HAITIAN TIMES WHICH IS A LEADING VOICE FOR THE HAITIAN COMMUNITY.
- (U) GRANT TO SUPPORT THE DATA DESK PROJECT, WHICH PRODUCES IMPORTANT CIVIC INFORMATION FOR PHILADELPHIA RESIDENTS.
- (V) FISCAL SPONSORSHIP GRANT FOR BIG BEND SENTINEL WHICH COVERS NEWS IN PRESIDIO, BREWSTER, AND JEFF DAVIS COUNTIES IN FAR WEST TEXAS THROUGH A WEEKLY NEWSPAPER.
- (W) KNIGHT-LENFEST TRANSFORMATION FUND GRANT TO SUPPORT PARTICIPATION
  IN THE PUBLIC MEDIA JOURNALISTS ASSOCIATION CONFERENCE.
- (X) KNIGHT-LENFEST TRANSFORMATION FUND GRANT TO SUPPORT PROGRAMS THAT

  FUEL BLACK MEDIA STARTUPS AND PROPEL THEM TO SUCCESS IN THE

  PHILADELPHIA TECH AND INNOVATION ECOSYSTEM.
- (Y) DONOR DIRECTED GRANT TO SUPPORT WURD'S 25TH ANNIVERSARY EVENT.

## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

olete if the organization answered "Yes" on Form 990, Part IV,

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Employer identification number 04-3731829

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES FRIEDLICH	(i)	495,071.	0.	1,188.	32,054.	44,501.	572,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PEDRO A. RAMOS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	423,810.	0.	774.	42,900.	23,325.	490,809.	0.
(3) ANNIE MADONIA	(i)	278,575.	25,000.	774.	32,799.	31,656.	368,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KEN HERTS	(i)	302,528.	0.	1,188.	30,299.	2,652.	336,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ORLANDO ESPOSITO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	198,970.	0.	1,188.	20,400.	31,144.	251,702.	0.
(6) REBECCA FORMAN	(i)	181,447.	0.	162.	18,306.	6,655.	206,570.	0.
HEAD OF DEVEL & DONOR RELATIONS-LLC	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SHAWN MOORING	(i)	167,619.	0.	270.	17,344.	10,197.	195,430.	0.
HEAD OF PHILADELPHIA PROGRAMS - LLC	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMY KOVAC-ASHLEY	(i)	183,065.	0.	0.	8,846.	1,260.	193,171.	0.
HEAD OF NATIONAL PROGRAMS - LLC	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KAREN CLEARY	(i)	141,582.	0.	0.	15,504.	16,851.	173,937.	0.
CHIEF FINANCIAL OFFICER - LLC	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

#### PART I, LINE 3:

THE INSTITUTE RELIES ON THE PHILADELPHIA FOUNDATION (TPF) TO DETERMINE THE

COMPENSATION FOR TPF PRESIDENT & CEO, PEDRO A. RAMOS. TPF USED THE

SPECIAL ASSET FUND OF TPF

FOLLOWING METHODS TO DETERMINE COMPENSATION FOR THE TPF PRESIDENT & CEO:

- COMPENSATION COMMITTEE
- FORM 990 OF OTHER ORGANIZATIONS
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

THIS PROCESS OCCURS ANNUALLY, AND LAST OCCURRED IN 2023.

#### PART I, LINE 4B:

AS PART OF COMPENSATION FROM THE RELATED ORGANIZATION, PEDRO A. RAMOS

PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO WHICH

\$9,900 WAS CONTRIBUTED DURING THE CALENDAR YEAR 2023. THIS AMOUNT IS

INCLUDED IN THE AMOUNT REPORTED ON SCHEDULE J, PART II, COLUMN (C).

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

**Employer identification number** 04-3731829

PARTIII, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO ACCOMPLISH THE ORGANIZATION'S EXEMPT PURPOSE, AND CREATE CLARITY OF FOCUS UNDERNEATH THE OVERARCHING PROGRAM OBJECTIVES, THREE CORE CATEGORIES HAVE BEEN DEVELOPED: NATIONAL, PHILADELPHIA, AND THE INQUIRER. THE FOLLOWING SPECIFIC PROGRAMMATIC ACTIVITIES AND ACCOMPLISHMENTS ALL SERVE THE OVERARCHING PROGRAMMATIC OBJECTIVES TO SUPPORT PROGRAMS THAT PRODUCE HIGH-IMPACT JOURNALISM, INNOVATE NEWS AND LEAD TO HIGHLY ENGAGED, DIVERSE AND GROWING AUDIENCES.

#### THE PHILADELPHIA INQUIRER:

THE LENFEST INSTITUTE IS THE NONPROFIT, NON-CONTROLLING OWNER OF PHILADELPHIA INQUIRER, WHICH IS NOW THE LARGEST NEWSPAPER IN AMERICA OPERATED AS A PUBLIC-BENEFIT CORPORATION. THE INSTITUTE'S OWNERSHIP OF WHICH COVERS ONE OF THE LARGEST, THE INQUIRER, MOST DIVERSE METRO REGIONS IN THE COUNTRY, IS THE CORNERSTONE OF ITS ENTHUSIASTIC INVESTMENT IN LOCAL NEWS

## THE PHILADELPHIA NEWS ECOSYSTEM:

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

THE PHILADELPHIA AREA THE INSTITUTE FACILITATES A COLLABORATIVE NEWS AND INFORMATION ECOSYSTEM THAT BUILDS ON VALUABLE HISTORY WHILE ALSO FOSTERING ENTREPRENEURIAL VISION AND INNOVATION. DIVERSITY AND REPRESENTATION ARE CRITICAL COMPONENTS OF POSITIVE BUSINESS OUTCOMES. THE INSTITUTE IS WORKING TO DEFINE DIFFERENT PATHWAYS TO SUSTAINABILITY FOR PUBLISHERS WHILE ALSO ENSURING A DIVERSITY OF REPRESENTATIVE VOICES AND LEADERSHIP IN BOTH LEGACY AND INDEPENDENT MEDIA REFLECTIVE OF THE

332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization THE LENFEST INSTITUTE FOR JOURNALISM Employer identification number SPECIAL ASSET FUND OF TPF 04-3731829

COMMUNITIES THEY ARE SERVING.

## SPOTLIGHT PA:

SPOTLIGHT PA, THE HARRISBURG NEWSROOM LAUNCHED BY THE LENFEST INSTITUTE

AND THE PHILADELPHIA INQUIRER, CREATES HIGH-QUALITY NONPARTISAN

INVESTIGATIVE AND ACCOUNTABILITY REPORTING FOR THE BENEFIT OF ALL

PENNSYLVANIANS. IT PROVIDES ITS REPORTING FREE-OF-CHARGE TO MORE THAN

80 OTHER NEWSPAPERS, PUBLIC RADIO STATIONS, AND WEBSITES THROUGHOUT THE

COMMONWEALTH. AS THE STEWARD OF BOTH THE INQUIRER AND SPOTLIGHT PA, THE

INSTITUTE IS BLAZING A UNIQUE PATH BY SERVING LEGACY PUBLISHERS AND

DIGITAL START-UPS AS THEY AIM TO FILL GAPS AND SERVE NEW AND

UNDERREPRESENTED AUDIENCES.

#### NATIONAL SOLUTIONS FOR LOCAL NEWS:

NATIONALLY, THE INSTITUTE LEVERAGES ITS INSTITUTIONAL EXPERTISE AND
RESOURCES TO FACILITATE CAPACITY BUILDING FOR LOCAL NEWS PUBLISHERS
THROUGH TRAINING PROGRAMS AND GRANTMAKING TO SUPPORT THE IMPLEMENTATION
OF BUSINESS MODEL BEST PRACTICES.

## KNIGHT-LENFEST TRANSFORMATION FUND:

THE KNIGHT-LENFEST TRANSFORMATION FUND IS A FIVE-YEAR EFFORT DESIGNED

TO ACCELERATE INNOVATION IN LOCAL NEWS ORGANIZATIONS IN PHILADELPHIA

AND ACROSS THE UNITED STATES. THE FUND WAS CREATED BY THE JOHN S. AND

JAMES L. KNIGHT FOUNDATION AND THE INSTITUTE TO HELP BUILD A

SUSTAINABLE, EQUITABLE FUTURE FOR LOCAL NEWS.

#### OTHER PROGRAM ACTIVITIES:

THE INSTITUTE SUPPORTS BOTH THE DIGITAL TRANSFORMATION OF HERITAGE NEWS

Schedule O (Form 990) 2023 Page 2

Name of the organization THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Employer identification number 04-3731829

ORGANIZATIONS AND THE ENTREPRENEURIAL EFFORTS OF YOUNG, INNOVATIVE

COMPANIES. OTHER PROGRAM ACTIVITIES INCLUDE CONVENING, ADVISORY WORK,

LEARNINGS SEMINARS, RESEARCH AND OTHER OUTREACH IN SUPPORT OF LOCAL

JOURNALISM.

FORM 990, PART IV, LINE 2:

THE INSTITUTE DOES NOT FILE ANY W-2S OR PAYROLL TAX FILINGS UNDER ITS

EIN 04-3731829, THIS IS BECAUSE SUCH FILINGS ARE HANDLED BY THE

PHILADELPHIA FOUNDATION (TPF), A RELATED PUBLIC CHARITY UNDER THEIR EIN

23-1581832. THE INSTITUTE REIMBURSES TPF FOR COMPENSATION PAID TO

EMPLOYEES DEVOTING TIME TO THE INSTITUTE, AND REPORTS THESE

REIMBURSEMENTS AS WAGE, BENEFIT, AND PAYROLL TAX EXPENSES ON FORM 990,

PART IX, LINES 5-10, AS SUCH IT IS ALSO REPORTING THE NUMBER OF

EMPLOYEES REFLECTED IN THAT COMPENSATION ON FORM 990, PART V, LINE 2A.

IN ADDITION, THE INSTITUTE ALSO CONFIRMS WITH TPF THAT ALL RELATED

REQUIRED FEDERAL PAYROLL TAX FILINGS HAVE BEEN MADE SO FORM 990, PART

V, LINE 2B IS ANSWERED AS YES.

FORM 990, PART VI, SECTION A, LINE 6:

THE PHILADELPHIA FOUNDATION (TPF), A RELATED 501(C)(3) PUBLIC CHARITY, IS

CONSIDERED THE SOLE MEMBER OF THE INSTITUTE, BASED ON THE INTERNAL REVENUE

SERVICE DEFINITION OF MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

TPF HAS THE POWER TO APPOINT AND REMOVE ALL MEMBERS OF THE BOARD OF

MANAGERS OF THE INSTITUTE. TPF HAS THE POWER TO APPOINT AND REMOVE ONE

MEMBER OF THE GOVERNING BODY OF THE LENFEST INSTITUTE FOR JOURNALISM, LLC,

A DISREGARDED ENTITY OF THE INSTITUTE.

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Employer identification number 04-3731829

FORM 990, PART VI, SECTION A, LINE 7B:

THE INSTITUTE'S RIGHT TO AMEND ITS GOVERNING INSTRUMENTS IS SUBJECT TO THE APPROVAL OF TPF.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WORKING CLOSELY
WITH THE INSTITUTE'S CFO. ONCE THE RETURN IS PREPARED, IT IS REVIEWED BY
THE FINANCE TEAM ALONG WITH EXECUTIVE MANAGEMENT BEFORE BEING PROVIDED TO
THE FINANCE COMMITTEE AND GOVERNING BODY FOR THEIR REVIEW PRIOR TO FILING
WITH THE INTERNAL REVENUE SERVICE.

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

BOARD MEMBERS, STANDING COMMITTEE MEMBERS, AND STAFF SHALL ADVISE THE

INSTITUTE'S CEO OF AFFILIATION WITH ANY GRANTEE, POTENTIAL GRANTEE OR

VENDOR IN RESPONSE TO AN ANNUAL QUESTIONNAIRE FROM THE INSTITUTE AND AT ANY

OTHER TIME WHEN SUCH PERSON BECOMES AWARE OF AN AFFILIATION WHICH HAS NOT

PREVIOUSLY BEEN DISCLOSED. NO MEMBER OF THE BOARD OR ANY STANDING COMMITTEE

WHO IS AFFILIATED WITH ANY ORGANIZATION BEING CONSIDERED FOR A GRANT FROM

THE INSTITUTE SHALL PARTICIPATE IN THE CONSIDERATION OF SUCH GRANT OR SHALL

VOTE ON SUCH GRANT AWARD. NO MEMBER OF THE BOARD OR ANY STANDING COMMITTEE

WHO IS AFFILIATED WITH ANY VENDOR OF GOODS OR SERVICES TO THE INSTITUTE

SHALL PARTICIPATE IN THE CONSIDERATION OR ADMINISTRATION OF ANY CONTRACT

WITH SUCH VENDOR. NO MEMBER OF THE STAFF OF THE INSTITUTE SHALL, WITHOUT

THE PERMISSION OF THE INSTITUTE'S CEO, BE AFFILIATED WITH ANY GRANTEE,

PROSPECTIVE GRANTEE OR VENDOR TO THE INSTITUTE. THE INSTITUTE'S CONFLICT OF

INTEREST POLICY INCLUDES A DUTY TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS

AS THEY ARISE AND REQUIRES ANNUAL DISCLOSURE OF ALL ACTUAL OR POTENTIAL

CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15B:

THE INSTITUTE'S BOARD OF MANAGERS, WITHOUT PARTICIPATION OF THE INSTITUTE'S CEO, HAS OVERARCHING RESPONSIBILITY FOR ESTABLISHING ANNUAL COMPENSATION FOR THE INSTITUTE'S CEO. IN 2022, THE INSTITUTE'S BOARD OF MANAGERS ENTERED INTO AN EMPLOYMENT CONTRACT WITH THE INSTITUTE'S CEO THAT TERMINATES ON JANUARY 15, 2027. THE PROCESS WAS LED BY THE INSTITUTE'S EXECUTIVE COMMITTEE. THE CONTRACT PROVIDES FOR COST-OF-LIVING INCREASES BASED UPON CONSUMER PRICE INDEX DATA ISSUED BY THE U.S. BUREAU OF LABOR STATISTICS, AS WELL AS MERIT INCREASES BASED UPON ANNUAL PERFORMANCE REVIEWS. THE CONTRACT TERMS WERE DEVELOPED USING COMPARABLE SALARY AND BENEFITS DATA, SUCH AS DATA FROM AVAILABLE SALARY AND BENEFIT SURVEYS, TO LEARN WHAT NONPROFIT EMPLOYERS WITH SIMILAR MISSIONS, SIMILAR BUDGETS AND LOCATED IN THE SAME OR A SIMILAR GEOGRAPHIC REGION PAY THEIR SENIOR LEADERS. THE BOARD OF MANAGERS MAY CHOOSE TO ENGAGE AN OUTSIDE EXPERT TO ASSIST IN THIS RESEARCH. THE CHAIR AND VICE CHAIR OF THE INSTITUTE'S BOARD OF MANAGERS ARE RESPONSIBLE FOR DOCUMENTING THE INSTITUTE'S CEO'S ANNUAL REVIEW, INCLUDING WHO WAS INVOLVED IN THIS PROCESS AND THE CRITERIA USED TO EVALUATE THE INSTITUTE'S CEO'S PERFORMANCE. IT PRESENTS ITS PERFORMANCE REVIEW TO THE FULL BOARD OF MANAGERS AROUND SEPTEMBER OF EACH YEAR, AS STIPULATED IN THE EMPLOYMENT CONTRACT.

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Employer identification number 04-3731829

FOR OTHER KEY EMPLOYEES OF THE ORGANIZATION. THE INSTITUTE'S CEO USES DATA

FROM SALARY AND BENEFIT SURVEYS AS NEEDED TO LEARN WHAT NONPROFIT EMPLOYERS

WITH SIMILAR MISSIONS, BUDGETS AND GEOGRAPHIC REGIONS PAY THEIR SENIOR

LEADERS. THE INSTITUTE'S CEO DISCUSSES COMPENSATION DECISIONS WITH MEMBERS

OF THE EXECUTIVE COMMITTEE. THIS PROCESS LAST OCCURRED IN 2023.

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

THE INSTITUTE MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE. IN

ADDITION, THE PHILADELPHIA FOUNDATION MAKES THE GOVERNING DOCUMENTS AND

CONFLICT OF INTEREST POLICY FOR THE INSTITUTE AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 18:

THE INSTITUTE DOES NOT HAVE ITS OWN WEBSITE, BUT ITS DISREGARDED

ENTITY, THE LENFEST INSTITUTE FOR JOURNALISM, LLC, DOES HAVE A WEBSITE,

WWW.LENFESTINSTITUTE.ORG, AND THE INSTITUTE'S FORM 990 IS POSTED ON

THAT WEBSITE. AS A DISREGARDED ENTITY, THIS WEBSITE IS BEING CONSIDERED

THE INSTITUTES 'OWN WEBSITE' FOR PURPOSES OF THIS DISCLOSURE ON THE

FORM 990, BUT THE INSTITUTE ITSELF DOES NOT CONSIDER ITSELF TO HAVE ITS

OWN WEBSITE.

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

CONSULTANTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

74,203.

FUNDRAISING EXPENSES

87,212.

TOTAL EXPENSES

3,117,399.

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## SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Employer identification number 04-3731829

OMB No. 1545-0047

Open to Public Inspection

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
,	FOSTERS INNOVATION TO				THE LENFEST INSTITUTE
04-3731829, 801 MARKET STREET, SUITE 300,	SUSTAIN INDEPENDENT				FOR JOURNALISM SPECIAL
PHILADELPHIA, PA 19107	JOURNALISM	PENNSYLVANIA	31,951,841.	124,527,937.	ASSET FUND OF TPF

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	(g) n 512(b)(13) ntrolled entity?	
				501(c)(3))		Yes	No	
THE PHILADELPHIA FOUNDATION - 23-1581832	_						i	
1835 MARKET STREET, SUITE 2410								
PHILADELPHIA, PA 19103	GRANTMAKING	PENNSYLVANIA	501(C)(3)	LINE 8	N/A		X	
THE HARRY R. HALLORAN, JR. CHARITABLE TRUST								
- 46-6758450, 1835 MARKET STREET, SUITE					THE PHILADELPHIA			
2410, PHILADELPHIA, PA 19103	GRANTMAKING	PENNSYLVANIA	501(C)(3)	LINE 12A, I	FOUNDATION		X	
THE VISIONS FUND OF THE PHILADELPHIA								
FOUNDATION - 47-5425277, 1835 MARKET STREET,	SUPPORT THE PHILADELPHIA				THE PHILADELPHIA		i	
SUITE 2410, PHILADELPHIA, PA 19103	FOUNDATION	DELAWARE	501(C)(3)	LINE 12A, I	FOUNDATION		Х	
THE DR. RUDOLPH MASCIANTONIO FOUNDATION FOR								
CLASSICAL STUDIES - 30-6595159, 1835 MARKET	SUPPORT THE PHILADELPHIA				THE PHILADELPHIA		ĺ	
STREET, SUITE 2410, PHILADELPHIA, PA 19103	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	FOUNDATION		X	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	organi	rolled zation?
				501(c)(3))		Yes	No
TPF SPECIAL PROPERTY FUND - 84-5019977							
1835 MARKET STREET, SUITE 2410	SUPPORT THE PHILADELPHIA				1		
PHILADELPHIA, PA 19103	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	FOUNDATION		Х
-							
		1			1	1	1

Schedule R (Form 990) 2023 SPECIAL ASSET FUND OF TPF

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	l	h)	(i)	(j)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ing ownership		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion b)(13) rolled tity?
THE DUTINDED DUTY THOUSEDED DDG 45 5415427		country)	DIGI. DDG	,				Yes	No
THE PHILADELPHIA INQUIRER, PBC - 45-5415437  100 SOUTH INDEPENDENCE MALL WEST, SUITE 600			PMN PBC CHARITABLE						
PHILADELPHIA, PA 19106	NEWS MEDIA PRODUCTION	DE	TRUST	C CORP	102,937,295.	69,161,865.	99.99%	Х	

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled e	ntity			1a		_X_
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	X	
c Gift, grant, or capital contribution from related organization(s)				1c	Х	
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
I Performance of services or membership or fundraising solicitations for related of	organization(s)			11		X
m Performance of services or membership or fundraising solicitations by related o	organization(s)			1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organi				1n	X	
				10		Х
p Reimbursement paid to related organization(s) for expenses				1p	X	
q Reimbursement paid by related organization(s) for expenses				1q		Х
r Other transfer of cash or property to related organization(s)				1r		X
				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete th	is line, including covered relati	onships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
(1)						
(2)						
(3)						
1 <del>-</del> /						
(4)						
( )						
(5)						
<del></del>						
(6)						
332163 09-28-23	•	<u> </u>	Schedule	R (For	n 990)	2023
	63			•		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ŀ	1)	(i)	(	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion allocat	opor- late tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	163 140			103	140	,	103	NO	
											-	

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