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.

Internal Revenu	the Treasury us Service	Go to www.irs.gov/Formgon sor instruction	t may be made public.	Open to Public
A For the	2020 calend	Go to www.irs.gov/Form990 for instructions and the arryear, or tax year beginning	latest information.	Inspection
B Check if applicable:	THE	Torganization LENFEST INSTITUTE FOR JOIDNALLOW		on number
l Ichange	1 2 110	TAU ASST FUND OF SEE		
X Name change	Doing bu	usiness as	04 2724000	te i jiri
Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	<u> </u>	***************************************
Final return/ termin-		THANKET DESCRIPTION	m/suite E. Telephone number	
ated Amended	City or to	own, state or province, country, and 7ID or forest-		
return		DEDECTA, PA 19103	The state of the s	73,073,829
Applica- lion pending	1	d address of principal officer: PEDRO A. RAMOS	H(a) Is this a group return	-
Processor and the second secon	DAME A	AS C ABOVE	for subordinates?	Yes X N
	npt status: []	≤ 501(c)(3) 501(c)()	H(b) Are all subordinates included	d? Yes N
J Website:			527 If "No," attach a list. H(c) Group exemption nu	See instructions
	ganization: 12 Summary	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐	Year of formation: 2002 M Sta	mber >
become approximation of	***********************************		Transfer of Tormation. 2002 M Sta	te of legal domicile: P
3 1 Bri	Tetly describe Commo	the organization's mission or most significant activities: RECEIVE	, MANAGE, AND DIS	TRIBUTE
E 2 Ch				TKTROLE
3 Nu	THE WORLD	Land II till organization discontinued its annual its annual its	more than 25% of its net assets	
9 4 Nu	imber of inde	ng members of the governing body (Part VI, line 1a)	3	
Activities & Governance Sovernance Sovernanc	tal number ef			3
# 6 Tot		Voluntaria (anti-anti-anti-anti-anti-anti-anti-anti-	5	2
7a Tot	al unrelated P	volunteers (estimate if necessary)	6	3
b Net	t unrelated by	ousiness revenue from Part VIII, column (C), line 12 usiness taxable income from Form 990.T. Part Viscott	7a	0
		isiness taxable income from Form 990-T, Part I, line 11	7b	0
10 0-		d granta (Deut MILLE	Prior Year	Current Year
9 Pro	gram service	Povonio (Ded VIII P	23,597,567. 1	9,037,119
9 Pro	estment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)	0.1	0.
11 Oth	er revenue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,359,184.	2,467,759.
12 Tota	al revenue - ad	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	169,202.	246,076.
13 Gran	nts and simila		25,125,953. 2	1,750,954.
14 Bene	erits paid to c	or for members (Part IX, column (A), line ()	20,819,422. 2	4,932,164.
g 15 Sala	iries, other co	mpensation, employee henofits (Doct No.	0.1	0.
7 1		rationing ices (Fait IA, Column (A) line 11a)	1,931,164.	2,434,781.
b Total	i lullulaisilly i	expenses (Part IX, column (D) line 25) 1 021 610	0.	0.
17 Othe	er expenses (F	Part IX. column (A) lines 110.11d 11604		
	onponoca: A	dd iirles 13-17 (Must equal Part IX column (A) line oc	5,937,632.	3,542,752.
think the strategic territory and the second second	nue less expe	enses, Subtract line 18 from line 12	28,688,218. 30),909,697.
8		and the second s		,158,743.
red	assets (Part	X, line 16)	Beginning of Current Year	End of Year
21 Total	liabilities (Par	t X, line 26)	105,118,770. 97	,432,232.
22 Net as	ssets or fund	balances. Subtract line 21 from line 20	7,463,771. 5 97,654,999. 91	,859,295.
dirii loib	juature pr	QCK	37,634,999. 91	,572,937.
ier penalties of	r perjury, I decl	are that I have examined this return, including accompanying schedules and state aration of preparer (other than officer) is based on all information of which present	arriente and to the heat	***************************************
, correct, and (complete_Declar	aration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge	lge and belief, it is
1 1000	Signature of of	Floor		·
3				f
e	Type or print =	A. RAMOS, PRESIDENT & CEO	~ ~ LV	
	Abo or built its	arre arru utte		
ו אווזיין ו	Type preparer's	Li ichaiei 2 siduatate	Date Check II P	TIN
·	NIE M.	LIKA CONNIE M TIDA	1 1 1 2 1 2 1 1 1	
	name C	LIFTUNLARSONALLEN TTD	Firm's EIN > 41-0	0481097
cinx Lilimis	address > 6	10 W GERMANTOWN PIKE, SUITE 400	I IIIII S EIN D 41-U	140/49
the IDC =:-	Р	LYMOUTH MEETING DA 10162	Phone no. (215) 6	542 2000
T to go as !	uss this return	n with the preparer shown above? See instructions	Trione III. (213) (543-3900
14-40-20 [LOW FOR Pa	perwork Reduction Act Notice, see the separate instructions.	The state of the s	110
			į	orm 990 (2020)

	orm 990 (2		IAL ASSET FUND OF TPF	04-37318	29 Page 2
J.	art III	Statement of Program	Service Accomplishments		
_		Check if Schedule O contains	s a response or note to any line in this Part III		X
1		y describe the organization's n			•
			<u>LENFEST INSTITUTE FOR JO</u>		
			A FOUNDATION (THE INSTITU		
			SETS IN SUPPORT OF THE PHI		
·	Hiji Abeli A			Company of the Compan	e, C. S. Francis
. 2	de Did th		significant program services during the year which		
	prior !	Form 990 or 990-EZ?			Yes X No
ear to be	If "Ye	s," describe these new service	es on Schedule O.	经金属性的 经产品的 医二氏病	
3	Did th	ie organization cease conduct	ting, or make significant changes in how it-conduc	s, any program services?	Yes X No
	If "Ye	s," describe these changes or	n Schedule O.		
4	Desci	ibe the organization's prograr	n service accomplishments for each of its three lar		nses.
			anizations are required to report the amount of grai		
		ue, if any, for each program se		The second secon	
4	la (Code:) (Expenses \$	28,885,616. including grants of \$ 24	,932,164.) (Revenue \$	0.
			UTE FOR JOURNALISM, LLC (
			GARDED ENTITY OF THE INST	The second secon	ЭТН
			FORMATION OF HERITAGE NEWS		<u> </u>
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	Id Other	program services (Describe o	on Schedule O.)		
	Id Other (Expens	program services (Describe o) (Revenue \$	

Form 990 (2020) SPECIAL ASSE
Part IV Checklist of Required Schedules SPECIAL ASSET FUND OF TPF 04-3731829

Page 3

			Yes	No
. 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	· .
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	*. ·		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		:	
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u>X</u>	18885 78
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.		15.5.1	Policy of
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	_X_	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		Х	
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	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	110		- 21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		<u>X</u>
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		<u>X</u>
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ۔۔ ا		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مر ا		v
00	complete Schedule G, Part III	19		X
20a		20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	Gornous government on Factor, column (vy, intellinity, intellinity)	41	000	

Form 990 (2020) SPECIAL ASSET FUND OF TPF
Part IV Checklist of Required Schedules (continued)

	Continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No_
	Part IX, column (A), line 2? If "Yes," complete Schedule I; Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
-	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	ig egrá	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	- : • • •	1200
.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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			l
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			l
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1004 VE.	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):	Partie.	Sec. 1	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	ļ	
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ان ا	ļ	
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ĺ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	Ì		
	Note: All Form 990 filers are required to complete Schedule O	38	X.	
Pai		and the	1.2005	لسلسا
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		للل
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 0.00		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	(2020)
U32004	I 12-23-20	rorm		(2020)

SPECIAL ASSET FUND OF TPF Form 990 (2020)

04 - 3731829Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes 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 20 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O 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 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? X 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a 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 **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 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 Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

032005 12-23-20

Form 990 (2020)

SPECIAL ASSET FUND OF TPF Form 990 (2020)

04 - 3731829

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. 37

i samalitatut. Nationala	Sec	tion A. Governing Body and Management			Δ
				Yes	No
Sala orașine de		Enter the number of voting members of the governing body at the end of the tax year 1a 32		12.4	
a service fragely		If there are material differences in voting rights among members of the governing body, or if the governing			in mi ni
	145	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			vi terrigi
	b.	20			
na Candonalia	. 2				e,=;::(
an a	eszáz sz		2	resolvest i	Х
	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
1 3 3		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	
	_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	/ a	more members of the governing body?	7a	х	
	h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
	b		7b	х	
	0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76	-2 \	(0.1)
	8	The governing body?	0.	х	-15 habe **
	a		8a 8b		X
	b	, , , , , , , , , , , , , , , , , , , ,	80		
	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ا ۾ ا		х
	500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
	360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			NI.
	40	Dilli and the first of the firs		Yes	No X
		Did the organization have local chapters, branches, or affiliates?	10a		Λ
	b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ا ا		
		and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
		Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		44.1.16T
		Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	_	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	l l	-	37
		in Schedule O how this was done	12c	77	<u> </u>
	13	Did the organization have a written whistleblower policy?	13	X	
	14	Did the organization have a written document retention and destruction policy?	14	X	100000
	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?	30.40		
	а	The organization's CEO, Executive Director, or top management official	15a	37	X
	b	Other officers or key employees of the organization	15b	X	1.65
		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
		taxable entity during the year?	16a	10,700 in	_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 ▶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)			
* * * * * * * * * * * * * * * * * * * *		for public inspection. Indicate how you made these available. Check all that apply.	w gar	4.00	2004
•		Own website X Another's website X Upon request Other (explain on Schedule O)			11.0
	19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
		statements available to the public during the tax year.			
A Page 1	20	State the name, address, and telephone number of the person who possesses the organization's books and records	2.33		
		KAREN CLEARY - 215-563-6417			
		801 MARKET STREET, STE. 300, PHILADELPHIA, PA 19107			
			_	$\alpha \alpha \alpha$	

SPECIAL ASSET FUND OF TPF Form 990 (2020)

04-3731829 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

 • List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. (10) (10) 不可能量的第三人称单位
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(A)	(B)		(C) Position					(D)	(E)	(F)		
Name and title	Average		not c	heck r	more	than c		Reportable	Reportable	Estimated		
	hours per					s both r/trust		compensation	compensation	amount of other		
	week (list any	to						from the	from related organizations	compensation		
	hours for	direc				pg.		organization	(W-2/1099-MISC)	from the		
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization		
•	organizations	al trus	nal tr		loyee	comp				and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) PEDRO A. RAMOS	1.20											
SECRETARY, PRESIDENT & CEO	36.20	X	L	Х				0.	367,658.	56,890.		
(2) JAMES FRIEDLICH	35.00											
CHIEF EXECUTIVE OFFICER - LLC	0.00	Х		Х				331,547.	0.	54,938.		
(3) ANNIE MADONIA	35.00											
CHIEF ADVANCEMENT OFFICER - LLC	0.00				X			274,622.	0.	53,902.		
(4) KEN HERTS	35.00											
CHIEF OPERATING OFFICER - LLC	0.00			Х				267,849.	0.	20,987.		
(5) ORLANDO ESPOSITO	1.00		l					_				
TPF CHIEF FINANCIAL OFFICER	35.30		<u> </u>	Х	<u> </u>		_	0.	200,117.	39,768.		
(6) JANELLE STAFFORD	35.00											
MANAGING DIRECTOR - LLC	0.00					Х		192,566.	0.	22,097.		
(7) REBECCA FORMAN	35.00								_			
DIRECTOR OF ADVANCEMENT - LLC	0.00		L_			X		157,069.	0.	21,232.		
(8) KAREN CLEARY	20.00	ļ		:				00.515				
CHIEF FINANCIAL OFFICER - LLC	0.00			Х				83,615.	0.	5,266.		
(9) KATE ALLISON	0.20			:								
CHAIR AS OF JUL 2020	6.20	X		Х				0.	0.	0.		
(10) MINDY POSOFF	0.20											
VICE CHAIR	5.20	X	<u> </u>	Х	L_			0.	0.	0.		
(11) KERRY BENSON	0.20									_		
TREASURER	6.20	X	<u> </u>	X	_			0.	0.	0.		
(12) DAVID BOARDMAN	1.00											
CHAIR - LLC	0.00	X	<u> </u>	X			<u> </u>	0.		0.		
(13) ROSALIND REMER	1.00						l			·		
VICE CHAIR - LLC	0.00	X	<u> </u>	Х	<u> </u>			0.	0.	0.		
(14) STEVEN SCOTT BRADLEY	0.20			١. ا			l					
BOARD MEMBER	1.20	X				ļ		0	······································	0.		
(15) WILLIAM J. BURKE	0.20		*	, '			1		m agi	_		
BOARD MEMBER	1.20	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.		
(16) STEPHEN A. COZEN	0.20						l	_		_		
BOARD MEMBER	1.20	X	<u> </u>		<u> </u>	_	<u> </u>	0.	0.	0.		
(17) CHRISTINA MESIRES FOURNARIS	0.20	1					1			_		
BOARD MEMBER	1.20	X	L	L	<u> </u>	L	<u> </u>	0 :-	0.	0.		

032007 12-23-20

6ign Envelope ID: 2540F8FE-4C81-4B5A-B650-7				_								
THE LENFI			_				JO	URNALISM	04 2721	220	_	0
Form 990 (2020) SPECIAL A Part VII Section A. Officers, Directors, Trus							<u> </u>		04-37318	329	Pag	ge 8
		oloy I	ees,			jhes	t Co					
(A)	(B)			(C Posi				(D)	(E)	(F	-	
Name and title	Average hours per	(do	not ch	heck i	more	than o	ne	Reportable	Reportable	Estim		
	week	box, unless person is both an officer and a director/trustee)						compensation from	compensation from related	amou oth		(· · ·
	(list any	tor				35.	10.0	the	organizations	compe		on
and the control of t The control of the control of	hours for	director	100	•		Ď.		organization	(W-2/1099-MISC)	from		
	related	tee or	ustea			ensat		(W-2/1099-MISC)		organi	zatio	n
	organizations	I trustee	ional trustee		oyee	ed moc	,			and re	elate	b
	below	mdividual 1	titutio	Officer	dima	hest (mer			organiz	zatio	าร
and the second s	line)	.E.	"罢"	患	, Key	물통	Ē.	A STATE OF S	gradus is			
(18) LON GREENBERG	0.20		٥.		349	P.3						_
BOARD MEMBER	1.20	X		100		11.	(a)	· · · · · · · · · · · · · · · · · · ·	0.			0.
(19) DIXIEANNE JAMES	0.20				٠.	, d);						
BOARD MEMBER	1.20	X					4. 450	0.	0.			<u>0.</u>
(20) SHIRIN KARSAN	0.20					1.5	. ·					_
BOARD MEMBER	1.20	X	_		<u> </u>	_	_	0.	. 0 .			0.
(21) EVELYN MCNIFF	0.20											_
BOARD MEMBER	1.20	X			<u> </u>	_	_	0.	0.			0.
(22) FRANCIS J. MIRABELLO, ESQ.	0.20				ŀ			•				^
BOARD MEMBER	1.20	X				_		0.	0.			0.
(23) JOHN NIHILL	0.20							_				_
BOARD MEMBER	1.20	X			<u> </u>	_		0.	0.			0.
(24) MICHAEL K. PEARSON	0.20	,,						_				^
BOARD MEMBER	1.20	X	-		<u> </u>	<u> </u>	<u> </u>	0.	0.			0.
(25) R. DUANE PERRY	0.20	٠,,						_				^
BOARD MEMBER	1.20	X		`		<u> </u>		0.	0.			0.
(26) ANDREW ROGOFF	0.20							_				^
BOARD MEMBER	1.20	Х		<u> </u>	l		<u> </u>	0.	0.	075		0.
1b Subtotal								1,307,268.	567,775.	275,		
c Total from continuation sheets to Part VI								0.	0.	275		0.
d Total (add lines 1b and 1c)								1,307,268.	· · · · · · · · · · · · · · · · · · ·	275,	, 08	<u>u.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100	,000 of reportable			_
compensation from the organization										l v		<u> </u>
										T Company	es	No
3 Did the organization list any former officer,	•		key e	empi	oye	e, or	nıgı	nest compensated emp	ployee on			X
line 1a? If "Yes," complete Schedule J for s					4.				U	3		^-
4 For any individual listed on line 1a, is the su	•							•	-		x	23.26%
and related organizations greater than \$150	-		•							4 2	7	(Spin of
5 Did any person listed on line 1a receive or a	•				-					5		X
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Schedule	9 <i>J f</i>	or su	ich i	oers	on				1 2		
Complete this table for your five highest co	mnanestad inc	lanc	nda	nt or	ntr.	2010	re th	at received more than	\$100,000 of compense	tion from		
the organization. Report compensation for	•									aon nom		
the organization, neport compensation for	u io calci lual ye	Jai t	null	19 11	1011	ا ۷۷ ار	4 111 1	the organization's tax	/Gai.			

(A) Name and business address	(B) Description of services	(C) Compensation
BUCHANAN, INGERSOLL AND ROONEY PC 2 LIBERTY PLACE, PHILADELPHIA, PA 19102	LEGAL SERVICES	136,904.
,,,,,,,,,,,,,,,	INVESTMENT MANAGEMENT SERVICES	101,181.
•		
2 Total number of independent contractors (including but not limited to those listed	above) who received more than	

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Part VII Section A. Officers, Directors, Tr	<u>ustees, Key</u> Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	ees (continued)	1
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	neck	allt	hat	app	ly)	compensation	compensation	amount of
	per week		ł			ريه		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r dire		Fig.		ted en	. 5. 4.	(W-2/1099-MISC)		organization
	related	stee 0	rustee		as as	pensal				and related
	organizations	iál tru	onalt		ploye	moo:			*	organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) JANE SCACCETTI	0.20	=		0	¥	=	Œ			
DARD MEMBER	1.20	х						0.	0.	0.
28) AMANDA BENNETT	1.00	<u> </u>	<u> </u>	-			ļ	0.	0.	U •
ANAGER - LLC	0.00	x	ŀ					0.	0.	0.
29) MICHAEL X. DELLI CARPINI, PH. D	1.00	1	 		 	<u> </u>	 		0.	
ANAGER - LLC	0.00	x						0.	0.	0.
30) BILL GRUESKIN	1.00	123		_	_	 	 		•	
ANAGER - LLC		x						0.	0.	0.
31) DAVID HAAS	1.00				 				•	Ů.
ANAGER - LLC		x						0.	0.	0.
32) TONY HAILE	1.00	<u> </u>			I^{-}					
ANAGER - LLC		x						0.	0.	0
33) KEITH LEAPHART	1.00									
ANAGER - LLC	0.00	X						0.	0.	0
34) MARTIN NISENHOLTZ	1.00									
ANAGER - LLC		X						0.	0.	0.
35) HONG QU	1.00									
ANAGER - LLC		X						0.	0.	0.
36) VIJAY RAVINDRAN	1.00								_	_
ANAGER - LLC	0.00	X		_				0.	0.	0
37) ROY ROSIN	1.00	l								
ANAGER - LLC		X	<u> </u>	<u> </u>			_	0.	0.	0
38) ANTHONY J. CONTI	0.20	١.,		7,					•	
HAIR THRU JUN 2020	6.20	X	_	X		<u> </u>	_	0.	0.	0
		-		1						
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						<u>L</u> _				

SPECIAL ASSET FUND OF TPF

04 - 3731829Page 9 Form 990 (2020) Part VIII Statement of Revenue

		Check if Schedule O c	onta	ains a response	or note to any lin	e in this Part VIII	T /5\		
						Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
rts Stc		Federated campaigns			<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
B's		Fundraising events							
E E				1d	·				
Sign		Government grants (contri			· .				
er S	f	All other contributions, gifts,			10 027 110				
重制		similar amounts not included			19,037,119.				
盲	g	•				10 025 110			
<u>Q g</u>	h	Total. Add lines 1a-1f				19,037,119.			
					Business Code				
<u>e</u>	2 a				-				
E e	b								
Š	С								
E Z	d								
Program Service Revenue	e						-		
۱ ۵		All other program service				-			
\dashv	g								
	3	Investment income (includ				4 456 501			1 150 500
		other similar amounts)				1,156,701.			1,156,701.
- 1	4	Income from investment o		•					
1	5	Royalties	·····	T					
				(i) Real	(ii) Personal				
		Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss)			<u> </u>				
	7 a	Gross amount from sales of		(i) Securities					
		assets other than inventory	7a	52,633,933		1			
	b	Less: cost or other basis							
울		and sales expenses	7b	51,322,875	·	1			
Revenue	С	Gain or (loss)	7с	1,311,058	·-				
8		Net gain or (loss)			<u></u>	1,311,058.			1,311,058.
Other	8 a	Gross income from fundraising							
Б		including \$							
		contributions reported on		,					
		Part IV, line 18				1			
		Less: direct expenses		_	b				
		Net income or (loss) from t			_				
	9 a	Gross income from gamin							
		Part IV, line 19							
	b				pl				<u> </u>
	C	, ,			<u> </u>			t (n. 1971), gjalina er (kjalin na elektrist	
	10 a	Gross sales of inventory, le							
- 1		and allowances							
.		Less: cost of goods sold)b 				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-+	С	Net income or (loss) from s	sales	s of inventory	>				
<u>s</u>				(OD 3 17 C	Business Code	045 055			045.055
e go	11 a	FEE FOR SERVICE INCO	ME/	GRANT OVER	900099	246,076.			246,076.
ep d	, b	-						 	
Ege Ege	С								
Miscellaneous Revenue		All other revenue						ļ	<u> </u>
	e	Total. Add lines 11a-11d				246,076.			
	12	Total revenue. See instructio	ns)	21,750,954.	0.	0.	2,713,835.

Form 990 (2020) SPECIAL ASSET FUND OF TPF
Part IX Statement of Functional Expenses 04-3731829 Page **10**

Check if Schedule O conta	ins a respons	7.1			X
Do not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic of		04 004 064			and the same
and domestic governments. See Part IV, I		24,904,064.	24,904,064.	i i Crandebii	energi (a. 1865)
2 Grants and other assistance to dome	stic	20 100	00 100		
	 	28,100.	28,100.		
3 Grants and other assistance to foreig	i			e sa e e e e e e e e e e e e e e e e e e	ander Met System
organizations, foreign governments,					
individuals. See Part IV, lines 15 and				1 (2) (2) 15	to the control of the
4 Benefits paid to or for members					State
5 Compensation of current officers, dir		005 052	200 154	170 165	40E 724
		995,053.	390,154.	179,165.	425,734
6 Compensation not included above to disq					
persons (as defined under section 4958(f)					
persons described in section 4958(c)(3)(E	,	1,046,568.	669,271.	138,940.	238,357
7 Other salaries and wages		1,040,500.	009,211.	130,940.	230,331
8 Pension plan accruals and contributions (147,806.	62,823.	23,415.	61,568
section 401(k) and 403(b) employer contr		125,063.	29,460.		44,716
9 Other employee benefits		120,291.	62,125.	21,150.	37,016
Payroll taxes	·····	140,491.	02,123.	21,150.	37,010
1 Fees for services (nonemployees):		•			
a Management	1	137,975.		137,975.	
b Legal		41,250.		41,250.	
c Accounting	1	41,250.	THE STREET STREET	41,250.	
d Lobbying					
e Professional fundraising services. See Parf Investment management fees		175,938.		175,938.	
		173,330.		113,330.	·
g Other. (If line 11g amount exceeds 10% column (A) amount, list line 11g expenses	1	2,635,243.	2,445,088.	116,893.	73,262
2 Advertising and promotion		37,294.	12,394.	6,876.	18,024
3 Office expenses		63,919.	30,310.	19,312.	14,297
4 Information technology		32,459.	12,126.	9,731.	10,602
5 Royalties		32,433.	12,120.	J, 751 •	10,002
6 Occupancy		78,545.	27,569.	21,443.	29,533
7 Travel	1	55,982.	33,967.	6,068.	15,947
8 Payments of travel or entertainment		33,302.	5575674	3,0001	13/31/
for any federal, state, or local public					
9 Conferences, conventions, and meet		159,826.	98,592.	9,391.	51,843
0 Interest	· ·····	200,0201	30,3321	3,3320	31,010
Payments to affiliates					
2 Depreciation, depletion, and amortiza		3,755.	68.	3,614.	73
3 Insurance		27,129.		27,129.	, -
4 Other expenses. Itemize expenses not cov					
above (List miscellaneous expenses on lir line 24e amount exceeds 10% of line 25, of amount, list line 24e expenses on Schedu	e 24e. If column (A)				
a MEMBERSHIP DUES	·· · · · ·	51,547.	37,615.	3,286.	10,646
b PROGRAM EXPENSES	-	41,890.	41,890.	3,233,	20,010
c					
d			•		*
e All other expenses					
5 Total functional expenses. Add lines 1 th	rough 24e	30,909,697.	28,885,616.	992,463.	1,031,618
6 Joint costs. Complete this line only if the				222,2001	
reported in column (B) joint costs from a					en e
educational campaign and fundraising sol	i i		A contract of		
Check here if following SOP 98-2 (AS					

032010 12-23-20

Form **990** (2020)

Form 990 (2020) SPECIAL ASSET FUND OF TPF 04-3731829 Page 11

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 16,454,553. 9,387,508. Savings and temporary cash investments 2 8,180,750. 10,721,661. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 9. controlled entity or family member of any of these persons - 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 104,969. 41,112. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 50,207. basis. Complete Part VI of Schedule D 10a 13,930. 40,030. 36,277. Less: accumulated depreciation 10b Investments - publicly traded securities 43,161,960. 56,562,835. 11 11 34,635,597. 23,223,750. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 105,118,770. 97,432,232. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 1,526,778. 2,621,284. 17 17 Accounts payable and accrued expenses 5,936,993. 3,238,011. 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 7,463,771. 5,859,295. **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 586,513. 1,104,588. Net assets without donor restrictions 27 97,068,486. 90,468,349. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 97,654,999 91,572,937. Total net assets or fund balances 32 97,432,232. Total liabilities and net assets/fund balances

Form 990 (2020)

Form	990 (2020) SPECIAL ASSET FUND OF TPF	04-	37318	329	Pag	ge 12	
Pai	t 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			9,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2			909,697		
3	Revenue less expenses. Subtract line 2 from line 1	3	9	<u>, 15</u>	3,74	<u>43.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X/fine 32, column (A))	4			1,9		
5	Net unrealized gains (losses) on investments	5	3	<u>, 07'</u>	7,6	<u>81.</u>	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8			1,000.		
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	91	<u>, 57:</u>	2,9	<u>37.</u>	
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	·					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	3 11	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	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		(44)	45.80		
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it				
	Act and OMB Circular A-133?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>	
	•			Form	990	(2020)	

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

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.

ZUZUOpen to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE I

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FIND OF THE

Employer identification number 0.4 - 3.731829

			TYTI WOOGT I					4-3/31043	
Pai	tΙ	Reason for Public (Charity Status.(All organizations must co	omplete th	is part.) S	ee instructions.	<u> Pagas and Distriction</u>	
The o	organ	ization is not a private found	lation because it is: (F	or lines 1 through 12, ch	neck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).	A	
2		A school described in section: 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ction 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	junction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for			or operate	ed by a go	vernmental unit describe	ed in	
•		section 170(b)(1)(A)(iv). (C				, 9 -			
6		A federal, state, or local gov		ental unit described in	section 17	'0/b\/ 1\/ A\/	(v) ·		
7		An organization that norma					• •	public described in	
•		section 170(b)(1)(A)(vi). (C	•	itiai part of its support in	om a gove	minema	unit of from the general p	Jubile described in	
		A community trust describe	•	4VAVvi) (Complete Bort	. п. у				
8		•			•	بامجم ما ام	matica with a land arout	nallaga	
9		An agricultural research org			-	-	-	=	
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of the college	or	
		university:							
10		An organization that norma	-						
		activities related to its exen			` '		• •	· ·	
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	Ifter June 30, 1975.	
	 ,	See section 509(a)(2). (Co	,						
11		An organization organized a	•	•	•				
12	X	An organization organized a	-	-	-		· · ·		
		more publicly supported or	ganizations describe	d in section 509(a)(1) or	r section s	509(a)(2).	See section 509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type of	supporting organization	and com	olete lines	12e, 12f, and 12g.		
а	X		anization operated, si	upervised, or controlled b	oy its supp	orted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	f the direc	tors or trustees of the su	ıpporting	
		organization. You must o	complete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	janization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring	
		control or management o	of the supporting orga	inization vested in the sa	ıme perso	ns that co	ntrol or manage the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions)	. You must complete F	art IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization opera	ated in co	nnection w	vith its supported organiz	zation(s)	
		that is not functionally int	tegrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and an attentiv	/eness	
		requirement (see instruct	ions). You must con	plete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination fror	n the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or							
f	Ente	er the number of supported o						1	
		vide the following information							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
тні	C P	HILADELPHIA		above (see instructions)					
		ATION	23-1581832	8	Х		28,885,616.	0.	
							,		
		and the second of the second o						And the property of the second	
		<u> </u>							
							1		
Tota							28,885,616.	0.	

Schedule A (Form 990 or 990-EZ) 2020 SPECIAL ASSET FUND OF TPF

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support	*:		•			
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	1.1					e bilan adumiy
membership fees received. (Do not	termina in the second	alie serve e			reserved and in	Carlotte Andrew Michigan
include any "unusual grants.")						<u> </u>
2 Tax revenues levied for the organ-						i ingrasi na
ization's benefit and either paid to	and a second	a service	-	19	e tripesi etakouha.	in กองประสาทิสสาทิสสาทิส
or expended on its behalf				4 :	arte Libratia	
3 The value of services or facilities	·**				A Progress of High	rest. The complete states
furnished by a governmental unit to					reation of the second	
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 2% of the						9
amount shown on line 11,		Section 12				
column (f)						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
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 instruction	ons)			12	
13 First 5 years. If the Form 990 is for the	•				601(c)(3)	
organization, check this box and sto	p here					
Section C. Computation of Publ						
14 Public support percentage for 2020 (line 6, column (f), c	divided by line 11,	column (f))		14	%
15 Public support percentage from 2019					15	
16a 33 1/3% support test - 2020. If the					nore, check this bo	
stop here. The organization qualifies	-					
b 33 1/3% support test - 2019. If the						
and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□
17a 10% -facts-and-circumstances test						
and if the organization meets the fact	-	=				
meets the facts-and-circumstances te						·
b 10% -facts-and-circumstances test	•	•				
more, and if the organization meets the					the first of the second	
organization meets the facts-and-circ						▶□
18 Private foundation. If the organization						s
						0 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SPECIAL ASSET FUND OF TPF

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

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

Section A, Public Support		The state of the s		A CONTRACTOR OF THE PROPERTY OF THE PARTY OF		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and				n Abergila	STATE STATE OF THE	
membership fees received. (Do not				· Want	- Kartak-Big Dag	र होंगे के के ले में हैं। इस भी
include any "unusual grants.")		1			មក មិនតំបង់ប្រទ	
2 Gross receipts from admissions,						
merchandise sold or services per-	· · · · .			Logarine d	t-less this count with a	restruction in
formed, or facilities furnished in					W TAL NO ALL AND A	
any activity that is related to the organization's tax-exempt purpose						្រាប់ មានប្រជាពល ប្រជាជាក្រុម ។ ។ ស្រីស្រីស្រីស្រីស្រីស្រីស្រីស្រីស្រីស្រី
3 Gross receipts from activities that					to a first transfer	
are not an unrelated trade or bus-						
iness under section 513	,				•	
4 Tax revenues levied for the organ-	,					,
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to				,	-	
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b 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				COPPLOTATION		
					en e Sur Dajah Sahara.	
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support			Materia Capital Carre (1994) Sec.			
	/) 0040	710047	4) 0040	(" 0040	1 () 2000	T (0 = 1.1
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						:
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		L				
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizati	on,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2020 (I	ine 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves					<u></u>	
17 Investment income percentage for 20		-	ine 13 column (f))	The second second	17	. 1919 W. 2 1 11 2 %
18 Investment income percentage from			(///		18	%
19a 33 1/3% support tests - 2020. If the	. •					
more than 33 1/3%, check this box ar	-	•	, ,	• •		
b 33 1/3% support tests - 2019. If the	•					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	>
03003 01-25-21				Sch	edule A (Form 99	0 or 990-F7\ 2020

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain,
- Did the organization have any supported organization that does not have an IRS determination of status and account that does not have an IRS determination of status and account the control of the contr under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported and a grid of 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.	X	- 24.2
الدوارة	2		X
	3a		X
	01		
	3b 3c		
	4a		X
	4b		
	4c		
			X
	5b		
	5c 6		X
	7		X
	8		X
	9a		x
	9b		X
	9c		X
	10a		x
	10a		
rm 9	90 or 99	- 90-EZ	2020

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Sche	edule A (Form 990 or 990-EZ) 2020 SPECIAL ASSET FUND OF TPF	04-373182	9 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
-			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described in line 11a above?	11b		X
С	A 35% controlled entity of a person described in line 11 a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	,	X
Sec	detail in Part VI. 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of 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 amon supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	officers, ported	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	3	1	
	supervised, or controlled the supporting organization.	2	<u> </u>	X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			100
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			47.7
	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 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. Activities Test. Answer lines 2a and 2b below.		ns). 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				
	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	<u> </u>	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
00000	Schodulo	A (Earm 990 or 9	00 EZ	2020

1	Check here if the organization satisfied the Integral Part Test as a qualifying tr All other Type III non-functionally integrated supporting organizations must co		n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions
1				· · · · · · · · · · · · · · · ·
1		mple	te Sections A through E.	
	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		يشرح والمعادر وأفيلون
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion to sale draws and selection to the selection and depletion to sale draws and selection to the selection and depletion to sale draws and selection to the selection and depletion to sale draws and selection to the selection and depletion to sale draws and selection to the selection and depletion to sale draws and selection to the selection and depletion to sale draws and selection to the selection and depletion to sale draws and selection to the selection and depletion and depletion to the selection and depletion	- 5		t e et commente de la commentation
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		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	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		
 3	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SPECIAL ASSET FUND OF TPF 04 - 3731829 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 3 a From 2015 **b** From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

·		(Form 990 or 990-E	Z) 2020 SPEC	IAL ASSET	FUND OF	TPF		04-3731829 Page 8
e ujús	Part VI	Part IV, Section A line 1; Part IV, Se Section D, lines 5	, lines 1, 2, 3b, 3c, ction D, lines 2 and , 6, and 8; and Par	4b, 4c, 5a, 6, 9a, 9 I 3; Part IV, Section	b, 9c, 11a, 11b, E, lines 1c, 2a,	and 11c; Part l' 2b, 3a, and 3b;	V, Section B, lines Part V, line 1; Part part for any additic	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, onal information
	<u> </u>	(See instructions.)					<u> 1900 - Arija Adaming da</u> Direk dan matikatika
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	032028 01-25-2						Schedi	lle A (Form 990 or 990-EZ) 2020
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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Name of the organization THE LENFEST INSTITUTE FOR JOURNALISM

SPECIAL ASSET FUND OF TPF

Employer identification number

04 - 3731829

Organization type (check or	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.
contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
year, contributions is checked, enter h purpose. Don't cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., exclusively exclusively religious, charitable, etc., exclusively exclu
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization

THE LENFEST INSTITUTE FOR JOURNALISM

SPECIAL ASSET FUND OF TPF

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 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
2		\$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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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
5		\$\$	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		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE LENFEST INSTITUTE FOR JOURNALISM

SPECI	AL ASSET FUND OF TPF	04	-3731829
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$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
9		\$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
10		\$6,500.	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
11		\$\$	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
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE LENFEST INSTITUTE FOR JOURNALISM

OPECT.	ALL ASSET FOND OF THE	04	-3/31029
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	the second of the second
(a) No.∵	(b) মালবাক্রবিক্রবিক্রবিক্রবিক্রবিক্রবিক্রবিক্রবি	(c) Total contributions	(d) Type of contribution
13 2703 2704 2704 2704 2704 2704 2704 2704 2704		\$ <u>7,675,000</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
14	Name, audress, and Zii + 4	\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 2,598,000.	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
16		\$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
17		\$5,000.	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THE LENFEST INSTITUTE FOR JOURNALISM

Employer identification number

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SPEC	IAL	ASSE'	r FUND	OF	TPF	

(a)	Contributors (see instructions). Use duplicate copies (b) Name, address, and ZIP + 4		(c)	(d)
F137			lotal contributions design	Type of contribution →
			\$ <u>100,000</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
20			\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
21			\$1,560,000.	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
22			\$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
23		· · · · · · · · · · · · · · · · · · ·	\$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
24			\$ 20,000.	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

3731829 04-3731829

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 25,000.	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
26		\$\$	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
27		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$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
30_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THE LENFEST INSTITUTE FOR JOURNALISM

Employer identification number

SPECIAL ASSET FUND OF TPF

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 20,036.	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		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ 65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$	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
36		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address; and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$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
38		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
42		\$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

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.∵	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution;‱
43		\$ 25,000.	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
44		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$ <u>12,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$16,893.	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 Noncash (Complete Part II for noncash contributions.)

Name of organization

THE LENFEST INSTITUTE FOR JOURNALISM

SPECIAL ASSET FUND OF TPF

Employer identification number

Part I Contributors		

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(a) ∈ ∴-No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ⊶ Type of contribution →
49		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$ 505,000.	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
54_	5-20	\$ 360,000.	Person X Payroll

	Page 2
Employer iden	tification number

Name of organization

THE LENFEST INSTITUTE FOR JOURNALISM

	AL ASSET FUND OF TPF		-3731829
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>		\$ 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
56		\$\$	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash 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 Oncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

(b) 100 (100 (100 (100 (100 (100 (100 (100	(c)	
Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· · · · · · · · · · · · · · · · · · ·	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) S

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4		
Name of or	rganization			Employer identification number		
THE LE	ENFEST INSTITUTE FOR JOI	JRNALISM		·		
SPECIA		and the State of t		04-3731829		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entropy charitable, etc., contributions of \$1,000 or I	v For organizations	and the second of the second o		
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Des	cription of how gift is held		

	The state of the s	***				
1		(e) Transfer of gift		-		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(a) Na						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
	Ballot 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Ī	(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) Des	cription of how gift is held		
Part I						
		·				
-		(-) Townston of with	L			
-		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee		
			<u> </u>			
(a) Na		T .				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
raiti						
				·		
		(e) Transfer of gift		and the second s		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nnsferor 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.

Inspection

THE LENFEST INSTITUTE FOR JOURNALISM Name of the organization

SPECIAL ASSET FUND OF TPF

Employer identification number 04-3731829

Pai			or Accounts. Complete if the									
	organization answered "Yes" on Form 990, Part IV, line	the contract of the contract o										
		(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 advised funds											
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No									
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only											
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring											
	impermissible private benefit?											
Pai	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.											
1	Purpose(s) of conservation easements held by the organization (check all that apply).											
	Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area											
	Protection of natural habitat	Preservation o	f a certified historic structure									
	Preservation of open space											
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in 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	-											
c	Number of conservation easements on a certified historic stru	icture included in (a)	2c									
d	Number of conservation easements included in (c) acquired at											
	listed in the National Register	2d										
3	Number of conservation easements modified, transferred, rele											
	year ▶											
4	Number of states where property subject to conservation ease	ement is located ▶										
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of										
	violations, and enforcement of the conservation easements it	Yes No										
6	Staff and volunteer hours devoted to monitoring, inspecting, h	servation easements during the year										
	>											
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year									
	> \$											
8	Does each conservation easement reported on line 2(d) 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 conservation											
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the											
	organization's accounting for conservation easements.											
Par	t III Organizations Maintaining Collections of		ther Similar Assets.									
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.										
1 a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works									
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in f	urtherance of public									
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.									
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of									
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance 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 trea											
	the following amounts required to be reported under FASB AS											
а	Revenue included on Form 990, Part VIII, line 1	·	> \$									
	Assets included in Form 990, Part X											
1.1.1	For Denominals Deduction Act Notice and the Instructions		Cabadula D (Farma 000) 0000									

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			ASSET FUND				•	04-	373182	29 Pa	age 2	
	Pai	rt III Organizations Maintaining C	ollections of Art	, Histo	rical Trea	asures, or	Other S	imilar Ass	sets (con	tinued)		
	3	Using the organization's acquisition, accessi-	on, and other records	s, check a	any of the fo	ollowing that r	nake signi	ficant use of	its			
		collection items (check all that apply):			54.50					w, *	•	
	а	Public exhibition	d	. L	oan or exch	nange progran	1.				ភ្នំ ភ ្នំ () ។	
	b	Scholarly research	е							ng Silang. Ng Kalang		
e i Çiş edelir.	C	Preservation for future generations				11, 12, 1	langua (i	11. (\$12 + 3a);			air.	
The Kind of the	4	Provide a description of the organization's co	ollections and explain	how the	y further the	e organization	's exempt	purpose in I	Part XIII.			
- 10	5	During the year, did the organization solicit o										
		to be sold to raise funds rather than to be ma							Yes		No	
and will state	Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatior	n answered "Y	es" on Fo	rm.990, Rart	. W, line 9,	orenia i	titlettes.	
	3.55	reported an amount on Form 990, Pa	rt X, line 21.				j die	editor e estado	i granna des	1.16		
		Is the organization an agent, trustee, custodi							H11.7.5	4		
		on Form 990, Part X?							Yes		No	
	b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing ta	ble:							
									Amou	ınt		
	С	Beginning balance						1c				
	d	Additions during the year						1d				
	е	Distributions during the year						1e				
	f	Ending balance						1f				
		Did the organization include an amount on Fe						?	Yes		No	
	b	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										
	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.											
			(a) Current year		ior year	(c) Two years		Three years b		ur years	back	
	1a	0 0 7	63,938,879.		561,528.	30,259,		20,233,6				
	b	***************************************	1,400,000.		743,531.	24,773,		9,064,5		0,000,		
	С	3 / 3 /	5,515,791.	6,	717,448.	-1,608,	344.	2,711,3	33.	233,	626.	
	d	1										
	е	Other expenditures for facilities	4 550 005			4 500						
		and programs	4,750,825.		855,000.	1,702		1,620,8				
	f	Administrative expenses	175,938.		228,628.	160		129,1				
	g	End of year balance	65,927,907.		938,879.	51,561,	528.	30,259,5	00. 2	0,233,	626.	
	2	Provide the estimated percentage of the curr			column (a))) held as:						
	а	Board designated or quasi-endowment	-0000	_%								
	b Permanent endowment ► 15.4000 % c Term endowment ► 84.6000 %											
	_	The percentages on lines 2a, 2b, and 2c sho	•									
	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization											
		by:							Γ.	Yes		
		(i) Unrelated organizations									X	
(ii) Related organizations			Manager Manager	ns listed as required on Schedule R?					3a(i		X	
		Describe in Part XIII the intended uses of the				•••••			<u>3</u> b			
	Pai	rt VI Land, Buildings, and Equipm		vment iu	nas.							
				Port IV	lino 11a Sa	oo Form 000	Dort V lin	0.10				
				es" on Form 990, Part IV, line 11a. See Form 990, Part X,				(4) D	(a) Dealers in			
	Description of property		1 1 7	1		(b) Cost or other (c) basis (other)		(c) Accumulated depreciation		(d) Book value		
	4.	Land		.5/10/	54515 ((54101)	асріс	.5.44511				
		Land					2 752 B1 (ALC					
		Buildings							1		-	
		Leasehold improvements			5.	0,207.	1	3,930.	<u> </u>	36,2	77	
	d	* * * * * * * * * * * * * * * * * * * *			31	0,401.				J U , Z	<i>I. I</i> ,•	
		Other			- (D) #:- :::					36,2	77	
	rota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	guai Form 990, Part)	x, columi	n (B), line 10	JC.)		<u> </u>	1	JU 7 4	:F : F : • -	

Schedule D (Form 990) 2020

THE LENFEST INSTITUTE FOR JOURNALISM

Schedule D (Form 990) 2020 SPECIAL ASSET FUND OF TPF 04-3731829 Page **3**

(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 end-of-year market valuation.
(1) Financial derivatives	1	
(2) Closely held equity interests		
(3) Other		
(A) PHILADELPHIA MEDIA		্রিত্র প্রসাধন সংস্থাবি শিক্ষাকৃতি হিন্তু করিছে এবং নার্ভি প্রস্তৃত্ব প্রস্তৃত্ব । ১৮৮৮ বিশ্ব
(B) INQUIRER, - NONVOTING		
(C) SHARES	13,858,614.	COST
(D) MULTI STRATEGY HEDGE		and a substitution of the
(E) FUNDS	5,512,930.	END-OF-YEAR MARKET VALUE
(F) INTERNATIONAL EQUITY	3,312,330.	
(G) FUNDS	3,852,206.	END-OF-YEAR MARKET VALUE
(H)	3,032,2001	THE OF THE TENTE VILLE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	23,223,750.	
Part VIII Investments - Program Related.	23,223,730	
Complete if the organization answered "Yes"	on Form 000 Part IV line :	110 Son Form 000 Part V line 12
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
	(b) Book value	(b) Woulder of Valuation. Cook of Glid of your Market Va
<u>(1)</u>		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	1	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes"		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colymn (b) must equal Form 990, Part X, col. (B) line	Description	(b) Book val
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description e 15.)	(b) Book val
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	(b) Book val
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Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description e 15.)	(b) Book val
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description e 15.)	(b) Book val
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Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description e 15.)	(b) Book val
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15,) on Form 990, Part IV, line	(b) Book val
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15.)	(b) Book val
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15,) on Form 990, Part IV, line	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value

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THE LENFEST INSTITUTE FOR JOURNALISM

04-3731829 Page 4 SPECIAL ASSET FUND OF TPF Schedule D (Form 990) 2020 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 24,652,697. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 3,077,681 Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 3,077,681. e Add lines 2a through 2d 3 21,575,016. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 175,938. 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 175,938. 750,954. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 30,733,759. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 30,733,759. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 175,938. a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 175,938. c Add lines 4a and 4b 4c 30,909,697. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE PURPOSE OF THE PERMANENTLY RESTRICTED ENDOWMENT IS TO SUPPORT CURRENT OPERATIONS THROUGH A TOTAL RETURN INVESTMENT STRATEGY AND A SPENDING POLICY SET TO MAINTAIN, AND IDEALLY INCREASE THE PURCHASING POWER OF THE ENDOWMENT WITHOUT PUTTING THE PRINCIPAL VALUE OF THESE FUNDS AT RISK. THE TEMPORARILY RESTRICTED ENDOWMENT FUNDS ARE RESTRICTED TO SUPPORT THE INQUIRER'S TRANSITION TO DIGITAL NEWS DELIVERY.

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SCHEDULE I	g	Grants and Other Assistance to Organizations,	er Assistanc	e to Organ	izations,		OMB No. 1545-0047
(Form 990)	Complex Comple	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	d Individuals	s in the Uni on Form 990, Par	ted States		2020
Department of the Treasury		•	► Attach to Form 990.	n 990.			Open to Public
Internal Revenue Service		Go to www.irs	Go to www.irs.gov/Form990 for the latest information.	the latest inform	ation.		Inspection
Name of the organization THE LENFEST SPECIAL ASSI	ASSET FUND OF	FOR	JOURNALISM				Employer identification number $0.4-3731829$
	ind Assistance	1					
1 Does the organization maintain records to substantiate the amount	to substantiate the		or assistance, the g	rantees' eligibility	for the grants or assis	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monito	oring the use of grant f	unds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.	Domestic Organiz	ations and Domestic		omplete if the orga	anization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additio	onal space is neede	d.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					(10110)		THE INSTITUTE IS
THE PHILADELPHIA INQUIRER			3,14,5,2				SUPPORTING THE INQUIRER'S
801 MARKET STREET, SUITE 300							TRANSITION FROM A
PHILADELPHIA, PA 19107	45-5415437		5,675,148.	0.	N/A	N/A	TRADITIONAL PRINTED
тнв стту							
33 WEST 31ST STREET, 4TH FLOOR			,				(L) = \$5,000, (V) =
	37-1896785	501(C)(3)	4,024,798.	0.	N/A	N/A	\$4,019,798
RESOLVE PHILADELPHIA, INC.							0
718 ARCH STREET, SUITE 501S							000,000, (K) =
РНІГАДЕГРНІА, РА 19106	83-2762074 501(C)	501(C)(3)	1,830,000.	0.	N/A	N/A	\$10,000, (L) = \$60,000
FIRST DRAFT NEWS INC.							7.7
219 W 40TH STREET, 14TH FLOOR							
NEW YORK, NY 10018	83-3554102 501(C)	501(C)(3)	1,730,403.	0.	N/A	N/A	(U) = \$1,730,403
LOCAL MEDIA FOUNDATION							
PO BOX 450							(E) = \$55,000, (P) =
LAKE CITY, MI 49651	36-4427750	501(C)(3)	1,665,000.	0	N/A	N/A	\$1,610,000
J. J							(A) = \$50 000 (G) =
WILL CHAPTER CHAPTER							- (H) .000 (
				c	K / ½	K / IV	1 000
31	23-1438083	501(C)(3)	430,000	0	N/A	W/W	} -
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ınd government org	anizations listed in the	line 1 table				•#C
3 Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table					▶ 24.
LHA For Paperwork Reduction Act Notice, see the Instructions for SEE PART IV FOR COLUMN	, see the Instruction IV FOR COI	Form 99 (H)	o. DESCRIPTIONS				Schedule I (Form 990) 2020
	1)) 11) 1	-	111111111111111111111111111111111111111				

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THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Schedule (Form 990) SPECIAL ASSET FUND OF	SPECIAL ASSET FUND	OF TPF		1	School of Form 000 Bort 11)		04-3731829 Page 1
Tatin Communation of datas and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Doi	Hestic Organizations	allu Dolliesuc do	- 1	saule I (i Oilli 330), I a	1.11.7	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHALKBEAT, INC.						34	\11/\000 \00 \ph
LZ39 BKCALWAI #/03B NEW YORK, NY 10001	90-0915846	501(C)(3)	300,000.	0	N/A	N/A	\$200,000
WURD RADIO, LLC 200 HIGHPOINT DRIVE SUITE 215		·		•			(C) = \$100,000, (G) =
CHALFONT, PA 18914	43-1986554		290,000.	0	N/A	N/A	\$170,000, (H) = \$20,000
LOS ANGELES TIMES COMMINICATIONS						No. 19 Table	
2300 E IMPERIAL HWY							(A) = \$150,000, (B) =
EL SEGUNDO, CA 90245	82-4402852		225,000.	0.	N/A	N/A	\$75,000
LA NOTICIA, INC. 5936 MONROE ROAD							
CHARLOTTE, NC 28212	55-0839439		200,000.	0.	N/A	N/A	(A) = \$200,000
GANNETT CO., INC. 7950 JONES BRANCH DRIVE	77-23-00-83		רת אר 000		4/ ۷	8 2	(A) = \$150,000, (Q) = 85,000
MCLEAN, VA ZZIO!	7000000				G /N		
SEATTLE TIMES COMPANY 1000 DENNY WAY							(A) = \$150,000, (M) =
SEATTLE, WA 98109	91-0403890		155,000.	0.	N/A	N/A	\$5,000
ADVANCE LOCAL NEWS ALABAMA MEDIA GROUP DEPT 77571, PO DETROIT, MI 48277	13-4123607		150,000.	• 0	N/A	N/A	(A) = \$150,000
ALBUQUERQUE PUBLISHI							
7777 JEFFERSON STREET NE ALBUQUERQUE, NM 87109	85-0377498		150,000.	0	N/A	N/A	(A) = \$150,000
ANCHORAGE DAILY NEWS LLC						ラン () () 間 () () () () ()	
ANCHORAGE, AK 99503	37-1869203		150,000.	0.	N/A	N/A	(A) = \$150,000
.I	,						Schedule I (Form 990)

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Schedule I (Form 990) Page 1 (h) Purpose of grant or assistance (A) = \$150,000 = \$150,000 A) = \$150,000 = \$150,000(B) = \$150,000= \$150,000 = \$150,000= \$150,000 = \$150,000 04 - 3731829Ā B (A) γ Ā B (g) Description of non-cash assistance N/A N/A N/A N/A N/A I/A N/A Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0.N/A N/A0.N/A 0.N/A 0.N/A 0.N/A 0 c 。 (e) Amount of non-cash assistance (d) Amount of cash grant 150,000. 150,000, 150,000, 150,000 150,000 150,000 150,000 150,000 150,000 (c) IRC section if applicable 82-5339555 501(C)(3) 26-2913233 42-0306780 42-0823980 56-0338580 76-0425553 72-0146160 58-1035149 46-3488150 (b) EIN 6205-A PEACHTREE DUNWOODY ROAD ATLANTA JOURNAL CONSTITUTION (a) Name and address of organization or government 254 COURT AVENUE, SUITE 400 1 EXCHANGE PLACE SUITE 201 MEMPHIS FOURTH ESTATE INC. CAPITAL CITY PRESS, LLC MC CLATCHY INTERACTIVE MEDIA NEWS GROUP, INC. BATON ROUGE, LA 70809 111 W HARGETT STREET HERALD PUBLISHING CO DAVENPORT, IA 52807 LEE ENTERPRISES INC 4600 E 53RD STREET MELVILLE, NY 11747 508 N COURT STREET 10705 RIEGER ROAD RALEIGH, NC 27601 235 PINELAWN ROAD ATLANTA, GA 30328 CARROLL, IA 51401 MEMPHIS, TN 38103 READING, PA 19601 Schedule I (Form 990) BOSTON, MA 02109 BOSTON GLOBE LLC 345 PENN STREET NEWSDAY, LLC

THE LENFEST INSTITUTE FOR JOURNALISM

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Page 1 Schedule I (Form 990) (h) Purpose of grant or assistance = \$150,000 (A) = \$150,000(A) = \$150,000(A) = \$150,000= \$150,000 (B) = \$150,000= \$150,000 (A) = \$150,000(A) = \$150,00004 - 3731829(A) A A (g) Description of non-cash assistance 14.188.47 N/A N/A N/A N/A N/A N/A N/A Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) N/A 0.N/A 0.N/A 0.N/A N/A 0.N/A 。 0 0 (e) Amount of non-cash assistance (d) Amount of cash grant 150,000. 150,000. 150,000, 150,000 150,000 150,000. 150,000 150,000 150,000 (c) IRC section if applicable SPECIAL ASSET FUND OF 23-0974080 13-3920860 80-0481910 26-0358790 30-0537922 47-2524567 59-0482470 36-3779720 71-0026260 (p) EIN SAN FRANCISCO CHRONICLE/SF GATE STAR TRIBUNE MEDIA COMPANY LLC TRIBUNE PUBLISHING COMPANY LLC THE DALLAS MORNING NEWS, INC. 90 SOUTH 400 WEST, SUITE 700 (a) Name and address of organization or government 650 3RD AVENUE, SUITE 1300 160 N STETSON, 41TH FLOOR THE POST AND COURIER INC. ST. PETERSBURG, FL 33701 SALT LAKE CITY, UT 84101 TIMES PUBLISHING COMPANY SAN FRANCISCO, CA 94103 PHILADELPHIA, PA 19146 490 FIRST AVENUE SOUTH MINNEAPOLIS, MN 55488 THE SALT LAKE TRIBUNE LITTLE ROCK, AR 72203 PHILADELPHIA TRIBUNE 1954 COMMERCE STREET CHARLESTON, SC 29403 134 COLUMBUS STREET 901 MISSION STREET 520 S 16TH STREET CHICAGO, IL 60601 Schedule I (Form 990) DALLAS, TX 75201 WEHCO MEDIA INC. PO BOX 2221

032241 11-05-20

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Schedule	l (Form 990)	SPECIAL ASSET FUND OF TPF	04 - 3731829
Part II Continu	Continuation of	Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	

Schedule I (Form 990) SPECIAL ASSET FUND	SSET FUND	OF TPF					04-3731829 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Do	mestic Organizations	and Domestic Go	,	(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR MICHIGAN, INC.							
4100 N DIXBORO ROAD ANN ARBOR, MI 48105	32-0167398 501(C)(3)	501(C)(3)	130,000.	0 . N	N/A	N/A	(A) = \$100,000, (F) = \$25,000, (M) = \$5,000
O REPORT							
126 GONZALES STREET # 100 SAN ANTONIO, TX 78205	47-4820476 501(C)(3)	501(C)(3)	129,350.	0 . N	N/A	N/A	(A) = \$100,000, (D) = \$24,350, (M) = \$5,000
MDE CITY PAPER 734 15TH STREET NW, SUITE 400 WASHINGTON, DC 20005	38-4056032		125,000	0.0	N/A	N/A	(A) = \$100,000, (D) = \$25,000
PUBLIC SOURCE INC. 1936 FIFTH AVENUE PITTSBURGH, PA 15219	47-4309256 501(C)(3)	501(C)(3)	125,000.	<u>v</u> .0.	/A	N/A	(A) = \$100,000, (D) = \$25,000
BOARD OF REGENTS, KUNR CONTROLLERS OFFICE MAIL STOP 0124 RENO, NV 89557	88-6000024 501(C)(3)	501(C)(3)	105,000	0	N/A	N/A	(A) = \$100,000, (M) = \$5,000
CITY LIMITS NEWS, INC. 8 W 126TH STREET, 3RD FLOOR NEW YORK, NY 10027	27-0218689		105,000.	0.0	N/A	N/A	(A) = \$100,000, (M) = \$5,000
DETROIT EDUCATIONAL TELEVISION FOUNDATION - 1 CLOVER COURT - WIXOM, MI 48393	38-1440200	501(C)(3)	105,000.	0.	N/A	N/A	(A) = \$100,000, (M) = \$5,000
MINNPOST 900 6TH AVENUE SE, SUITE 220 MINNEAPOLIS, MN 55414	26-0573427	501(C)(3)	105,000.	0.0	N/A	N/A	(A) = \$100,000, (M) = \$5,000
NEW HAMPSHIRE PUBLIC BROADCASTING 268 MAST ROAD DURHAM, NH 03824	94-3443883	501(C)(3)	105,000.	0.0	N/A	N/A	(A) = \$100,000, (M) = \$5,000
							Schedule I (Form 990)

THE LENFEST INSTITUTE FOR JOURNALISM

Page 1 11 H н 11 П (h) Purpose of grant or assistance Œ (A) = \$100,000, (M) \$5,000 Œ (A) = \$100,000, (M) $\widetilde{\mathbf{z}}$ (A) = \$100,000, (M)= \$100,000, = \$100,000, A) = \$100,000,(A) = \$100,000= \$100,000 (A) = \$100,00004 - 3731829\$5,000 \$5,000 35,000 55,000 5 000 A A (A) (g) Description of non-cash assistance N/A N/A N/A N/A N/A N/A N/A Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation N/A N/A 0.N/A N/A 0. N/A 0. N/A 0 0 。 o 。 (e) Amount of non-cash assistance (d) Amount of cash grant 105,000. 105,000. 105,000, 105,000 100,000 105,000 105,000 100,000 100,000 (c) IRC section if applicable 73-6097060 501(C)(3) 82-5355128 501(C)(3) 27-1553931 501(C)(3) 81-4399324 501(C)(3) 26-2143608 501(C)(3) 58-2126423 501(C)(3) SPECIAL ASSET FUND OF 47-2014247 83-2507589 81-0755511 (p) EIN 500 NORTH THIRD STREET, SUITE 208-8 VERMONT JOURNALISM TRUST/VT DIGGER WISCONSIN CENTER FOR INVESTIGATIVE JOURNALISM (WISCONSIN WATCH) - 821 UNIVERSITY AVENUE - MADISON, WI TELECOMMUNICATIONS COLLAB - 740 FOUNDATION - 400 SOUTH MONROE GA (a) Name and address of organization or government HUNTINGTON WOODS, MI 48070 BISMARK ROAD NE - ATLANTA, OKLAHOMA STATE UNIVERSITY ASHLEY WOODS/DETOUR MEDIA 28 STATE STREET, SUITE 8 2120 UNIVERSITY AVENUE 10474 KINGSTON AVENUE WAUSAU PILOT & REVIEW STILLWATER, OK 74074 SAN JOSE NEWS BUREAU MONTPELIER, VT 05602 ATLANTA EDUCATIONAL CA 95382 BERKELEY, CA 94704 BERKELEYSIDE INC. Schedule I (Form 990) DURHAM, NC 27702 WAUSAU, WI 54403 2621 DELS LANE PO BOX 129 SAN JOSE, SCALAWAG 53706 30324

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Schedule I (Form 990)

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

04 - 3731829

Page 1 Schedule I (Form 990) (h) Purpose of grant or assistance \$100,000 N) = \$100,000 = \$100,000 (A) = \$100,000= \$100,000 N) = \$100,000 (A) = \$100,000= \$100,000 (A) = \$100,000(A) (A) A (A) (g) Description of non-cash assistance N/A N/A N/A N/A N/A N/A Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) N/A N/A 0.N/A N/A 0.N/A N/A 0.N/A 0 0 Ö 0 。 0 (e) Amount of non-cash assistance (d) Amount of cash grant 100,000. 100,000. 100,000 100,000 100,000 100,000 100,000 100,000 100,000 (c) IRC section if applicable 20-8431071 501(C)(3) 47-2474086 501(C)(3) 27-0550219 501(C)(3) 87-6000525 501(C)(3) 46-4955722 46-4544044 90-0924516 83-0538245 47-3182770 (p) EIN 1080 N DELAWARE AVENUE, SUITE 502B GERMANTOWN COMMUNITY BROADCASTING 201 S PRESIDENTS CIRCLE, ROOM 411 MEDIA IN NEIGHBORHOODS GROUP LLC 134 WEST 29TH STREET, FLOOR 11 (a) Name and address of organization or government 110 16TH STREET SUITE 1400 SALT LAKE CITY, UT 84112 PHILADELPHIA, PA 19125 PHILADELPHIA, PA 19144 140 EAST MARKET STREET VOICE OF ORANGE COUNTY PLANCK DBA PATCH MEDIA 40 WEST FOURTH STREET SACRAMENTO, CA 95814 MANSFIELD, OH 44902 CA 92701 5105 PULASKI DRIVE UNIVERSITY OF UTAH 1017 L STREET #261 NEW YORK, NY 10001 RICHLAND TIMES LLC DENVER, CO 80202 THE COLORADO SUN AKRON, OH 44303 THE DEVIL STRIP CALMATTERS 837 N ROSS SANTA ANA,

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THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Schedule I (Form 990) SPECIAL AS	TAL ASSET FUND OF TPF	OF TPF					04-3731829 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ssistance to Dor	nestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	() H	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TECHNICALLY MEDIA, INC.							
CURTIS CENTER 601 WALNUT STREET #12 PHILADELPHIA, PA 19106	27-3522063		.000,36	0	N/A	N/A	000'96\$ = (M)
NUEVA ESPERANZA, INC. 4261 NORTH 5TH STREET PHILADELPHIA, PA 19140	23-2552707	501(C)(3)	000,08	0	N/A	N/A	(D) = \$25,000, (N) = \$55,000
DORSEY MEDIA LLC 39 LA RUE PLACE NW ATLANTA, GA 30327	83-2233623		75,000.	0.0	N/A	N/A	(N) = \$75,000
CRAIG NEWMARK GRADUATE SCHOOL OF JOURNALISM CUNY FOUNDATION INC 219 WEST 40TH STREET - NEW YORK,	70 E 10 E E 0 7	16/10/10	0000	c	k / 14	7 N	
NY TOOLS	40-0170001	301(C)(3)	,4,000.	. T	H / H	W/W	1 1 2 -
NEW YORK UNIVERSITY 700 WASHINGTON SQUARE S NEW YORK, NY 10012	13-5562308	501(C)(3)	72,912.	0,0	N/A	N/A	(Y) = \$72,912
PENNSYLVANIA PRISON SOCIETY 230 SOUTH BROAD STREET, SUITE 605 PHILADELPHIA, PA 19102	23-1352267	501(C)(3)	.000,00	0	N/A	N/A	(N) = \$70,000
1 7 7 7	26-2662097		000		N/A	N/A	(N) = \$60,000
SLIC ALTOR	1	501(C)(3)	.55,000.	0	N/A	N/A	(A) = \$50,000, (M) = \$5,000
		501(C)(3)	. 55,000.	0.0	N/A	N/A	(L) = \$5,000, (N) = \$50,000
i and							Schedule I (Form 990)

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Schedule I (Form 990) Page 1 (h) Purpose of grant or assistance (D) = \$25,000, (M)= \$38,000, 04 - 3731829N) = \$50,200= \$50,000 N = \$50,000000'05\$ = (0)= \$50,000 \$40,000 R) = \$30,000 (N (N î ã (g) Description of non-cash assistance N/A N/A N/A N/A N/A N/A N/A N/A N/A Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) N/A N/A N/A N/A N/A N/A N/A 0 0 0 0 0 。 . 。 Ö (e) Amount of non-cash assistance (d) Amount of cash grant 50,000. 50,000. 50,000 38,000. 30,000 30,000 50,200 50,000 40,000 (c) IRC section if applicable 26-0307123 501(C)(3) 23-2094500 501(C)(3) 23-2032930 501(C)(3) 94-3027961 501(C)(3) 27-1912845 501(C)(3) 501(C)(3) 22-2629856 501(C)(3) 84-3671638 83-3104303 81-1705652 (p) EIN PHILADELPHIA ASSOCIATION OF BLACK 666 HANCOCK STREET, APARTMENT 1F SUPPORTIVE OLDER WOMEN'S NETWORK JOURNALISTS - 30 S 15TH STREET, 15TH FLOOR - PHILADELPHIA, PA 924 CHERRY STREET, 5TH FLOOR 924 CHERRY STREET; 5TH FLOOR (a) Name and address of organization or government 4100 MAIN STREET, SUITE 403 THE BIG PICTURE ALLIANCE MEDIA MOBILIZING PROJECT SAN FRANCISCO, CA 94107 PHILADELPHIA, PA 19107 PHILADELPHIA, PA 19107 PHILADELPHIA, PA 19127 PHILADELPHIA, PA 19131 630 DESNOYER AVENUE BROOKLYN, NY 11233 M&G ASSOCIATES LLC 3747 LANKENAU ROAD ST. PAUL, MN 55104 AI FOR THE PEOPLE INTERNEWS NETWORK Schedule I (Form 990) ARCATA, CA 95521 1150 25TH STREET 876 7TH STREET BOTCAST, INC. CATCHLIGHT 19102

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Schedule I (Form 990) SPECIAL ASSET FUND OF TPF Deat II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SSET FUND	OF TPF	of one and Domestic Go		(Schadula (Form 990) Part II.)		04-3731829 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC MEDIA GROUP OF SOUTHERN CALIFORNIA - 2900 WEST ALAMEDA AVENUE, SUITE 600 - BURBANK, CA 91505	95-2211661	501(C)(3)	30,000.	.0	N/A	N/A	(F) = \$25,000, (M) = \$5,000
SAN FRANCISCO PUBLIC 44 PAGE STREET, SUITE 504 SAN FRANCISCO, CA 94102	27-1275141	501(C)(3)	30,000.	N.0	N/A	N/A	(D) = \$25,000, (M) = \$5,000
THE GROUNDTRUTH PROJECT, INC. 10 GUEST STREET BRIGHTON, MA 02135	46-0908502	501(C)(3)	30,000.	0.	N/A	N/A	000,08\$ = (8)
ADVOCATE FOUNDATION INC. 6301 GASTON AVENUE, SUITE 820 DALLAS, TX 75214	20-5245262	501(C)(3)	25,000.	0	N/A	N/A	(D) = \$25,000
AFRO AMERICAN COMPANY OF BALTIMORE CITY - 1531 S EDGEWOOD STREET, SUITE B - BALTIMORE, MD 21277	52-0219436		25,000.	0	N/A	N/A	(D) = \$25,000
ARIZONA DAILY STAR 4850 PARK AVENUE TUSCON, AZ 85714	86-0621785		25,000.	0.0	N/A	N/A	(D) = \$25,000
BANGOR PUBLISHING CO PO BOX 11033 BANGOR, ME 04243	01-0024570		25,000.	0.0	N/A	N/A	(D) = \$25,000
GRAHAM MEDIA GROUP 161 NORTH CLARK STREET, SUITE 2900 CHICAGO, IL 60601	52-0854809		25,000.	0,0	N/A	N/A	(F) = \$25,000
ISSUE MEDIA GROUP LLC 5090 STATE STREET, SUITE D-104 SAGINAW, MI 48603	20-8773719		25,000.	0.0	N/A	N/A	(D) = \$25,000
							Schedule I (Form 990)

THE LENFEST INSTITUTE FOR JOURNALISM

Page 1 Schedule I (Form 990) (h) Purpose of grant or assistance \$25,000 04 - 3731829(D) = \$25,000= \$25,000 = \$25,000 = \$25,000= \$25,000 F) = \$25,000= \$24,996 = \$23,650 11 â (D) í A <u>a</u> â â (D) (g) Description of non-cash assistance N/A N/A N/A N/A N/A N/A N/A Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) N/A N/A 0.N/A 0.N/A 0. N/A 0. N/A 0.N/A 0 。 o 。 (e) Amount of non-cash assistance (d) Amount of cash grant 25,000. 25,000, 25,000 25,000 25,000 25,000 24,996 23,650 25,000 (c) IRC section if applicable SPECIAL ASSET FUND OF TPF 38-2517980 501(C)(3) 92-0139738 501(C)(3) 16-1272790 501(C)(3) 501(C)(3) 36-4823538 43-2030697 16-3486355 86-0937358 52-1689843 94-2601100 (b) EIN SUITE 480 3117 MARTIN LUTHER KING JR. AVENUE 605 N MICHIGAN AVENUE, 4TH FLOOR NIAGARA FRONTIER RADIO READING MICHIGAN ENVIRONMENTAL COUNCIL SERVICE - 1199 HARLEM ROAD -(a) Name and address of organization or government THE EVERYDAY PROJECTS INC. 3600 SAN JERONIMO DRIVE, 294 WASHINGTON AVENUE #2 230 OLD WELLINGTON ROAD PHOENIX NEWSPAPERS, INC THE WASHINGTON INFORMER WASHINGTON, DC 20032 MANCHESTER, NH 03104 450 CAMBRIDGE AVENUE KOAHNIC BROADCAST CO ANCHORAGE, AK 99508 MANCHESTER INK LINK PALO ALTO, CA 94306 BROOKLYN, NY 11205 CHICAGO, IL 60611 LANSING, MI 48933 LA RAZA NEWSPAPER BUFFALO, NY 14227 EMBARCADERO MEDIA PHOENIX, AZ 85004 Schedule I (Form 990) 200 E VAN BUREN 602 W IONIA

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THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Schedule I (Form 990) SPECIAL ASSET FUND OF TPF Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ASSET FUND R Assistance to Don	OF TPF nestic Organizations	OCORINGIAL SM ations and Domestic Go		(Schedule I (Form 990), Part II.)		04-3731829 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 7 7 0	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO HISPANO, INC. 2000 CHAPEL HILL ROAD, SUIT 26A DURHAM, NC 27707	56-2011661	501(C)(3)	23,000.	0	. YY	N/A	(D) = \$18,000, (M) = \$5,000
GREATER GREATER WASHINGTON 1440 G STREET NW WASHINGTON, DC 20005	47-2738753	501(C)(3)	22,293.	0.0	N/A	N/A	$(\mathbf{F}) = \$22,393$
INSTITUTE FOR NONPROFIT NEWS 714 W OLYMPIC BOULEVARD, SUITE 931 LOS ANGELES, CA 90015	27-2614911	501(C)(3)	22,000.	0.0	M/A	N/A	(D) = \$22,000
THE SACRAMENTO BEE PO BOX 15779 SACRAMENTO, CA 95852	94-0666175		21,000.	0	/A	N/A	(D) = \$21,000
	23-2434262 501(C)(3	501(C)(3)	20,000.	0	N/A	N/A	(X) = \$20,000
MINERVA MEDIA LLC 532 ELLYNN DRIVE CARY, NC 27511	83-4219071		19,524.	0	N/A	N/A	(D) = \$19,524
BLUE GRASS COMMUNITY 499 E HIGH STREET, SUITE 112 LEXINGTON, KY 40507	61-6053466 501(C)(3	501(C)(3)	18,250.	0	N/A	N/A	(D) = \$18,250
ASIAN AMERICAN JOURNALISTS ASSOCIATION - 5 THIRD STREET, SUITE 1108 - SAN FRANCISCO, CA 94103	95-3755203	501(C)(3)	15,000.	0	N/A	N/A	(0) = \$15,000
DELAWARE CURRENTS PO BOX 306 PORT JERVIS, NY 12771	47-5511000 501(C)(3	501(C)(3)	12,100.	0	N/A	N/A	(H) = \$12,100 Schedule I (Form 990)
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THE LENFEST INSTITUTE FOR JOURNALISM

Page 1 Schedule I (Form 990) (h) Purpose of grant or assistance 04-3731829 (M) = \$10,000(F) = \$7,400000'9\$ = (H)(g) Description of non-cash assistance N/A N/A Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) N/A N/A 0 0 0 (e) Amount of non-cash assistance (d) Amount of cash grant 10,000, 7,400 000'9 (c) IRC section if applicable SPECIAL ASSET FUND OF TPF 45-1034978 501(C)(3) 26-0840496 501(C)(3) 47-1248351 (p) EIN 915 SPRING GARDEN STREET, SUITE 203 REPORTING - 7030 HUMBOLDT AVENUE N AFRICA INSTITUTE FOR INTERNATIONAL ADMINISTRATIVE CENTER - KANSAS (a) Name and address of organization or government - BROOKLYN CENTER, MN 55430 PHILADELPHIA, PA 19123 5115 OAK STREET, 2020 GREEN PHILLY COMPANY Schedule I (Form 990) UMKC FOUNDATION CITY, MO 64112

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Schedule I (Form 990) 2020

Part III

THE LENFEST INSTITUTE FOR JOURNALISM

SPECIAL ASSET FUND OF TPF

Page 2

04-3731829

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
SUPPORT GRANTEES ATTENDANCE AT JOURNALISM					
CONVENTIONS	23	28,100.	S. C.	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.	Uired in Part I. lin	e 2: Part III. column	(b); and any other ac	ditional information.	
5	PLICATIONS.		DUE DILIGENCE INCLUDES:	LUDES:	
		1			

1) ENSURE THE ORGANIZATION HAS A VALID PUBLIC CHARITY STATUS OR EQUIVALENCY

OR IS A QUALIFIED RECIPIENT WITHIN THE INSTITUTE'S MISSION **DETERMINATION**

2) REVIEW THE APPLICANT'S APPLICATION, WEBSITES, PUBLIC MATERIALS, AND

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

AVAILABLE

3) MAKE SELECTED SITE VISITS

SPECIAL ASSET FUND OF TPF 04-3731829 Page 2

Schedule I (Form 990) SPECI
Part IV | Supplemental Information

- 4) PERIODICALLY MEET WITH NONPROFIT'S KEY STAFF MEMBERS
- 5) 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: THE PHILADELPHIA INQUIRER

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

INQUIRER'S 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,

HEALTH COVERAGE AND A SERIES ON THE FUTURE OF WORK IN PHILADELPHIA

(\$2,415,148) AND (B) NEWS TECHNOLOGY AND PRODUCT IMPROVEMENTS, INCLUDING

A GRANT FOR DIGITAL TRANSFORMATION ACCELERATION, MARKETING CLOUD

IMPLEMENTATION, DIGITAL SUBSCRIPTION PROCESS IMPROVEMENTS, AND OTHER

TECHNOLOGY SUPPORT (\$1,855,000), AND (C) THE IMPLEMENTATION OF DIVERSITY,

EQUITY AND INCLUSION STRATEGIES TO ENABLE THE NEWS ORGANIZATION TO

DIVERSIFY ITS LEADERSHIP AND MORE EQUITABLY COVER THE PHILADELPHIA REGION

(\$1,405,000).

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

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF Schedule I (Form 990) 04-3731829 Page 2 Part IV | Supplemental Information PURPOSE DESCRIPTIONS THAT CORRESPOND TO THOSE REFERENCE ARE AS FOLLOWS: (A) - NEWS SUSTAINABILITY: FACEBOOK FUNDED LOCAL NEWS ACCELERATOR GRANT TO SUPPORT TRANSITION TO A SUSTAINABLE DIGITAL FUTURE. (B) - NEWS SUSTAINABILITY: FACEBOOK FUNDED LOCAL NEWS ACCELERATOR GRANT TO SUPPORT DIGITAL SUBSCRIPTION RETENTION PRACTICES. (C) - NEWS SUSTAINABILITY: FACEBOOK FUNDED LOCAL NEWS ACCELERATOR GRANT TO SUPPORT AND ACCELERATE MEMBERSHIP EFFORTS (D) - NEWS SUSTAINABILITY - FACEBOOK FUNDED GRANT TO SUPPORT PROJECTS THAT BUILD COMMUNITY THROUGH LOCAL NEWS. (E) - NEWS SUSTAINABILITY - FACEBOOK FUNDED GRANT TO DEVELOP AN ACCELERATOR PROGRAM IN SUPPORT OF LOCAL NEWS. (F) - NEWS SUSTAINABILITY - FACEBOOK FUNDED GRANT TO BUILD COMMUNITY THROUGH LOCAL NEWS. (G) - KNIGHT-LENFEST LOCAL NEWS TRANSFORMATION FUND: GRANT TO SUPPORT PROJECTS THAT CREATE A MORE SUSTAINABLE AND EQUITABLE NEWS ECOSYSTEM IN PHILADELPHIA. (H) - DONOR FUNDED GRANT TO SUPPORT REPORTING ON DELAWARE RIVER AND OHIO RIVER WATERSHEDS (I) - KNIGHT-LENFEST LOCAL NEWS TRANSFORMATION FUND: GRANT TO SUPPORT BROKE IN PHILLY REPORTING. (J) - IPMF FUNDED GRANT TO LEAD RESPONSE TO COMMUNITY INFORMATION NEEDS RELATED TO COVID-19. (K) - GRANT TO ADVANCE JOURNALISM ROOTED IN EQUITY, COLLABORATION AND COMMUNITY SOLUTIONS. (L) - GENERAL OPERATING SUPPORT GRANT IN HONOR OF RETIRING BOARD MEMBERS. (M) - FACEBOOK FUNDED GRANT TO FILL GAPS AND UNEXPECTED COSTS IN COVERING THE IMPACT OF COVID-19.

THE LENFEST INSTITUTE FOR JOURNALISM

04-3731829 Page 2 Schedule I (Form 990) SPECIAL ASSET FUND OF TPF Part IV | Supplemental Information (N) - DONOR FUNDED GRANT TO SUPPORT COVID-19 NEWS AND INFORMATION NEEDS IN VULNERABLE COMMUNITIES. (O) - DIVERSE AND GROWING AUDIENCES - GRANT TO SUPPORT INITIATIVES AIMED AT INCREASING DIVERSITY IN JOURNALISM. (P) 3-FACEBOOK FUNDED GRANT TO SUPPORT COMMUNITY NETWORK GRANT PROGRAM. FUNDS WERE FURTHER GRANTED TO LOCAL MEDIA ORGANIZATIONS COVERING COVID-19. (Q) - CLEF: DONOR FUNDED GRANT TO ENSURE ACCURATE INFORMATION ON THE CORONAVIRUS AND ITS IMPACT. (R) - CLEF: DONOR FUNDED GRANT TO SUPPORT TOOLS THAT ENABLE NEWSROOMS TO INTERACT WITH THEIR COMMUNITIES. (S) - HIGH IMPACT JOURNALISM: GRANT TO PROVIDE COVERAGE OF THE ECONOMIC IMPACT OF COVID-19. (T) - DIVERSE AND GROWING AUDIENCES - GRANT TO FUND THE CREATION OF TRAINING MODULES FOR THE LENFEST CONSTELLATION NEWS LEADERSHIP INITIATIVE. (U) - FISCAL SPONSORSHIP: FIRST DRAFT COLLABORATIVE PLATFORM BUILD FOCUSED ON FIGHTING MISINFORMATION ONLINE (V) - FISCAL SPONSORSHIP: THE CITY - LAUNCHING A NONPROFIT NEWS SITE FOR NEW YORK; FISCAL SPONSORSHIP PROGRAM TO PROVIDE A DIGITAL REPORTING PLATFORM THAT FOCUSES ON LOCAL ISSUES IN THE CITY OF NEW YORK (W) - DONOR DIRECTED FUNDING TO SUPPORT A FULL TIME JOURNALIST REPORTING ON DIGITAL EQUITY AND ECONOMIC OPPORTUNITY. (X) - GRANT TO SUPPORT THE MEDIA, THE COURTS AND COUNSEL PROGRAM. (Y) - DONOR DIRECTED FUNDING FROM GOOGLE TO PRODUCE A HANDBOOK THAT PROVIDES FUNDRAISING GUIDANCE TO NEWSROOMS.

SCHEDULE J (Form 990)

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.

Attach to Form 990.

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

OMB No. 1545-0047

pen to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

FOR JOURNALISM Employer identification number 17PF 04-3731829

Part I Questions Regarding Compensation

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			192
	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	7,000		`\$:# :
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	9.5	: 25%	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	The ly		
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		1 17 12 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		
		62 W		12.3
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	Com to Moralia	х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	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.	1270		
	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		X
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:			
а	The organization?	6a		X
	Any related organization?	6b		X
	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		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990), 2020

THE LENFEST INSTITUTE FOR JOURNALISM

SPECIAL ASSET FUND OF TPF

04 - 3731829

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.

								2
		(B) Breakdown of	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in Column (b) reported as deferred on prior Form 990
(1) PEDRO A. RAMOS	Ε	0	0	0	0	0	0	0
SECRETARY, PRESIDENT & CEO	(E)	366,	0	774.		18,248.	424,548.	0
(2) JAMES FRIEDLICH	ε	330,359.	0.	1,188.	28,500.	26,438.	386,485.	0
CHIEF EXECUTIVE OFFICER - LLC	€	0	0	0	• 0	0	0	0
(3) ANNIE MADONIA	Ξ	273,848.	0	774.	28,500.	25,402.	328,524.	0
CHIEF ADVANCEMENT OFFICER - LLC	(E)	0	0	0		0	0	0
(4) KEN HERTS	(E)	266,661.	0	1,188.	20,042.	945.	288,836.	• 0
CHIEF OPERATING OFFICER - LLC	(ii)	0	0	0	• 0	0	0	0
(5) ORLANDO ESPOSITO	Ξ	0	0	0	• 0	• 0	0	0
TPF CHIEF FINANCIAL OFFICER	€	198,929.	0	1,188.	13,215.	26,553.	239,885.	0
(6) JANELLE STAFFORD	(E)	192,404.	0	162.	16,538.	5,559.	214,663.	0
MANAGING DIRECTOR - LLC	≘	0	0	0	• 0	0	0	0
(7) REBECCA FORMAN	Ξ	156,907.	0	162.	15,938.	5,294.	178,301.	• 0
DIRECTOR OF ADVANCEMENT - LLC	Ξ	0	• 0	0	• 0	0	0	• 0
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THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

04 - 3731829

Page 3

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 III Supplemental Information Schedule J (Form 990) 2020

ART I, LINE 3:			
HE INSTITUTE RELIES ON THE PHILADELPHIA FOUNDATION (TPF) TO DETERMINE THE	H		
COMPENSATION FOR TPF PRESIDENT & CEO, PEDRO A. RAMOS. TPF USED THE			
1 04			
COMPENSATION COMMITTEE			
ORM 990 OF OTHER ORGANIZATIONS			
COMPENSATION SURVEY OR STUDY			
APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
. News			
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59

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

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

Employer identification number 0.4 - 3.731829

SPECIAL ASSET FUND OF TPF U4-3/31829
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WITH A FOCUS ON BUILDING AND SUPPORTING VIABLE, REPLICABLE MODELS FOR
QUALITY LOCAL JOURNALISM TO SURVIVE AND SERVE COMMUNITIES IN THE
DIGITAL AGE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
HIGH-IMPACT JOURNALISM:
QUALITY, IN-DEPTH REPORTING REMAINS THE FUNDAMENTAL VALUE PROPOSITION
BETWEEN LOCAL NEWS ORGANIZATIONS AND THEIR AUDIENCES. THE INSTITUTE
INVESTS IN INDISPENSABLE PUBLIC-BENEFIT JOURNALISM FOR THE COMMUNITIES
IT SERVES.
NEWS TECHNOLOGY AND INNOVATION:
TO SURVIVE AND THRIVE, LOCAL NEWS ENTERPRISES MUST BE NIMBLE, TECH
ENABLED AND COMMITTED TO CONSTANT INNOVATION. INVESTING IN THE
TECHNICAL MUSCLE OF NEWS ORGANIZATIONS AND INTRODUCING NEW TOOLS
IMPROVE CUSTOMER EXPERIENCE, AUDIENCE ENGAGEMENT AND OPERATIONAL
EFFICIENCY, ALL KEY TO BUSINESS SUSTAINABILITY.
DIVERSE AND GROWING AUDIENCES:
DIVERSE AND INCLUSIVE NEWSROOMS ATTRACT DIVERSE AND GROWING AUDIENCES.
OUR INVESTMENTS IN NEWSROOM DIVERSITY, COMMUNITY LISTENING PROJECTS,
AND MULTI-CULTURAL NEWS MEDIA ADDRESS SOME OF JOURNALISM'S BIGGEST
CHALLENGES AND ONE OF ITS GREATEST OPPORTUNITIES.

KNIGHT-LENFEST TRANSFORMATION FUND:

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

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

PROTOTYPE PROJECTS BRINGING TOGETHER ORGANIZATIONS IN THE PHILADELPHIA

AREA FOR CLOSER COLLABORATION.

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2 THE LENFEST INSTITUTE FOR JOURNALISM Name of the organization **Employer identification number** SPECIAL ASSET FUND OF TPF 04-3731829 DIRECTORS 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. 3的对数数数11年17月2 FORM 990, PART VI, SECTION A, LINE 7B: 5.1.据5.7.被参数章。对"最为。 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 CLOSING 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 12: 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

Schedule O (Form 990 or 990-EZ) 2020

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

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

Employer identification number 04 - 3731829

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 CEQ, **BE**AFFILIATED WITH ANY GRANTEE, PROSPECTIVE GRANTEE OR VENDOR TO THE INSTITUTE.

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

THE EXECUTIVE COMMITTEE OF THE INSTITUTE'S BOARD OF MANAGERS, WITHOUT PARTICIPATION OF THE INSTITUTE'S CEO, IS RESPONSIBLE FOR ESTABLISHING ANNUAL COMPENSATION FOR THE INSTITUTE'S CEO. PRIOR TO THE ANNUAL ANNIVERSARY OF THE CEO'S HIRING DATE, THE EXECUTIVE COMMITTEE RESEARCHES COMPARABLE SALARY AND BENEFITS DATA, SUCH AS DATA AVAILABLE FROM SALARY AND BENEFIT SURVEYS, TO LEARN WHAT NONPROFIT EMPLOYERS WITH SIMILAR MISSIONS, SIMILAR BUDGET AND LOCATED IN THE SAME OR A SIMILAR GEOGRAPHIC REGION PAY THEIR SENIOR LEADERS. THE EXECUTIVE COMMITTEE MAY CHOOSE TO USE AN OUTSIDE EXPERT TO ASSIST IT WITH THIS RESEARCH. THE EXECUTIVE COMMITTEE DOCUMENTS WHO WAS INVOLVED AND THE PROCESS USED TO CONDUCT THE SALARY REVIEW. INCLUDING THE CRITERIA USED TO EVALUATE THE PERFORMANCE OF THE CEO. IT PRESENTS ITS PERFORMANCE REVIEW, COMPARABLE SALARY DATA AND COMPENSATION RECOMMENDATIONS TO THE FULL BOARD FOR ITS APPROVAL PRIOR TO THE ANNUAL ANNIVERSARY OF THE CEO'S HIRING DATE. THIS PROCESS LAST OCCURRED IN 2020.

THE INSTITUTE'S CEO IS RESPONSIBLE FOR REVIEWING AND DECIDING COMPENSATION FOR OTHER KEY EMPLOYEES OF THE ORGANIZATION. THE 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 CEO DISCUSSES COMPENSATION DECISIONS WITH MEMBERS OF THE EXECUTIVE COMMITTEE. THIS PROCESS LAST OCCURRED IN 2020.

Schedule O (Form 990 or 990-Ez) 2020	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 C, LINE 19:	
THE INSTITUTE MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON	
ADDITION, THE PHILADELPHIA FOUNDATION MAKES THE GOVERNING	DOCUMENTS AND
CONFLICT OF INTEREST POLICY FOR THE INSTITUTE AVAILABLE U	PON REQUEST.
FORM 990, PART IX, LINES 5 AND 7:	
THE INSTITUTE DOES NOT ISSUE ANY W-2S, BUT RATHER REIMBUR	SES ITS
RELATED ORGANIZATION, THE PHILADELPHIA FOUNDATION, FOR SA	LARIES PAID TO
EMPLOYEES DEVOTING TIME TO THE INSTITUTE. WITHIN THE STAT	EMENT OF
FUNCTIONAL EXPENSES, THE SALARIES REIMBURSED TO THE RELAT	ED
ORGANIZATION ARE REPORTED AS SUCH ON FORM 990, PART IX.	
· · · · · · · · · · · · · · · · · · ·	

Employer identification number 04-3731829 Open to Public Inspection OMB No. 1545-0047 Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990. THE LENFEST INSTITUTE FOR JOURNALISM TPF SPECIAL ASSET FUND OF Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

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

(a)	(q)	(၁)	(p)	(a) (b)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets Direct controlling
of disregarded entity		foreign country)		Apple 1988
THE LENFEST INSTITUTE FOR JOURNALISM, LLC -	FOSTERS INNOVATION TO			THE LENFEST INSTITUTE
04-3731829, 801 MARKET STREET, SUITE 300,	SUSTAIN INDEPENDENT			FOR JOURNALISM SPECIAL
PHILADELPHIA, PA 19107	JOURNALISM	PENNSYLVANIA	21,750,954.	97, 432, 232, ASSET FUND OF TPF
				The state of the s
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	tions. Complete if the organization ans	swered "Yes" on Form 990, Par	t IV, line 34, because	it had one or more related tax-exempt

Part II organizations during the tax year.

rm 990) 2020	Schedule R (Form 990) 2020				s for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990
×	FOUNDATION	LINE 12A, I	501(C)(3)	PENNSYLVANIA	FOUNDATION	STREET, SUITE 2410, PHILADELPHIA, PA 19103
	THE PHILADELPHIA	Sec. 1.			SUPPORT THE PHILADELPHIA	CLASSICAL STUDIES - 30-6595159, 1835 MARKET
	y	1.				THE DR. RUDOLPH MASCIANTONIO FOUNDATION FOR
×	FOUNDATION	LINE 12A, I	501(C)(3)	PENNSYLVANIA	FOUNDATION	PHILADELPHIA, PA 19103
	тив Риггарегрига				SUPPORT THE PHILADELPHIA	47-5425277, 1835 MARKET STREET, SUITE 2410,
						DELAWARE CHARITABLE ASSETS, INC
×	FOUNDATION	LINE 12A, I	501(C)(3)	PENNSYLVANIA	GRANTMAKING	2410, PHILADELPHIA, PA 19103
	THE PHILADELPHIA			-		- 46-6758450, 1835 MARKET STREET, SUITE
						THE HARRY R. HALLORAN, JR. CHARITABLE TRUST
×	N/A	LINE 8	501(C)(3)	PENNSYLVANIA	GRANTMAKING	PHILADELPHIA, PA 19103
15						1835 MARKET STREET, SULTE 2410
						THE PHILADELPHIA FOUNDATION - 23-1581832
Yes No		501(c)(3))				
entity?	entity	status (if section	section	foreign country)		of related organization
section 312(b)(13) controlled	Direct controlling	Public charity	Exempt Code	Legal domicile (state or	Primary activity	Name, address, and EIN
(6)	(4)	(e)	(p)	(0)	(q)	(a)

032161 10-28-20 LHA

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Schedule R (Form 990)

04 - 3731829

(g) Section 512(b)(13) controlled organization? × Yes THE PHILADELPHIA Direct controlling entity E OUNDATION LINE 12A, I status (if section 501(c)(3)) Public charity Exempt Code section 501(C)(3) Legal domicile (state or foreign country) ENNSYLVANIA SUPPORT THE PHILADELPHIA Primary activity Part II Continuation of Identification of Related Tax-Exempt Organizations FOUNDATION TPF SPECIAL PROPERTY FUND - 84-5019977 Name, address, and EIN of related organization 1835 MARKET STREET, SUITE 2410 PHILADELPHIA, PA 19103

THE LENFEST INSTITUTE FOR JOURNALISM

Schedule R (Form 990) 2020 SPECIAL ASSET FUND OF TPF

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. Part III

Page 2

hip				
(j) (k) General or Percentage managing ownership				
General or F managing partner?				
Gen	5	·		
UBI box edule foule				
de V				
Code V-UBI e amount in box n 20 of Schedule L K-1 (Form 1065) w				1, 4
ntionaté ons?				
(h) Disproportionaté allocations?				
of year ts				
(g) Share of end-of-year assets				
			i	
(f) Share of total income				
(i hare (incc				
S er				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(e) inant ir 1, unre from ta is 512-				
redomi relatec luded f section				
g exc				
(d) Direct controlling entity				
(d) it contro entity				
Direc				
(c) Legal domicile (state or foreign country)				
don don (sta for				
ivity				
(b) Iry acti				
(b) Primary activity				
<u>.</u>				
ion On				
(a) Name, address, and EIN of related organization				
(a) dress, a d organ				
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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. Part IV

							-		
(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(q)	<u>©</u>	(Q	(e)	(J)	(6)	(h)	Θ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	of 'ear	Percentage ownership	Section 512(b)(13) controlled entity?	on 13) Ped
		country)		han in		assals		Yes	N _o
THE PHILADELPHIA INQUIRER, PBC - 45-5415437			PMN PBC						
801 MARKET STREET, SUITE 300			CHARITABLE						
PHILADELPHIA, PA 19107	NEWS MEDIA PRODUCTION	DE	rrust .	C CORP	123,639,010.	45,263,891.	866.66	×	
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	r					The State of States			
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THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF Schedule R (Form 990) 2020 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

₹ : :	h one or more r	owing transactions with one or more related organizations listed in Parts II-IV? I a controlled entity	d in Parts II-IV?	1a 1b		
Loans or loan guarantees to or for related organization(s)				2 3		×I≻
Loans or loan guarantees by related organization(s)				9 , 9		4 ×
						
				= 3		∢İ۶
Purchase of assets from related organization(s)				<u> </u>		∜∣⊳
Exchange of assets with related organization(s)				F		l×
Lease of facilities, equipment, or other assets to related organization(s)				; =		×
Lease of facilities, equipment, or other assets from related organization(s)				1		>
Performance of services or membership or fundraising solicitations for related organization(s)	ion(s)			¥ =		4 ×
	ion(s)			Ē	×	ı
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				두		×
oriaririg or pard employees with related organization(s)				ခု		×
Reimbursement paid to related organization(s) for expenses				Ç	×	
Reimbursement paid by related organization(s) for expenses			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 =	+	×
Other transfer of cash or property to related organization(s)					,	b
Other transfer of cash or property from related organization(s)			* 2 · · ·	- ¢		∢k
If the answer to any of the above is "Yes," see the instructions for information on who m	lust complete th	is line, including covered	must complete this line, including covered relationships and transaction thresholds.			ı
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	olved		İ
	type (a-s)					ì
						1
						1
			Schedule R (Form 990) 2020	3 (Form	990) 20	8

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

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Schedule R (Form 990) 2020

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.

(k) rcentage vnership				
General or Pe managing partner?				
(h) (i) (k) (k) Disproper Code V-UBI General or Percentage Interactions amount in box 20 managing ownership Yes No Form 1065) Yes No	5/3			
(h) Disproportionate allocations?	- 12 a a a a a a a a a a a a a a a a a a			
(g) Share of end-of-year assets				
(f) Share of total income			·	
(e) Are all partners sec. 501(c)(3) er Orgs.?				
Predominant income (cite and included, excluded from teach, excluded from teach sections 512-514)				·
(country)				·
(b) Primary activity				
(a) Name, address, and EIN Primary activity (state or foreign excluded from lax under country) (b) (c) (d) (related, unrelated, excluded from lax under country) sections 512-514)				

THE LENFEST INSTITUTE FO Schedule R (Form 990) 2020 SPECIAL ASSET FUND OF TP		SM	04-3731829	Dogo E
Part VII Supplemental Information			01 3/31023	rage 3
Provide additional information for responses to questions on Schedule R. S	See instructions.			
SCHEDULE R, PART IV:				
THE INSTITUTE'S INTEREST IN THE PHILADELPHIA	INQUIRER,	PBC	CONSISTS	-
ENTIRELY OF NON-VOTING SHARES.		•		
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PHILADELPHIA FOUNDATION

TPF SPECIAL ASSETS FUND

RESOLUTION TO CHANGE CORPORATE NAME

Background

TPF Special Assets Fund ("TPF-SAF") is the sole member of the Pennsylvania Limited Liability Company now known as The Lenfest Institute for Journalism (the "Lenfest Institute"), which is a "disregarded entity" for federal income tax purposes. Donors to the Lenfest Institute occasionally make contributions to TPF-SAF for the benefit of the Lenfest Institute because TPF-SAF is included on the published list of IRS-recognized 501(c)(3) charitable organizations while the Lenfest Institute is not so listed.

Giving contributions to TPF-SAF, which does not include identification with the Lenfest Institute, has caused confusion to some donors and may have discouraged some contributions.

TPF-SAF wishes to reduce any such confusion that may exist by changing its corporate name.

TPF-SAF is a Type 1 supporting organization to The Philadelphia Foundation ("TPF"), a 501(c)(3) public charity. TPF has indicated its approval of the proposed change of name.

NOW THEREFORE, BE IT RESOLVED AS FOLLOWS:

- 1. TPF-SAF hereby changes its corporate name to "The Lenfest Institute for Journalism Special Asset Fund of The Philadelphia Foundation," to be effective upon filing with the Department of State of Pennsylvania.
- 2. The officers of TPF-SAF are authorized and directed to proceed with such filing when they deem appropriate and to take such actions as are necessary or appropriate to notify the Internal Revenue Service, any other governmental authority with which it is registered, the Lenfest Institute, and the general public.

Date effective: December 2, 2020

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS 401 NORTH STREET, ROOM 206 P.O.BOX 8722 HARRISBURG,PA 17105-8722 WWW.CORPORATIONS.PA.GOV

PENNCORP SERVICEGROUP INC counterCDA Harrisburg PA 17101

The Lenfest Institute for Journalism Special Asset Fund of The Philadelphia Foundation

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

If you have any questions pertaining to the Bureau, please visit our website at www.dos.pa.gov/BusinessCharities Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC fillings can be found on our searchable database at www.corporations.pa.gov/Search/CorpSearch.

Entity number: 3112217

Entity# : 3112217 Date Filed : 12/10/2020 Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

	Return document by mail to:	
	PENNCORP Articles of A Name SERVICEGROUP 12216 Domestic Co	rporation
	Address COUNTER PICK UP DSCB:15-1915/5915 City State	
1. 90:50;	Return document by email to: PCMISCHP@pcmicorp.net TCO2013	14DP0099
	Read all instructions prior to completing. This form may be subr	
	Fee: \$70	
	Check one: ☐Business Corporation (§ 1915) ☑ Nonprofit Corporation (§ 591:	5)
	In compliance with the requirements of the applicable provisions (relating to articles of a undersigned, desiring to amend its articles, hereby states that:	mendment), the
	1. The name of the corporation is:	
	TPF Special Assets Fund	
	2. The (a) address of this corporation's current registered office in this Commonwealth or commercial registered office provider and the county of venue is: (Complete only (a) or (b), not both)	(b) name of its
	(a) Number and Street City State Zip Co	unty
	1234 Market Street, Suite 1800 Philadolphia	delphia
	(b) Name of Commercial Registered Office Provider County	doipilla
	c/o:	
	3. The statute by or under which it was incorporated: PA Nonprofit Corporation Law of 19.	38, as amended
	4. The date of its incorporation: 12/17/2002 (MM/DD/YYYY)	
	5. Check, and if appropriate complete, one of the following:	
	The amendment shall be effective upon filing these Articles of Amendment in the Dep	artment of State
	The amendment shall be effective on: at	
	Date (MM/DD/YYYY) Hour (if any)	

DSCB:15-1915/5915-2

6. Check one of the following:	
	holders or members pursuant to 15 Pa.C.S. § 1914(a) and (b)
The amendment was adopted by the board	of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).
7. Check, and if appropriate complete, one of t	he following:
The amendment adopted by the corporation	n, set forth in full, is as follows
	·
The amendment adopted by the corporation part hereof.	is set forth in full in Exhibit A attached hereto and made a
Charles St.	
. Check if the amendment restates the Articles:	
The restated Articles of Incorporation super-	sede the original articles and all amendments thereto.
	•
	IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this
	TPF SPECIAL ASSETS FUND Name of Corporation Signature
	President and CEO Title

EXHIBIT A TO ARTICLES OF AMENDMENT FOR TPF SPECIAL ASSETS FUND

FURTHER RESOLVED, that the Articles of Incorporation of the Company be, and they hereby are, amended by changing the Articles thereof numbered "1" and "2" so as to read in full as follows:

- 1. The name of the corporation is: The Lenfest Institute for Journalism Special Asset Fund of The Philadelphia Foundation.
- 2. The address, including street and number, of its registered office in this Commonwealth is:

1835 Market Street, Suite 2410 Philadelphia, PA 19103 Philadelphia County