** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A F	or the	2024 calendar year, or tax year beginning	and	l ending		
B c	heck if	C Name of organization			D Employer identif	ication number
a	pplicabl	THE LENFEST INSTITUTE FO	OR JOURNALISM			
	Addre		PF			
\vdash	Name	B	· -		04-37318	129
	Initial	Number and street (or P.O. box if mail is not delive	ared to etreet address)	Room/suite		
\vdash	_ return □Final	1835 МАРКЕТ СТРЕЕТ	oreu to street address)	2410		3-6417
	return/ termin		Dan famalan ara-dalar da	2710		37,329,393.
	ated □Ameno	City or town, state or province, country, and ZIF PHILADELPHIA, PA 19103	or foreign postal code		G Gross receipts \$	
\vdash	∐return □Applic	·	0 7 071100		H(a) Is this a group r	
	tion pendir	F Name and address of principal officer: FEDIN	J A. RAMOS		for subordinate	
		SAME AS C ABOVE			H(b) Are all subordinates i	included? Yes No
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions
<u>J V</u>	Vebsit				H(c) Group exemption	
		organization: X Corporation Trust Asso	ciation Other	L Year	of formation: 2002	M State of legal domicile; PA
Pa	rt I	Summary				
	1	Briefly describe the organization's mission or most sig	gnificant activities: SUPP	ORT TH	E PHILADELP	HIA
Governance		FOUNDATION BY ENABLING QUAL				
nar	l		nued its operations or dispo			
Ver	l	Number of voting members of the governing body (Pa	1371 12 - 4 3		3	1 20
င္ပ	l	Number of independent voting members of the gover	, , , , , , , , , , , , , , , , , , , ,			
		Total number of individuals employed in calendar yea				
Activities &						
ξį		Total number of volunteers (estimate if necessary)				_
Ac		Total unrelated business revenue from Part VIII, colun				_
	b	Net unrelated business taxable income from Form 99	0-1, Part I, line 11	·····	7b Prior Year	Current Year
<u>o</u>	l				<u>29,834,389.</u>	
en	9	Program service revenue (Part VIII, line 2g)			0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, ar	nd 7d)		2,059,008.	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d	c, 10c, and 11e)		58,444.	
	12	Total revenue - add lines 8 through 11 (must equal Pa	art VIII, column (A), line 12)		31,951,841.	26,054,320.
	13	Grants and similar amounts paid (Part IX, column (A),	lines 1-3)		13,810,448.	15,091,490.
	14	Benefits paid to or for members (Part IX, column (A), I	line 4)		0.	0.
"	l	Salaries, other compensation, employee benefits (Par			3,308,792.	3,126,280.
Expenses	l .	Professional fundraising fees (Part IX, column (A), line			0.	
Jen J	ı	Total fundraising expenses (Part IX, column (D), line 2	4 266 2	63.		
Ä	ı	Other expenses (Part IX, column (A), lines 11a-11d, 1	· —		4,688,935.	4,538,420.
	l .	Total expenses. Add lines 13-17 (must equal Part IX, o			21,808,175.	
	l				10,143,666.	
_ v		Revenue less expenses. Subtract line 18 from line 12			ginning of Current Year	End of Year
Net Assets or Fund Balances		Tatal assats (Dast V. Pas 40)		1	24,527,937.	
sse	20					
et A	21				3,788,099.	
		Net assets or fund balances. Subtract line 21 from lin	e 20	Т	20,739,838.	128,255,982.
	ırt II	Signature Block				
Unde	er pena	Ities of perjury, I declare that I have examined this return, inc	cluding accompanying schedule	s and stateme	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich preparer		\ r
		Pedro Il Kamos			10/31/202	(O
Sigr	า	Signature-est offices 415			Date	
Her	е	PEDRO A. RAMOS, PRESIDENT &	CEO			
		Type or print name and title				
		Preparer's name P	reparer's signature	1	Date Check	PTIN
Paid		· ·	ANIELLE NIHILL	1	0/31/25 self-emplo	P01350943
	arer	Firm's name CLIFTONLARSONALLEN				11-0746749
	Only	Firm's address 4 BATTERYMARCH PARK			THIIISLIN	0,10,15
500	Jy	QUINCY, MA 02169	., 50111 100		Dhone no 17	781) 982-1001
Max	the I	2S discuse this return with the preparer shown above	2 Cas instructions		T HOUSE HO. (7	X Ves No.

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Par	t III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefl	y describe the organization's mission:	
	THE	MISSION OF THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND	
	OF	THE PHILADELPHIA FOUNDATION (THE INSTITUTE) IS TO RECEIVE, MANAGE,	
	AND	DISTRIBUTE ASSETS IN SUPPORT OF THE PHILADELPHIA FOUNDATION (TPF)	
	BY	ENABLING QUALITY LOCAL JOURNALISM THAT SERVES ITS COMMUNITIES.	
2	Did th	e organization undertake any significant program services during the year which were not listed on the	
	prior	Form 990 or 990-EZ? Yes X N	0
	If "Ye	s," describe these new services on Schedule O.	
3		re organization cease conducting, or make significant changes in how it conducts, any program services?	0
		s," describe these changes on Schedule O.	_
4		ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
		on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
		ue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 20,019,632. including grants of \$ 15,091,490.) (Revenue \$ 0.	
··u		LENFEST INSTITUTE FOR JOURNALISM, LLC (LLC):	- '
		LLC IS A DISREGARDED ENTITY OF THE INSTITUTE THAT SUPPORTS BOTH THE	_
		ITAL TRANSFORMATION OF HERITAGE NEWS ORGANIZATIONS AND THE	_
		REPRENEURIAL EFFORTS OF YOUNG, INNOVATIVE COMPANIES. THE INSTITUTE	_
		IEVES THAT QUALITY CIVIC JOURNALISM REQUIRES NEW BUSINESS MODELS,	_
		ERFUL INNOVATIONS AND GROWING, DIVERSE AUDIENCES TO ACHIEVE	_
		TAINABILITY IN THE DIGITAL AGE. IT FUNDS PROGRAMS THAT PRODUCE	_
		H-IMPACT JOURNALISM, INNOVATIVE NEWS TECHNOLOGY, AND THAT HELP LOCAL	_
		S ORGANIZATIONS REACH NEW AUDIENCES AND DEVELOP SUSTAINABLE DIGITAL	_
		INESS MODELS.	_
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	700	NTINUED ON SCHEDULE O.)	—
4b			_
710	(Code.		- '
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4c	(Cada:) (Expenses \$ including grants of \$) (Revenue \$	_
40	(Code:		- '
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A -J	Oth -	nyanyam agyiisaa (Dagayiha an Cahadula O.)	—
4d		program services (Describe on Schedule O.)	
46	(Expen	20 010 620	—
4e	rotal	program service expenses 20,019,632. Form 990 (202	241
		Form 330 (202	_+)

SEE SCHEDULE O FOR CONTINUATION(S)

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SPECIAL ASSET FUND OF TPF

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			X
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		Х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	,	19		x
20a	complete Schedule G, Part III	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	

Pai	rt IV Checklist of Required Schedules (continued)	1029	Р	age 4
I u	Oncokiist of ricquired conteducts (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	. 21		-25
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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	X	<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
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		X
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			37
	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 on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	X	
1 4				
	Check if Schedule O contains a response or note to any line in this Part V		V	N'a
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Unit of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	6		
n	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	–		
U	(gambling) winnings to prize winners?	10	x	

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SPECIAL ASSET FUND OF TPF

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Page 5 Form 990 (2024) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **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. 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. 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 X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the 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. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

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If "Yes," complete Form 6069.

Form 990 (2024)

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 30 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 28 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O 9

<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - X Own website X Upon request Another's website
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records KAREN CLEARY - (215) 563-6417

1835 MARKET STREET, 2410, PHILADELPHIA

> SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2024)

rm 990 (2024) SPECIAL ASSET FUND OF TPF

04-3731829

<u> Page</u> **7**

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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if floration the organization th		Jiga	<u>_</u>		0011	.,5 0.		T	rootor, or tractor.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	son is	s both	n an	compensation	compensation	amount of
	week		Cer ai	lu a u	recto	ii/ii uS	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		ploy	t con	_	1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) JAMES FRIEDLICH	37.00	_	_		_	1				
CHIEF EXECUTIVE OFFICER - LLC	0.00	Х		Х				553,995.	0.	87,579.
(2) PEDRO A. RAMOS	1.20									-
SECRETARY, PRESIDENT & CEO	37.10	Х		Х				0.	451,338.	77,078.
(3) ANNIE MADONIA	37.00									
CHIEF ADVANCEMENT OFFICER - LLC	0.00				Х			291,759.	0.	89,063.
(4) KEN HERTS	37.00								_	
CHIEF OPERATING OFFICER - LLC	0.00			X				316,150.	0.	36,971.
(5) ORLANDO ESPOSITO	1.00									
TPF CHIEF FINANCIAL OFCR TO JUN 2024	35.10			Х				0.	200,568.	57,029.
(6) SHAWN MOORING	35.00					l		450 044	•	40.000
HEAD OF PHILADELPHIA PROGRAMS - LLC	0.00		_			X		173,941.	0.	48,388.
(7) REBECCA FORMAN	35.00					l		100 206	•	0.5 500
HEAD OF DEVEL & DONOR RELATIONS -LLC	0.00					Х		189,326.	0.	27,789.
(8) KAREN CLEARY	28.00			,,				145 764	0	47 010
CHIEF FINANCIAL OFFICER - LLC (9) JOSEPH LICHTERMAN	35.00			Х				145,764.	0.	47,810.
HEAD OF EDITORIAL AND COMMS - LLC	0.00					X		1/12/22/	0.	15 021
						^		143,334.	0.	15,931.
(10) KAREN MORRIS	35.00					X		114 160	0	20 227
CONTROLLER - LLC	0.00					Α		114,162.	0.	20,337.
(11) CHRISTINE CONTI	1.00			٠,					116 007	11 (0)
TPF CHIEF FINANCIAL & ADMIN OFFICER	35.10		_	Х		_		0.	116,827.	11,683.
(12) JACQUELINE GALIANI HUMAN RESOURCES MANAGER - LLC	35.00	-				X		105 020	0.	11 560
(13) LON GREENBERG	1.00					^		105,029.	0.	11,568.
CHAIR	4.30	Х		Х				0.	0.	0.
(14) WILLIAM J. BURKE	1.00	Λ		^				0.	0.	<u></u>
TREASURER	4.30	Х		Х				0.	0.	0.
(15) ROSALIND REMER	1.00	21		21				0.		<u></u>
CHAIR - LLC	0.00	Х		х				0.	0.	0.
(16) MICHAEL X. DELLI CARPINI, PH.D.	1.00									
VICE CHAIR - LLC	0.00	х		x				0.	0.	0.
(17) KATE ALLISON	1.00									
BOARD MEMBER	2.30	Х						0.	0.	0.
										Form 990 (2024)

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SPECIAL ASSET FUND OF TPF

04-3731829 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (E) (F) Position Average Reportable Name and title Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations ndividual trustee or director the compensation hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional truste (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) (18) HOLLY FLANAGAN 1.00 BOARD MEMBER 2.30 X 0 . 0. 0. (19) CHRISTINA MESIRES FOURNARIS 1.00 X 0. 2.30 0 . 0. BOARD MEMBER (20) WILLIAM P. HANKOWSKY 1.00 2.30 BOARD MEMBER X 0 0. 0. (21) DIXIEANNE JAMES 1.00 BOARD MEMBER 2.30 Х 0. 0. (22) ALDUSTUS (A.J.) JORDAN 1.00 BOARD MEMBER 2.30 Х 0. 0. 0. (23) SHIRIN KARSAN 1.00 BOARD MEMBER 2.30 Х 0. 0. 0. (24) SHARMAIN MATLOCK-TURNER 1.00 2.30 0 0. 0. BOARD MEMBER Х (25) EVELYN MCNIFF 1.00 BOARD MEMBER 2.30 Х 0. 0. 0. (26) MICHAEL K. PEARSON 1.00 0. BOARD MEMBER 2.30 U U 460. 2,033, 768,733. 531,226. 1b Subtotal 0. 0. Total from continuation sheets to Part VII, Section A 0. 2,033,460. 768.733. 531 .226.

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

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Total (add lines 1b and 1c)

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

(A) Name and business address	(B) Description of services	(C) Compensation
AUTOMATTIC, INC	SUPPORT SERVICES TO	
PO BOX 742771, LOS ANGELES, CA 90074-2771	LOCAL NEWS ORGS	1,240,000.
BLUE LENA	SUPPORT SERVICES TO	
306 AMBERMORE PLACE, CARY, NC 27519	LOCAL NEWS ORGS	795,000.
DAVID CHIVERS	LENFEST AI FELLOW	
5411 ROBERTSON DRIVE, DES MOINES, IA 50312	PROGRAM LEAD SVCS	196,861.
LOVE NOW LLC	SUPPORT FOR PHILA	
3922 NICO LANE, COLLEGEVILLE, PA 19146	MEDIA FOUNDERS EXCH	164,459.
VANGUARD INSTITUTIONAL ADVISORY SERVICES	INVESTMENT	
PO BOX 3009, MONROE, WI 53566-8309	MANAGEMENT SERVICES	121,915.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 7		

SEE PART VII, SECTION A CONTINUATION SHEETS

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SPECIAL ASSET FUND OF TPF 04-3731829

Name and title		L ASSET FU	JND) C	F	ΤP	F			04-373	1829
(A) Name and this A) A) A) A) A) A) A) A	Part VII Section A. Officers, Director	s, Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
Name and title										,	(F)
Por week (list any hours for related organizations below line) Early Ear									Estimated		
Week (list arry hours for related organization with a related organization (W.2/1099-MISC) W.2/1099-MISC) W.2/1099-MISC		hours	(cl	heck	all t	that	арр	ly)	I		amount of
Ust any Description Desc		per									1
1.00 Nendell Pritchett			_				oyee				compensation
1.00 NUMBER 1.00 NUMBE		1 '	irecto				empl			(W-2/1099-MISC)	1
1.00 NUMBER 1.00 NUMBE			e or d	tee			sated		(W-2/1099-MISC)		
1.00 NUMBER 1.00 NUMBE			truste	al trus		yee	m pen				
1.00 Nembell Pritchett		"	idual	ution	e	old ma	est co	er			
BOADD MEMBER 2.30 X 0. 0.		line)	Indiv	Instit	Offic	Key 6	High	Form			
1.00 No. No.	(27) WENDELL PRITCHETT	1.00									
BOADD MEMBER	BOARD MEMBER	2.30	Х						0.	0.	0.
1.00 BOARD MEMBER 2.30 X 0. 0. 0.	(28) ANDREW ROGOFF										
BOADD MEMBER 2.30 X	BOARD MEMBER		Х						0.	0.	0.
1.00	(29) JANE SCACCETTI										
BOARD MEMBER 2.30 X	BOARD MEMBER		Х						0.	0.	0.
1.00	(30) EVAN URBANIA										
MANAGER - LLC	BOARD MEMBER		Х						0.	0.	0.
1.00 X									_	_	_
MANAGER - LLC			Х						0.	0.	0.
1.00	, ,		1						_		_
MANAGER - LLC			X						0.	0.	0.
1.00 NAMAGER - LLC											
MANAGER - LLC			Х						0.	0.	0.
1.00 MANAGER - LLC			ļ								
MANAGER - LLC			X						0.	0.	0.
1.00 MANAGER - LLC 0.00 X 0. 0.			3,7							_	
MANAGER - LLC			X						0.	0.	0.
(37) SHELTON MERCER III			v						_	_	0.
MANAGER - LLC			Λ						0.	0.	· •
1.00			v						_	0	0.
MANAGER - LLC			Λ						· ·	0.	· ·
(39) SULAIMAN RAHMAN	-		v						٥ ا	0	0.
MANAGER - LLC			22							<u> </u>	•
MANAGER - LLC			x						0.	0.	0.
MANAGER - LLC			T-								
	MANAGER - LLC		Х						0.	0.	0.
Total to Part VII. Section A. line 1e											
Total to Part VII Section A line 1e											
Total to Part VII. Section A. line 1c.											
Total to Part VII. Section A. line 1c.											
Total to Part VIII Section A line 1c											
Total to Part VIII Section A line 1c											
Total to Part VIII Section A line 1c			1								
Total to Part VIII Section A line 1c											
Total to Part VII. Section A. line 1e			-								
Total to Part VII. Section A. line 1c.											
Total to Part VII. Section A. line 1e			4								
Total to Part VII. Section A. line 1c											
Total to Part VII. Section A line 1c											
rotal to Part VII, Section A, line 10	Total to Part VII, Section A, line 1c										

Form 990 (2024) SPECIAL ASSET FUND OF TPF

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 169,500. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 21,361,615. 1f g Noncash contributions included in lines 1a-1f 21,531,115. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,397,957 3397957 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 12,225,634. 1,243. assets other than inventory b Less: cost or other basis 11,273,553. 1,520 Other Revenue and sales expenses -277 c Gain or (loss) ______7c 952,081. 951,804. 951,804. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a FEE FOR SERVICE INCOME 900099 173,444. 173,444 b **d** All other revenue 173,444 e Total. Add lines 11a-11d 26,054,320. 0. 4523205. Total revenue. See instructions 12

432009 12-10-24

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SPECIAL ASSET FUND OF TPF

Form 990 (2024) SPECIAL ASSET
Part IX Statement of Functional Expenses 04-3731829 Page 10

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,991,490.	14,991,490.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	100,000.	100,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,554,714.	541,118.	370,023.	643,573
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		011,110	0.0,020	0.20,010
7	Other salaries and wages	1,303,999.	716,387.	191,324.	396,288
8	Pension plan accruals and contributions (include	•		,	•
-	section 401(k) and 403(b) employer contributions)	57,932.	30,575.	8,335.	19,022
9	Other employee benefits	55,144.	34,110.	6,666.	19,022 14,368
10	Payroll taxes	154,491.	71,306.	31,435.	51,750
11	Fees for services (nonemployees):		,	02,1001	0=7.00
·· а	Management				
b	Legal	75,570.		75,570.	
С	Accounting	63,459.		63,459.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	101 015		101 015	
f	Investment management fees	121,915.		121,915.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2 204 250	0 006 207	245 042	F0 000
	column (A), amount, list line 11g expenses on Sch O.)	3,384,352.		347,043.	50,982
12	Advertising and promotion	13,785.		956.	1,316
13	Office expenses	61,630.		23,495.	28,242
14	Information technology	113,463.	53,912.	26,937.	32,614
15	Royalties				
16	Occupancy	89,805.	31,521.	24,517.	33,767.
17	Travel	127,848.	69,603.	19,158.	39,087
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	319,740.	261,479.	14,858.	43,403
20	Interest	,	•		•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,073.	4,939.	3,842.	5,292
23	Insurance	34,839.	,	34,839.	,
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)			,	
а	PROGRAM EXPENSES	100,255.			
b	MEMBERSHIP DUES	17,686.	5,204.	5,823.	6,659.
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,756,190.	20,019,632.	1,370,195.	1,366,363.
<u>25</u> 26	Joint costs. Complete this line only if the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_, _, _, _, _,	_,500,500
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
_					000

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Part X | Balance Sheet

SPECIAL ASSET FUND OF TPF

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Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	139,836.	1			
	2	Savings and temporary cash investments	21,243,859.	2	9,610,895.		
	3	Pledges and grants receivable, net	6,839,545.	3	14,878,934.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
٦	9	Prepaid expenses and deferred charges			32,176.	9	30,874.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	121,270. 27,861.			
	b	Less: accumulated depreciation	10b	27,861.	100,904.	10c	93,409. 94,802,559.
	11	Investments - publicly traded securities			81,598,889.		94,802,559.
	12	Investments - other securities. See Part IV, line	13,858,614.		13,858,614.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14	650.040		
	15	Other assets. See Part IV, line 11	714,114.	15	653,343.		
	16	Total assets. Add lines 1 through 15 (must equ			124,527,937.	16	133,928,628.
	17	Accounts payable and accrued expenses			1,432,854.		1,326,856.
	18	Grants payable	1,628,754.	18	3,668,682.		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
.≣		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	-	•	726,491.	O.E.	677,108.
	26	of Schedule D Total liabilities. Add lines 17 through 25			3,788,099.	25 26	5,672,646.
	20	Organizations that follow FASB ASC 958, che	ook hor	e X	3,700,033.	20	3,012,040
နွ		and complete lines 27, 28, 32, and 33.	eck iiei	e <u>11</u>			
ğ	27				32,301,963.	27	31,690,173.
Sala	28				88,437,875.	28	96,565,809.
힐	20	Organizations that do not follow FASB ASC 9			00/13//0/31	20	30/303/0031
튎		and complete lines 29 through 33.					
<u></u>	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
ASS	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				120,739,838.	32	128,255,982.
z	33				124,527,937.	33	133,928,628.
		rotal habilities and not assets/fully baldifies				_ 55	Form 990 (2024)

SPECIAL ASSET FUND OF TPF 04-3731829 Page 12 Form 990 (2024) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 26,054,320. Total revenue (must equal Part VIII, column (A), line 12) 1 22,756,190. Total expenses (must equal Part IX, column (A), line 25) 2 2 3,298,130. Revenue less expenses. Subtract line 2 from line 1 3 120,739,838. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 4,218,014. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 128,255,982. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Other Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х **2a** Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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2c

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Employer identification number 04-3731829

OMB No. 1545-0047

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) THE PHILADELPHIA 23-1581832 8 20,019,632 FOUNDATION Х ,019 0.

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SPECIAL ASSET FUND OF TPF

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support						,
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi						
	Public support percentage for 2024 (I			column (f))		14	<u>%</u>
	Public support percentage from 2023					15	%
16a	33 1/3% support test - 2024. If the o				14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2023. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				=	VI how the organiz	ation
	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		(Form 990) 2024

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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.)

qualify under the tests listed b Section A. Public Support	elow, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and	. ,		, ,			,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here	<u></u>	· · · · · · · · · · · · · · · · · · ·		<u></u>	·····	
Section C. Computation of Publi	ic Support Per	rcentage				
15 Public support percentage for 2024 (ine 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2023					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20						<u>%</u>
18 Investment income percentage from						%
19a 33 1/3% support tests - 2024. If the						7 is not
more than 33 1/3%, check this box at b 33 1/3% support tests - 2023. If the						l
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

Yes	No
Х	
	37
	X
	X
	X
	Х
	- 21
	77
	X
	Х
	v
	X
	X
	Х
	Λ
	<u>X</u>
	Х
	X

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		X
b		ily member of a person described on line 11a above?	11b		X
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
		de detail in Part VI.	11c		X
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	х	
2		be organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		Х
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			
-		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations	-		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	Type III Functionally Integrated Supporting Organizations		'	
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а		The organization satisfied the Activities Test. Complete line 2 below.	,-		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
-		entity (see instructions).			
2		ties Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations	g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	nization (see

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instructions).

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	dule A (Form 990) 2024 SPECIAL ASSET Type III Non-Functionally Integrated 509(nizations /		4-3/31829 Page
	ion D - Distributions	a)(o) oupporting orga	inzations (continu	iea) 	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt purposes		1	our one rour
2	Amounts paid to perform activity that directly furthers exemp			-	
	organizations, in excess of income from activity	r parposso or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
4	Amounts paid to acquire exempt-use assets	or supported organizations	·	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	DVIde details III 1 art 11)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		-	
•	(provide details in Part VI). See instructions.	io organization to responsive		8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and our and any mile our many	(i)	(ii)		(iii)
ect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2024	ns	Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
	From 2020				
	From 2021				
	From 2022				
	From 2023				
	Total of lines 3a through 3e				
	Applied to under distributions of prior years				
	Applied to 2024 distributable amount				
	Carryover from 2019 not applied (see instructions)				
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
•	line 7: \$				
_	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
_					
7	Excess distributions carryover to 2025. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u>a</u>	Excess from 2023				

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e Excess from 2024

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Part VI	Supplemental Ir	formation Pro	rido the exp	lanations	roquire	od by Part II. liv	ne 10; Part II, line 17a oi	r 17h: Part III lino 12:	
	Part IV Section A lin	les 1 2 3h 3c 4h	// 52 6 92	a Oh Oc	112 1	th and 11c. P	Part IV Section B lines 1	1 and 2; Part IV, Section C,	
	line 1: Part IV Section	n D lines 2 and 3: F	Part IV Secti	ion F line	s 1c 2	Pa 2h 3a and	3h: Part V line 1: Part V	, Section B, line 1e; Part V,	
	Section D lines 5 6	and 8: and Part V	Section F lin	nes 2 5 a	ind 6	Also complete	this part for any additio	nal information	
	(See instructions.)	and o, and rait v,	Scotion E, iii	103 2, 0, 6	ii ia 0. /	Also complete	tills part for arry additio	na inomation.	
	(Occ manactions.)								—
									—
									—
									—
									—
									—
									—

Schedule A (Form 990) 2024

Schedule B (Form 990)

Schedule of Contributors

(Rev. December 2024) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 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

Employer identification number

SPECIAL ASSET FUND OF TPF

04 - 3731829

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s 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	
X	-	n 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 contributor, during	n 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), Part II, line 13, 16a, or 16b, and that received from any one 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 con	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 here the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Ochedule B (1 01111 330) (1161. 12 2024)	1 age
Name of organization	Employer identification number
THE LENFEST INSTITUTE FOR JOURNALISM	
SPECIAL ASSET FUND OF TPF	04-3731829

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	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		\$\$ 754,331.	Person X Payroll
(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)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 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
5		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Ochedule B (1 01111 330) (1161. 12 2024)	1 age
Name of organization	Employer identification number
THE LENFEST INSTITUTE FOR JOURNALISM	
SPECIAL ASSET FUND OF TPF	04-3731829

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,018.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* 200,000 • * * * * * * * * * * * * * * * * *	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
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

concadio B (Form 600) (Nev. 12 202 I)	i ago
Name of organization	Employer identification number
THE LENFEST INSTITUTE FOR JOURNALISM	
SPECIAL ASSET FUND OF TPF	04-3731829

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$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
14		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 75,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	* 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
17		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll

Name of organization

THE LENFEST INSTITUTE FOR JOURNALISM

SPECIAL ASSET FUND OF TPF

04-3731829

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20	Nume, address, and 2n + 4	\$ 20,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 21	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 22	Name, address, and ZIP + 4	\$ 475,000. Type of contribution \$ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 24	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

Ochedule B (1 01111 330) (1161. 12 2024)	1 age
Name of organization	Employer identification number
THE LENFEST INSTITUTE FOR JOURNALISM	
SPECIAL ASSET FUND OF TPF	04-3731829

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$, 5,600,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ 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
30		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (1 01111 990) (Nev. 12-2024)	raye
Name of organization	Employer identification number
THE LENFEST INSTITUTE FOR JOURNALISM	
SPECIAL ASSET FUND OF TPF	04-3731829

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,364.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$.	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	\$ 20,000.	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
35		\$ 2,500,000.	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
36		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Constant B (Form coo) (Nov. 12 202 I)	i ago
Name of organization	Employer identification number
THE LENFEST INSTITUTE FOR JOURNALISM	
SPECIAL ASSET FUND OF TPF	04-3731829

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No. 37	Name, address, and ZIP + 4		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			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	- Hume, dudices, and En 1 1	\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person X Payroll

Constant B (Form 500) (Flow 12 202 1)	1 ago
Name of organization	Employer identification number
THE LENFEST INSTITUTE FOR JOURNALISM	
SPECIAL ASSET FUND OF TPF	04-3731829

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$ 50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$ <u>4,232,900</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
48		\$ 20,000.	Person X Payroll

	9-
Name of organization	Employer identification number
THE LENFEST INSTITUTE FOR JOURNALISM	
SPECIAL ASSET FUND OF TPF	04-3731829

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$ 7,500.	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		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	* 169,500.	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
53		\$\$	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Ochedule B (1 01111 330) (1161. 12 2024)	1 age
Name of organization	Employer identification number
THE LENFEST INSTITUTE FOR JOURNALISM	
SPECIAL 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			
55		\$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			
56		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
57		\$\$,761.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 58	Name, address, and ZIP + 4	* 2,061,000.	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			
59		\$\$\$	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			
60		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

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

D4-3731829

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

	rganization ENFEST INSTITUTE FOR JOU	IDMAT TCM			Employer identification number		
	AL ASSET FUND OF TPF	KNALISM			04-3731829		
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, course duplicate copies of Part III if additional security	through (e) and the following li haritable, etc., contributions of \$1,0	ne entry. For or	ganizations	at total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift			(d) Description of how gift is held			
		(e) Transfer	of gift				
	Transferee's name, address, and ZIP + 4		Ro	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Re	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Employer identification number 04-3731829

Pai			or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line				
	-	(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 w	_			
_	are the organization's property, subject to the organization's e				
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	, , ,			
Pai		enization answered "Ves" on Form 900 F	Part IV line 7		
1	Purpose(s) of conservation easements held by the organization		Fait IV, III le 7.		
•	Preservation of land for public use (for example, recreati		a historically important land area		
	Protection of natural habitat	· —	a certified historic structure		
	Preservation of open space	i reservation or	a certified flistofic structure		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last		
_	day of the tax year.	sa concervation contribution in the form	Held at the End of the Tax Year		
а			2a		
b					
c	Number of conservation easements on a certified historic structure.				
d	Number of conservation easements included on line 2c acquire				
-	on a historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, release				
	year	, , ,			
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it h	nolds?	Yes No		
6					
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion easements during the year		
8	Does each conservation easement reported on line 2d above s				
9	In Part XIII, describe how the organization reports conservation	•			
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial stateme	ents that describes the		
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historical Treasures or Ot	har Similar Assats		
ı a	Complete if the organization answered "Yes" on Form 9		nei olilliai Assets.		
10	If the organization elected, as permitted under FASB ASC 958		ad balanca shoot works		
ıa	of art, historical treasures, or other similar assets held for publi	•			
	service, provide in Part XIII the text of the footnote to its finance				
b	If the organization elected, as permitted under FASB ASC 958				
b	art, historical treasures, or other similar assets held for public e				
	provide the following amounts relating to these items.	exhibition, education, or research in furth	erance or public service,		
			¢		
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical treas				
_	the following amounts required to be reported under FASB AS		gain, provide		
а	Revenue included on Form 990, Part VIII, line 1	5	\$		
	Assets included in Form 990, Part X				

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

Schedule D (Form 990) (Rev. 12-2024)

	dule D (Form 990) (Rev. 12-2024) SPECIA					731829		age 2	
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar Asset	S (contin	ued)		
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpose in Par	t XIII.			
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	llection?		Yes		No	
Par	t IV Escrow and Custodial Arrang		te if the organization	answered "Yes" or	Form 990, Part IV,	line 9, or			
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia					_		_	
	on Form 990, Part X?				L	Yes		No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
						Amount			
С	Beginning balance				1c				
d	Additions during the year				1d	1d			
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				ility? [Yes		No	
<u>b</u>	If "Yes," explain the arrangement in Part XIII.]	
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.	_			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years	back	
1a	Beginning of year balance	63,295,417.	59,234,718.	69,667,433.	65,927,907	. 63,	938,	879.	
b	Contributions			298,283.	<u> </u>		400,	000.	
С	Net investment earnings, gains, and losses	7,030,702.	8,777,362.	-10,631,561.	6,758,130	. 5,	515,	791.	
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	4,651,433.	4,624,943.		4,215,414	. 4,	750,	825.	
f	Administrative expenses	85,579.	91,720.	99,437.	103,190		175,	938.	
g	End of year balance	65,589,107.	63,295,417.	59,234,718.	69,667,433	. 65,	927,	907.	
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)) held as:	•	•			
а	Board designated or quasi-endowment	.0000	%	,					
b	Permanent endowment 85.5496	%	_,,						
	Term endowment 14.4504								
_	The percentages on lines 2a, 2b, and 2c show								
За	Are there endowment funds not in the posses	•	tion that are held an	nd administered for	the				
ou	organization by:	solon of the organiza	tion that are note ar	ia aamiinistorea for		Γ	Yes	No	
	(i) Unrelated organizations?							X	
	(ii) Related organizations?							<u>x</u>	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ad on Schedule R2						
4	Describe in Part XIII the intended uses of the					[30]			
	t VI Land, Buildings, and Equipm		William Idilas.						
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or of	a) Cost or other (b) Cost or other (c) Acc			cumulated (d) Book value eciation			
1a	Land	,							
	Buildings								
	Leasehold improvements		3	3,328.	6,666.	26	, 66	62.	
	Equipment			9,268.	11,460.			08.	
	Other			8,674.	9,735.			39.	
	II. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 93,409								
	a (Oolullii) (d) iilust ei	4-41 - VIII VVV, I UIL/		<u></u>			_		

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) SPECIAL ASSET FUND OF TPF 04-3731829 Page 3

Part VII Investments - Other Securities Complete if the organization answered "Yes" or	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A) THE PHILADELPHIA		
(B) INQUIRER, PBC - NONVOTING		
(C) SHARES	13,858,614.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	13,858,614.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
• • • • • • • • • • • • • • • • • • • •	(-,	, , and a second of the second
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
(a) [Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	
Part X Other Liabilities		
Part X Other Liabilities		1e or 11f. See Form 990. Part X. line 25
Other Liabilities Complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization of the complete in th		
Other Liabilities Complete if the organization answered "Yes" of the image of the		1e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the org		(b) Book value
Part X Other Liabilities Complete if the organization answered "Yes" of the image		
Part X Other Liabilities Complete if the organization answered "Yes" of the organization of the organization answered "Yes" of the organization of the orga		(b) Book value
Complete if the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" of the organization and "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization		(b) Book value
Complete if the organization answered "Yes" of the organization of the organization answered "Yes" of the organization of the organizati		(b) Book value
Complete if the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" of the organization and "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization		(b) Book value
Complete if the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" of the organiz		(b) Book value
Part X Other Liabilities Complete if the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" of the organization answered "Yes" organizat		(b) Book value
Complete if the organization answered "Yes" of the organization of the organization answered "Yes" of the organization of the organization of the organization answered "Yes" of the organization of		(b) Book value
Complete if the organization answered "Yes" of the organization of the organization answered "Yes" of the organization of the organization of the organization answered "Yes" of the organization of	on Form 990, Part IV, line 1	(b) Book value 677,10

432053 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

	dule D (Form 990) (Rev. 12-2024) SPECIAL ASSET FUND OF TPF				3731829	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	30,150	<u>,419.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	4,218,014.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d						
е	Add lines 2a through 2d			2e	4,218	014.
3	Subtract line 2e from line 1			3	25,932	<u>,405.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	121,915.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	121,	<u>,915.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	26,054	,320 .
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts W	ith Expenses per F	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	22,634	<u>,275.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	22,634	<u>,275.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	121,915.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		<u>,915.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	22,756	,190 .
Pa	t XIII Supplemental Information					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part X	Ί,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional inf	ormation.			
	RT V, LINE 4:					
	E PURPOSE OF THE PERMANENTLY RESTRICTED ENDO					<u>1T</u>
	RATIONS THROUGH A TOTAL RETURN INVESTMENT :					
	LICY SET TO MAINTAIN, AND IDEALLY INCREASE !					<u> </u>
	DOWMENT WHILE PUTTING THE PRINCIPAL VALUE OF					
	K. THE TEMPORARILY RESTRICTED ENDOWMENT FUI			ED	TO SUPPO	ORT
THE	E INQUIRER'S TRANSITION TO DIGITAL NEWS DEL:	IVER	Υ.			

SCHEDULE I (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE LENFES		UTE FOR JOU OF TPF	RNALISM				Employer identification number $04-3731829$
Part I General Information on Grants ar	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's propert II Grants and Other Assistance to Description.	tance? cedures for monit	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than \$					anization answered i	C3 0111 01111 000, 1 art	TV, IIIC 21, 101 arry
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE PHILADELPHIA INQUIRER 100 SOUTH INDEPENDENCE MALL WEST SU PHILADELPHIA, PA 19107	45-5415437		7,847,500.	0.			THE INSTITUTE IS SUPPORTING THE INQUIRERS TRANSITION FROM A TRADITIONAL PRINTED
2PUNTOS PLATFORM 5 DENNING LANE DELANCO, NJ 08075	99-0924258	501(C)(3)	40,000.	0.			(A) = \$40,000
ASIAN AMERICAN JOURNALISTS ASSOCIATION - 228 VALLEY GLEN LANE - MARTINEZ, CA 94553	95-3755203	501(C)(3)	12,500.	0.			(B) = \$12,500
BIG PICTURE ALLIANCE 1315 WALNUT STREET SUITE 133 PHILADELPHIA, PA 19107	23-2032930	501(C)(3)	50,000.	0.			(A) = \$50,000
BLACK FARMERS INDEX 200 BAXTER STREET LAFAYETTE, LA 70501	85-2297065	501(C)(3)	7,685.	0.			(C) = \$7,685
BORDERLESS MAGAZINE NFP 4753 N. BROADWAY, 2ND FLOOR CHICAGO, IL 60640	83-1266434		20,000.	0.			(D) = \$20,000
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations	-						65. 32.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (Rev. 12-2024)

90-0915846 501(C)(3)

SPECIAL ASSET FUND OF TPF Schedule I (Form 990)

04-3731829 Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV. assistance appraisal, other) BUILD OUR LIVES TOGETHER INC 439 GASKILL STREET PHILADELPHIA, PA 19147 87-3101920 501(C)(3) 25,000 0. (E) = \$25,000CAMBRIDGE ARTIFICIAL INTELLIGENCE INC - 31 BRADFORD ROAD -WELLESLEY, MA 02481 99-3822621 501(C)(3) 475,000 0. (F) = \$475,000CEIBA 174 DIAMOND STREET PHILADELPHIA, PA 19122 23-2732783 501(C)(3) 30,000 0. (E) = \$30,000CHICAGO PUBLIC MEDIA INC 848 E. GRAND AVE., NAVY PIER CHICAGO, IL 60611 36-3687394 501(C)(3) 500,000 0 (G) = \$500,000CHILDREN FIRST PA 990 SPRING GARDEN STREET, SUITE 200 23-2137461 501(C)(3) PHILADELPHIA, PA 19123 0. 10,000 (E) = \$10,000C2 CONSULTING SERVICES LLC/CITY ATHLETICS COMMUNITY PARTNERS -1222 N. 27TH STREET -PHILADELPHIA, PA 19121 85-1994985 0. 10,000 (E) = \$10,000CITYSIDE JOURNALISM INITIATIVE 2120 UNIVERSITY AVE. 84-3448887 501(C)(3) BERKELEY, CA 94704 25 000 0. (H) = \$25,000CIVIC CAPITAL CONSULTING 1028 BELL AVENUE $(A) = $75.000 \cdot (J) =$ YEADON, PA 19050 90-1707595 125,000. 0. \$50,000 CIVIC NEWS COMPANY 450 7TH AVE., 32ND FLOOR

Schedule I (Form 990)

(A) = \$50 000

NEW YORK, NY 10123

50,000.

0.

SPECIAL ASSET FUND OF TPF Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV. assistance appraisal, other) CMPRADIO FOUNDATION 305 E. 24TH STREET CHESTER, PA 19013 83-3317763 501(C)(3) 50,000 0. (J) = \$50,000COMMITTEE OF SEVENTY 123 SOUTH BROAD STREET, SUITE 1800 PHILADELPHIA, PA 19109 23-0487205 501(C)(3) 25,000 0. (E) = \$25,000CONGRESO DE LATINOS UNIDOS, INC 216 WEST SOMERSET STREET PHILADELPHIA, PA 19133 23-2051143 501(C)(3) 50,000 0. (E) = \$50,000CULTURETRUST PHILADALPHIA 1315 WALNUT STREET, SUITE 320 (A) = \$50,000, (E) =PHILADELPHIA, PA 19107 46-3109411 501(C)(3) 90,000 0 \$30.000 (K) = \$10.000DAYONENOTDAYTWO 744 SOUTH STREET #1074 88-3457256 501(C)(3) PHILADELPHIA, PA 19147 0. 50,000 (A) = \$50,000DELAWARE COMMUNITY FOUNDATION, INC. PO BOX 1636 WILMINGTON, DE 19899 22-2804785 501(C)(3) 0. 150,000 (L) = \$150.000DOCUMENTED LTD PO BOX 924 83-3036502 501(C)(3) NEW YORK, NY 10272 20,000 0. (D) = \$20,000EASTER SEALS OF SOUTHEASTERN PENNSYLVANIA - 3975 CONSHOHOCKEN AVENUE - PHILADELPHIA, PA 19131 23-1352293 501(C)(3) 20,000. 0. (E) = \$20.000ECONOMY LEAGUE OF GREATER PHILADELPHIA - 1800 JFK BLVD. SUITE 460 - PHILADELPHIA, PA 19103 23-1352264 501(C)(3) 75,000. 0. (E) = \$75 000

Schedule I (Form 990)

04-3731829

Schedule I (Form 990) SPECIAL ASSET FUND OF TPF 04-3731829

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) CENTRO INTEGRAL DE LA MUJER TIERRA 427 VAN KIRK STREET PHILADELPHIA, PA 19120-1120 87-3591408 501(C)(3) 30,000 0 (A) = \$30,000ELEVATE 215 123 SOUTH BROAD STREET, SUITE 1170 PHILADELPHIA, PA 19109 27-3097212 501(C)(3) 0. 25,000 (E) = \$25,000ENON TABERNACLE BAPTIST CHURCH 2800 W. CHELTENHAM AVENUE PHILADELPHIA, PA 19150 92-0194648 30,000 0. (E) = \$30.000EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE OF PA - 1028 BELL 90-1707595 0 AVENUE - YEADON, PA 19050 10,000 (E) = \$10,000FEDERATION OF NEIGHBORHOOD CENTERS (A) = \$130,000, (E) =INC - 1901 SOUTH 9TH STREET SUITE \$15,000, (M) = \$100,000,23-1630073 501(C)(3) 0. 212 - PHILADELPHIA, PA 19148 325,000 (N) = \$80.000FUNTIMES MAGAZINE LLC 1226 N. 52ND STREET (A) = \$60,000, (I) =PHILADELPHIA, PA 19131 80-0583176 107,500 0. \$47,500 GLENNOAKS MEDIA, LLC PO BOX 30711 CHARLOTTE, NC 28230 26-2747371 20,000 0. (D) = \$20,000GREATER DAYS AHEAD INC 236 WEST WALNUT LANE B106 PHILADELPHIA, PA 19144 46-4679374 10,000. 0. (E) = \$10.000IHEARTMEDIA ENTERTAINMENT INC 5180 GOLDEN FOOTHILL PARKWAY STE 12 EL DORADO HILLA, CA 95762 74-2722883 0. 50,000. (A) = \$50,000

Schedule I (Form 990)

SPECIAL ASSET FUND OF TPF 04-3731829 Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable valuation non-cash assistance or assistance organization or government cash grant noncash (book, FMV, assistance appraisal, other) INDONESIAN LANTERN MEDIA LLC 2114 S. DORRANCE STREET (A) = \$20,000, (J) =PHILADELPHIA, PA 19145 46-6321883 70,000 0. \$50,000 INVESTIGATIVE NEWSOURCE PO BOX 34546 SAN DIEGO, CA 92163 27-0732786 501(C)(3) 15,000 0. (D) = \$15,000LANCASTER AVENUE 21ST CENTURY BUSINESS ASSOCIATION - 3500 LANCASTER AVENUE - PHILADELPHIA, PA 19104 90-0502551 501(C)(3) 15,000 0. (E) = \$15,000LOOKOUT SANTA CRUZ 725 FRONT STREET 6,000 32-0606025 0. SANTA CRUZ, CA 95060 (P) = \$6.000KENTUCKY PUBLIC RADIO/LOUISVILLE PUBLIC MEDIA - 619 SOUTH 4TH 61-1259787 501(C)(3) 0. STREET - LOUISVILLE, KY 40202 12,960. (D) = \$12.960LOVE NOW MEDIA INC 3922 NICO LANE 85-4074069 COLLEGEVILLE, PA 19146 50,000 0. (A) = \$50,000MASCO COMMUNICATIONS 505 SOUTH 4TH STREET PHILADELPHIA, PA 19147 23-2278868 60,000 0. (A) = \$60,000MONTANA FREE PRESS 34 W. 6TH AVE, SUITE 2C HELENA, MT 59601 47-5237719 501(C)(3) 8,000. 0. (Q) = \$8,000GREEN LINE MEDIA INC/MOUNTAIN XPRESS - PO BOX 144 - ASHEVILLE. 56-1737648 19,205. 0. NC 28802 (D) = \$19.205

04-3731829 SPECIAL ASSET FUND OF TPF Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable valuation non-cash assistance or assistance organization or government cash grant noncash (book, FMV, assistance appraisal, other) ALLIANCE FOR A JUST PHILADELPHIA/MOVEMENT ALLIANCE PROJECT - 924 CHERRY STREET 5TH FLOOR - PHILADELPHIA, PA 19107 26-0307123 501(C)(3) 15,000 0. (E) = \$15,000NEED IN DEED 441 EAST HIGH STREET PHILADELPHIA, PA 19144 22-2801013 501(C)(3) 10,000 0. (E) = \$10,000NEW HAMPSHIRE PUBLIC RADIO 2 PILLSBURY ST. SUITE 600 CONCORD, NH 03301 02-0338667 501(C)(3) 8,000 0. (Q) = \$8,000NEW MAINSTREAM PRESS, INC 167 OLD BELMONT AVENUE (A) = \$75,000, (J) =BALA CYNWYD, PA 19804 26-2662097 75,000 0 \$50,000 NEWS PRODUCT ALLIANCE CORPORATION 8 THE GREEN 88-3995467 501(C)(3) 0. DOVER, DE 19901 20,000 (R) = \$20,000NEWSDAY, LLC 6 CORPORATE CENTER DRIVE 26-2913233 MELVILLE, NY 11747 500,000 0. (G) = \$500,000NEXT CITY INC PO BOX 22449 22-3886361 501(C)(3) PHILADELPHIA, PA 19110 30,000 0. (A) = \$30,000NORTH 10 PHILADELPHIA 3890 N. 10TH STREET PHILADELPHIA, PA 19140 20-5105110 501(C)(3) 25,000. 0. (E) = \$25.000NUEVA ESPERANZA, INC 4261 NORTH 5TH STREET (A) = \$75,000, (M) =PHILADELPHIA, PA 19140 23-2552707 501(C)(3) 237,000, 0. \$162,000

04-3731829 SPECIAL ASSET FUND OF TPF Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable valuation non-cash assistance or assistance organization or government cash grant noncash (book, FMV, assistance appraisal, other) ORANGE INTERNATIONAL MEDIA INC 6401 CASTOR AVE, ROOM 101 PHILADELPHIA, PA 19149 85-3320312 50,000 0. (A) = \$50,000OUR BIBLE APP 1010 N HANCOCK ST PHILADELPHIA, PA 19123 82-4243846 0. 40,000 (A) = \$40,000OUTLIER MEDIA 440 BURROUGHS DETROIT, MI 48202 87-4775293 501(C)(3) 20,000 0. (H) = \$20.000PENNSYLVANIA FOR MODERN COURTS 2 PENN CENTER SUITE 1140 1500 JFK B PHILADELPHIA, PA 19102 23-2434262 501(C)(3) 10,000 0 (E) = \$10,000PENNSYLVANIA PRISON SOCIETY 230 SOUTH BROAD STREET SUITE 605 23-1352267 501(C)(3) PHILADELPHIA, PA 19102 0. 10,000 (E) = \$10,000PHILA. ASSOC. OF BLACK JOURNALISTS 30 SOUTH 15TH STREET PHILADELPHIA, PA 19102 23-2094500 501(C)(3) 0. 10,500 (A) = \$10.500PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORP - 1315 WALNUT STREET, SUITE 920 -23-2707112 501(C)(3) PHILADELPHIA, PA 19107 15 000 0. (E) = \$15,000PHILADELPHIA FILM FACTORY INC 3675 MARKET STREET SUITE 200 PHILADELPHIA, PA 19104 88-1318508 501(C)(3) 20,000. 0. (E) = \$20.000PHILADELPHIA SUN GROUP INC 6700 GERMANTOWN AVE LOWER LEVEL PHILADELPHIA, PA 19119 23-2687748 0. 20,000. (A) = \$20 000

Schedule I (Form 990) SPECIAL ASSET FUND OF TPF 04-3731829

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) PHILADELPHIA TRIBUNE CO 520 SOUTH 16TH STREET PHILADELPHIA, PA 19146 23-0974080 70,000 0. (A) = \$70,000PHILADELPHIA PUBLIC ACCESS CORPORATION/PHILLYCAM - 699 RANSTEAD STREET - PHILADELPHIA PA 19106 26-3817913 501(C)(3) 100,000 0. (M) = \$100.000PUBLIC MEDIA NETWORK 359 S. KALAMAZOO MALL STE 300 KALAMAZOO, MI 49009 38-2564383 501(C)(3) 6,200 0. (D) = \$6,200PUBLICSOURCE INC 1936 FIFTH AVE. PITTSBURGH, PA 15219 47-4309256 501(C)(3) 0 21,400. (H) = \$21.400RED FLAG MEDIA 1032 ARCH STREET FLOOR 3 PHILADELPHIA, PA 19107 0. 23-3085114 70,000 (A) = \$70,000REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS - 1156 15TH STREET NW SUITE 1020 - WASHINGTON, DC 20005 52-0972043 501(C)(3) 0. 75,000 (U) = \$75,000RESEARCH FOR ACTION INC 3675 MARKET STREET SUITE 200 23-2710950 501(C)(3) PHILADELPHIA, PA 19104 27,500 0. (E) = \$27,500RESOLVE PHILADELPHIA, INC. 699 RANSTEAD STREET STE 3 PHILADELPHIA, PA 19106-2334 83-2762074 501(C)(3) 50,000. 0. (A) = \$50.000RICHLAND SOURCE 40 WEST 4TH ST. MASFIELD, OH 44902 90-0924516 0. 20,000. (D) = \$20 000

Schedule I (Form 990)

Schedule I (Form 990) SPECIAL ASSET FUND OF TPF

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable valuation non-cash assistance or assistance organization or government cash grant noncash (book, FMV, assistance appraisal, other) RUSSELLBRAND GLOBAL ENTERPRISE LLC 453 OAKWOOD STREET (A) = \$40,000, (J) =WASHINGTON, DC 20032 83-3631797 90,000 0 \$50,000 THE SCRIBE VIDEO CENTER, INC PO BOX 13267 PHILADELPHIA, PA 19101-3267 23-2358942 501(C)(3) 24,915 0 (A) = \$24.915SOUTHEAST ASIAN MAA COALITION. INC. - 1711 S. BROAD STREET -PHILADELPHIA, PA 19148 22-2541120 501(C)(3) 10,000 0. (E) = \$10,000SEATTLE TIMES COMPANY 1000 DENNY WAY 91-0403890 0 SEATTLE, WA 98109 500,000 (G) = \$500,000SOUTHWEST COMMUNITY DEVELOPMENT CORP - 6328 PASCHALL AVENUE -23-2491247 501(C)(3) PHILADELPHIA, PA 19142 0. 15,000 (E) = \$15,000SPOTLIGHT MEDIA LABS INC 5482 WILSHIRE BLVD, #1907 LOS ANGELES, CA 90036 30-1039880 0. 25,000 (V) = \$25,000SPOTLIGHT PA 228 WALNUT ST, #11728 (0) = \$10,000, (S) =92-0577182 501(C)(3) HARRISBURG, PA 17108-1728 510,000 0. \$500,000 STAR TRIBUNE MEDIA INTERMEDIATE HOLDINGS COMPANY II - 650 3RD AVE S SUITE 1300 - MINNEAPOLIS, MN 55488 80-0481910 500,000. 0. (G) = \$500.000SUSTAINABLE BUSINESS EDUCATION INITIATIVE, INC. - 915 SPRING GARDEN STREET, SUITE 502 -PHILADELPHIA, PA 19123 27-3473341 501(C)(3) 0. 20,000. (E) = \$20 000

Schedule I (Form 990)

04-3731829

Schedule I (Form 990) SPECIAL ASSET FUND OF TPF 04-3731829

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) TECHNICALLY MEDIA INC CURTIS CENTER 601 WALNUT STREET #12 PHILADELPHIA, PA 19106 27-3522063 50,000 0 (A) = \$50,000THE CENTER FOR MICHIGAN 220 W. MICHIGAN AVE. YPSILANTI, MI 48197 32-0167398 501(C)(3) 8,000 0. (Q) = \$8,000THE CENTER FOR STRATEGIC ECONOMIC STUDIES & INSTITUTIONAL DEVELOPMENT - 330 E. LAMBERT ROAD STE 275 - BREA, CA 92821-4136 52-2135889 501(C)(3) 20,000 0. (E) = \$20.000THE HAITIAN TIMES 495 FLATBUSH AVE, SUITE 38 BROOKLYN, NY 11225 82-4949037 0 276,625. (T) = \$276.625THE MONKEY & THE ELEPHANT 2831 WEST GIRARD AVENUE PHILADELPHIA, PA 19130 46-3420110 501(C)(3) 0. 10,000 (E) = \$10,000THE PHILADELPHIA CITIZEN 2400 MARKET STREET PHILADELPHIA, PA 19103-3041 46-2777419 501(C)(3) 70,000 0. (A) = \$70,000THE PHILADELPHIA HALL MONITOR LLC 4930 LARCHWOOD AVENUE PHILADELPHIA, PA 19143 84-4079695 50 000 0. (A) = \$50,000THE TWO RIVER TIMES FOUNDATION 12 BROAD STREET, 5TH FLOOR RED BANK, NJ 07701 86-3503437 501(C)(3) 20,000. 0. (D) = \$20.000TINY NEWS COLLECTIVE INC 111 NORTH WABASH AVE., STE. 100 #38 CHICAGO, IL 60602 85-3963369 501(C)(3) 0. 57,000. (A) = \$57,000

Schedule I (Form 990)

Schedule I (Form 990) SPECIAL A							4-3731829 Pa
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	ırt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRACE MEDIA INC							
PO BOX 24532							
BROOKLYN, NY 11202	41-4175513	501(C)(3)	60,000.	0.			(A) = \$60,000
URBAN AFFAIRS COALITION							
1207 CHESTNUT STREET							
PHILADELPHIA, PA 19107	23-7046393	501(C)(3)	80,000.	0.			(E) = \$80,000
VICTORIAS URBAN OUTREACH TUTORING			, , , , , , ,				4 ,
SERVICE - 6353 GERMANTOWN AVE.							
3RD FLOOR REAR - PHILADELPHIA, PA							
19144	81-4082698	501(C)(3)	10,000.	0.			(E) = \$10,000
WE TALK WEEKLY LLC 1618 NORTH 76TH STREET							
PHILADELPHIA, PA 19151	84-4898255		50,000.	0.			(A) = \$50,000
THIBADEBIHIA, TA 19191	04 4030233		30,000.	<u> </u>			(A) = \$50,000
WELCOME AMERICA INC							
PO BOX 22473							
PHILADELPHIA, PA 19110	23-2721729	501(C)(3)	40,000.	0.			(E) = \$40,000
THIN NOT PROGRED ING							
WHY NOT PROSPER, INC 717 E. CHELTEN AVE.							
PHILADELPHIA, PA 19144	23-3089308	501(C)(3)	30,000.	0.			(E) = \$30,000
INIDADEDINIA, FA 15144	23 3003300	301(0/(3/	30,000.	<u> </u>			(E) = \$30,000
WHYY							
150 NORTH 6TH STREET							
PHILADELPHIA, PA 19106	23-1438083	501(C)(3)	120,000.	0.			(A) = \$120,000
·			,				
WOORI CENTER							
100 W. MAIN STREET STE 320							
NORTH WALES, PA 19446-2083	84-4038784	501(C)(3)	17,500.	0.			(E) = \$17,500
WOY MAGAZINE LLC							
1213 S 61ST STREET							
PHILADELPHIA, PA 19143	87-2617909		7,500.	0.			(J) = \$7,500

	ASSET FUND	OF TPF					4-3731829 Page
Part II Continuation of Grants and Other	er Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WURD RADIO LLC 200 HIGHPOINT SRIVE #215							
CHALFONT, PA 18914	43-1986554		125,000.	0.			(A) = \$125,000

Schedule I (Form 990) (Rev. 12-2024) SPECIAL ASSET FUND OF TPF

04-3731829

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EVERY VOICE, EVERY VOTE MEDIA PARTNERSHIP GRANT					
FOR COMMUNITY-CENTERED JOURNALISM PROJECTS RELATED					
TO CIVIC LIFE IN PHILADELPHIA.	1	40,000.	0.	N/A	N/A
PHILADELPHIA MEDIA FOUNDERS EXCHANGE PROGRAM GRANT					
THAT PROVIDES OPERATING AND OTHER SUPPORT FOR THE					
WORK OF BIPOC MEDIA ENTREPRENUERS.	1	50,000.	0.	N/A	N/A
GRANT TO ATTEND SULZBERGER EXECUTIVE LEADERSHIP					
PROGRAM AT COLUMBIA UNIVERSITY.	1	10,000.	0.	N/A	N/A

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

PART I, LINE 2:

THE INSTITUTE REVIEWS ALL GRANT APPLICATIONS. DUE DILIGENCE INCLUDES:

- 1) ENSURE THE ORGANIZATION HAS A VALID PUBLIC CHARITY STATUS OR EQUIVALENCY DETERMINATION, OR IS A QUALIFIED RECIPIENT WITHIN THE INSTITUTE'S MISSION.
- 2) REVIEW THE APPLICANT'S APPLICATION, WEBSITES, PUBLIC MATERIALS, AND FINANCIAL INFORMATION, INCLUDING FORM 990, ANNUAL REPORT OR EQUIVALENT, IF AVAILABLE.
- 3) MAKE SELECTED SITE VISITS
- 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.

Schedule I (Form 990) (Rev. 12-2024)

04-3731829 Page 2 SPECIAL ASSET FUND OF TPF Schedule I (Form 990)

Part IV | Supplemental Information

PART II, LINE 1, COLUMN (H):

IMPROVEMENTS, AND OTHER TECHNOLOGY SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: THE PHILADELPHIA INQUIRER (H) PURPOSE OF GRANT OR ASSISTANCE: THE INSTITUTE IS SUPPORTING THE INQUIRERS TRANSITION FROM A TRADITIONAL PRINTED NEWSPAPER TO AN ECONOMICALLY SUSTAINABLE, PRIMARILY DIGITAL, EQUITABLE NEWS ENTERPRISE. A SERIES OF GRANTS WERE MADE TO THE INQUIRER TO FUND (A) HIGH IMPACT JOURNALISM, INCLUDING WORK BY ITS INVESTIGATIVE TEAM, SPOTLIGHT PA AND HEALTH COVERAGE AND (B) NEWS TECHNOLOGY AND PRODUCT IMPROVEMENTS, INCLUDING A GRANT FOR DIGITAL TRANSFORMATION ACCELERATION, BRAND

DEVELOPMENT, TECHNOLOGY FOR AUDIENCE GROWTH, DIGITAL SUBSCRIPTION PROCESS

PART II, COLUMN (H) - PURPOSE OF GRANT REFERENCE CODE KEY: THE PURPOSE DESCRIPTION ON SCHEDULE I, PART II, COLUMN (H) INCLUDE APPLICABLE REFERENCES (A) - (V) FOR A GIVEN GRANTEE, THE FULL GRANT PURPOSE DESCRIPTIONS THAT CORRESPOND TO THOSE REFERENCES ARE AS FOLLOWS:

- (A) EVERY VOICE, EVERY VOTE MEDIA PARTNERSHIP GRANT FOR COMMUNITY-CENTERED JOURNALISM PROJECTS RELATED TO CIVIC LIFE IN PHILADELPHIA.
- (B) GRANT TO SUPPORT EXISTING AND CREATE NEW PROGRAMMING THAT ADVANCES ASIAN AMERICAN AND PACIFIC ISLANDER NEWS MEDIA PROFESSIONALS IN GREATER PHILADELPHIA.
- (C) GRANT TO SUPPORT THE WORK OF ARK REPUBLIC, WHICH BLACK FARMERS INDEX FISCALLY SPONSORS.
- (D) NEWS PHILANTHROPY NETWORK CATALYST GRANT TO EXPERIMENT WITH INNOVATIVE APPROACHES TO END-OF-YEAR FUNDRAISING.
- (E) EVERY VOICE, EVERY VOTE COMMUNITY PARTNERSHIP GRANT FOR CIVIC ENGAGEMENT AND EDUCATION EFFORTS IN PHILADELPHIA.
- (F) FISCAL SPONSORSHIP GRANT TO CREATE AN AI-BASED LOCAL NEWS ORGANIZATION COVERING CAMBRIDGE, MA.
- (G) AI FELLOWS GRANT TO HIRE AN AI FELLOW TO PURSUE PROJECTS THAT FOCUS LARGELY ON IMPROVING BUSINESS SUSTAINABILITY AND IMPLEMENTING AI TECHNOLOGIES.
- (H) ENGAGED CITIES GRANT TO PILOT AND SPREAD COLLABORATIVE SOLUTIONS THAT SUPPORT DEEPER PUBLIC SERVICE AND LONG-TERM SUSTAINABILITY.
- FISCAL SPONSORSHIP GRANT TO SUPPORT FUNTIMES MAGAZINE, INFORMATION SOURCE FOR THE AFRICAN AMERICAN, CARIBBEAN AND AFRICAN COMMUNITIES IN THE DELAWARE VALLEY.
- (J) PHILADELPHIA MEDIA FOUNDERS EXCHANGE PROGRAM GRANT THAT PROVIDES OPERATING AND OTHER SUPPORT FOR THE WORK OF BIPOC MEDIA ENTREPRENEURS.
- (K) FISCAL SPONSORSHIP GRANT TO SUPPORT WE ARE THE SEEDS, WHICH EDUCATES ABOUT CONTEMPORARY INDIGENOUS ARTS AND CULTURES.
- (L) GRANT TO SUPPORT SPOTLIGHT DELAWARE, A NONPROFIT, COLLABORATIVE AND COMMUNITY-POWERED NEWSROOM COVERING THE POLICIES AND PEOPLE OF DELAWARE.
- (M) PHILADELPHIA LOCAL NEWS SUSTAINABILITY INITIATIVE GRANT WHICH PROVIDES CORE OPERATING SUPPORT AND CAPACITY-BUILDING FUNDING TO LOCAL NEWS ORGANIZATIONS IN THE PHILADELPHIA REGION.
- (N) KNIGHT LENFEST TRANSFORMATION FUND GRANT TO SUPPORT THE KENSINGTON VOICE'S IMPLEMENTATION OF A BLENDED NEWSROOM MODEL THAT ENGAGES JOURNALISTS, PUBLIC HEALTH PROFESSIONALS AND RESIDENTS TO IMPROVE QUALITY OF LIFE.
- (O) GRANT TO SUPPORT TV PARTNERSHIPS WHEREBY SPOTLIGHT PA'S INVESTIGATIVE AND ACCOUNTABILITY JOURNALISM IS TURNED INTO BROADCAST READY NEWS PACKAGES.

Schedule I (Form 990) SPECIAL ASSET FUND OF TPF 04-3731829	Page 2
Part IV Supplemental Information	
(P) FISCAL SPONSORSHIP GRANT TO SUPPORT LOOKOUT LOCAL'S STUDENT ACCESS	
PROGRAM FOR LOCAL NEWS.	
(Q) STATEWIDE NEWS COLLECTIVE GRANT TO SUPPORT RESEARCH PROJECTS ON THE	
IMPACT OF LOCAL NEWS ORGANIZATIONS.	
(R) GRANT TO SUPPORT COMMUNITY AND CONNECTION PILLAR WORK BY	
ESTABLISHING A MATCHING FUND TO ENCOURAGE DONATIONS.	
(S) GRANT TO SUPPORT SPOTLIGHT PA, WHICH SPOTLIGHT PA PRODUCES	
HIGH-IMPACT PUBLIC-SERVICE	
AND INVESTIGATIVE JOURNALISM ABOUT URGENT STATEHOUSE AND STATEWIDE	
ISSUES IN PENNSYLVANIA.	
(T) FISCAL SPONSORSHIP GRANT TO SUPPORT THE HAITIAN TIMES WHICH IS A	
LEADING VOICE FOR THE HAITIAN COMMUNITY.	
(U) GRANT FOR THE LOCAL LEGAL INITIATIVE, WHICH PROVIDES LOCAL NEWS	
ORGANIZATIONS WITH PRO BONO LEGAL SERVICES TO PURSUE ACCOUNTABILITY IN	
JOURNALISM.	
(V) GRANT TO FUND ACCESS TO THE PHILADELPHIA INQUIRER ON THE SPOTLIGHT	
MEDIA APP.	

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Part I Questions Regarding Compensation

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

			Yes	No
1a Che	eck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Par	t VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b If a	ny of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	nbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	stees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		_		
3 Indi	icate which, if any, of the following the organization used to establish the compensation of the organization's			
	D/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	ablish 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			
L	Typroval by the board of compensation committee			
4 Dur	ring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	anization or a related organization:			
		4a		x
	and the second of the second o	4b		X
		4c		X
	Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		- 25
"	res to any or lines 4a-c, list the persons and provide the applicable amounts for each item lift art in.			
Onl	ly 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			
con	ntingent on the revenues of:			
a The	e organization?	5a		<u>X</u>
	related organization?	5b		_X_
	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			
con	ntingent on the net earnings of:			
a The	e organization?	6a		_X_
	related organization?	6b		X
lf "\	Yes" on line 6a or 6b, describe in Part III.			
	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
	re any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
initi	al 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			
Reg	gulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) (Rev. 12-2024)

Schedule J (Form 990) (Rev. 12-2024) SPECIAL ASSET FUND OF TPF

04-3731829

Page 2

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES FRIEDLICH	(i)	552,807.	0.	1,188.	36,102.	51,477.	641,574.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) PEDRO A. RAMOS	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY, PRESIDENT & CEO	ii)	450,564.	0.	774.	47,590.	29,488.		0.
(3) ANNIE MADONIA	(i)	265,985.	25,000.	774.	34,037.	55,026.	380,822.	0.
CHIEF ADVANCEMENT OFFICER - LLC	ii)	0.	0.	0.	0.	0.	0.	0.
(4) KEN HERTS	(i)	289,962.	25,000.	1,188.	34,037.	2,934.	353,121.	0.
CHIEF OPERATING OFFICER - LLC	ii)	0.	0.	0.	0.	0.	0.	0.
(5) ORLANDO ESPOSITO	(i)	0.	0.	0.	0.	0.	0.	0.
TPF CHIEF FINANCIAL OFCR TO JUN 2024	ii)	199,380.	0.	1,188.	20,400.	36,629.		0.
(6) SHAWN MOORING	(i)	173,671.	0.	270.	18,392.	29,996.	222,329.	0.
HEAD OF PHILADELPHIA PROGRAMS - LLC	ii)	0.	0.	0.	0.	0.	0.	0.
(7) REBECCA FORMAN	(i)	189,159.	0.	167.	19,185.	8,604.	217,115.	0.
HEAD OF DEVEL & DONOR RELATIONS -LLC	ii)	0.	0.	0.	0.	0.	0.	0.
(8) KAREN CLEARY	(i)	145,764.	0.	0.	16,157.	31,653.	193,574.	0.
CHIEF FINANCIAL OFFICER - LLC	ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOSEPH LICHTERMAN	(i)	143,213.	0.	121.	14,838.	1,093.	159,265.	0.
HEAD OF EDITORIAL AND COMMS - LLC	ii)	0.	0.	0.	0.	0.	0.	0.
1	(i)							
(ii)							
	(i)							
(ii)							
	(i)							
(ii)							
[1	(i)							
	ii)							
((i)							
	ii)							
	(i)							
(ii)							
	(i)							
	ii)							

Schedule J (Form 990) (Rev. 12-2024)

Schedule J (Form 990) (Rev. 12-2024) SPECIAL ASSET FUND OF TPF

Part III Supplemental Information

04-3731829

Page 3

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE INSTITUTE RELIES ON THE PHILADELPHIA FOUNDATION (TPF) TO DETERMINE THE
COMPENSATION FOR TPF PRESIDENT & CEO, PEDRO A. RAMOS. TPF USED THE
FOLLOWING METHODS TO DETERMINE COMPENSATION FOR THE TPF PRESIDENT & CEO:
- COMPENSATION COMMITTEE
- FORM 990 OF OTHER ORGANIZATIONS
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
THIS PROCESS OCCURS ANNUALLY, AND LAST OCCURRED IN 2023.

Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

THE LENFEST INSTITUTE FOR JOURNALISM

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

04-3731829

SPECIAL ASSET FUND OF TPF | 0
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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

THE PHILADELPHIA INQUIRER:

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

THE PHILADELPHIA NEWS ECOSYSTEM:

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

SPOTLIGHT PA:

SPOTLIGHT THE HARRISBURG NEWSROOM LAUNCHED BY THE LENFEST INSTITUTE PA, AND THE PHILADELPHIA INOUIRER, CREATES HIGH-OUALITY NONPARTISAN INVESTIGATIVE AND ACCOUNTABILITY REPORTING FOR THEBENEFIT OF ALLPENNSYLVANIANS. IT PROVIDES ITS REPORTING FREE-OF-CHARGE TO MORE THAN AND WEBSITES THROUGHOUT OTHER NEWSPAPERS, PUBLIC RADIO STATIONS, COMMONWEALTH. AS THE STEWARD OF BOTH THE INQUIRER AND SPOTLIGHT PA, THEUNIQUE PATH BY SERVING LEGACY INSTITUTE IS BLAZING A PUBLISHERS DIGITAL START-UPS AS THEY AIM TO FILL GAPS AND SERVE NEW AND UNDERREPRESENTED AUDIENCES.

NATIONAL SOLUTIONS FOR LOCAL NEWS:

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

OTHER PROGRAM ACTIVITIES:

THE INSTITUTE SUPPORTS BOTH THE DIGITAL TRANSFORMATION OF HERITAGE NEWS ORGANIZATIONS AND THE ENTREPRENEURIAL EFFORTS OF YOUNG, INNOVATIVE COMPANIES. OTHER PROGRAM ACTIVITIES INCLUDE CONVENING, ADVISORY WORK, LEARNINGS SEMINARS, RESEARCH AND OTHER OUTREACH IN SUPPORT OF LOCAL JOURNALISM.

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

Schedule O (Form 990) (Rev. 12-2024)

Schedule O (Form 990) 2024 Page **2**

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

Employer identification number 04-3731829

FORM 990, PART IV, LINE 2:

THE INSTITUTE DOES NOT FILE ANY W-2S OR PAYROLL TAX FILINGS UNDER ITS
EIN 04-3731829 BECAUSE SUCH FILINGS ARE HANDLED BY THE PHILADELPHIA
FOUNDATION (TPF), A RELATED PUBLIC CHARITY UNDER THEIR EIN 23-1581832.
THE INSTITUTE REIMBURSES TPF FOR COMPENSATION PAID TO EMPLOYEES
DEVOTING TIME TO THE INSTITUTE, AND REPORTS THESE REIMBURSEMENTS AS
WAGE, BENEFIT, AND PAYROLL TAX EXPENSES ON FORM 990, PART IX, LINES
5-10. AS SUCH, IT IS ALSO REPORTING THE NUMBER OF EMPLOYEES REFLECTED
IN THAT COMPENSATION ON FORM 990, PART V, LINE 2A. IN ADDITION, THE
INSTITUTE ALSO CONFIRMS WITH TPF THAT ALL RELATED REQUIRED FEDERAL
PAYROLL TAX FILINGS HAVE BEEN MADE; THEREFORE, FORM 990, PART V, LINE
2B IS ANSWERED AS YES.

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

THE PHILADELPHIA FOUNDATION (TPF), A RELATED 501(C)(3) PUBLIC CHARITY, IS CONSIDERED THE SOLE MEMBER OF THE INSTITUTE, BASED ON THE INTERNAL REVENUE SERVICE DEFINITION OF MEMBER.

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

TPF HAS THE POWER TO APPOINT AND REMOVE ALL MEMBERS OF THE BOARD OF MANAGERS OF THE INSTITUTE. TPF HAS THE POWER TO APPOINT AND REMOVE ONE MEMBER OF THE GOVERNING BODY OF THE LENFEST INSTITUTE FOR JOURNALISM, LLC, A DISREGARDED ENTITY OF THE INSTITUTE.

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

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

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

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

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

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

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

BOARD MEMBERS, STANDING COMMITTEE MEMBERS, AND STAFF SHALL ADVISE THE INSTITUTE'S CEO OF AFFILIATION WITH ANY GRANTEE, POTENTIAL GRANTEE OR VENDOR IN RESPONSE TO AN ANNUAL QUESTIONNAIRE FROM THE INSTITUTE AND AT ANY OTHER TIME WHEN SUCH PERSON BECOMES AWARE OF AN AFFILIATION WHICH HAS NOT PREVIOUSLY BEEN DISCLOSED. NO MEMBER OF THE BOARD OR ANY STANDING COMMITTEE WHO IS AFFILIATED WITH ANY ORGANIZATION BEING CONSIDERED FOR A GRANT FROM THE INSTITUTE SHALL PARTICIPATE IN THE CONSIDERATION OF SUCH GRANT OR SHALL VOTE ON SUCH GRANT AWARD. NO MEMBER OF THE BOARD OR ANY STANDING COMMITTEE WHO IS AFFILIATED WITH ANY VENDOR OF GOODS OR SERVICES TO THE INSTITUTE IN THE CONSIDERATION OR ADMINISTRATION OF ANY CONTRACT SHALL PARTICIPATE WITH SUCH VENDOR. NO MEMBER OF THE STAFF OF THE INSTITUTE SHALL, WITHOUT THE PERMISSION OF THE INSTITUTE'S CEO, BE AFFILIATED WITH ANY GRANTEE, PROSPECTIVE GRANTEE OR VENDOR TO THE INSTITUTE. THE INSTITUTE'S CONFLICT OF INTEREST POLICY INCLUDES A DUTY TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS AS THEY ARISE AND REQUIRES ANNUAL DISCLOSURE OF ALL ACTUAL OR POTENTIAL CONFLICTS.

Schedule O (Form 990) 2024 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 B, LINE 15B:

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

THE INSTITUTE'S CEO IS RESPONSIBLE FOR REVIEWING AND DECIDING COMPENSATION FOR OTHER KEY EMPLOYEES OF THE ORGANIZATION. THE INSTITUTE'S CEO USES DATA FROM SALARY AND BENEFIT SURVEYS AS NEEDED TO LEARN WHAT NONPROFIT EMPLOYERS WITH SIMILAR MISSIONS, BUDGETS AND GEOGRAPHIC REGIONS PAY THEIR SENIOR LEADERS. THE INSTITUTE'S CEO DISCUSSES COMPENSATION DECISIONS WITH MEMBERS OF THE EXECUTIVE COMMITTEE. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK,AL,AR,CA,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,ND,NH,NJ,NM,NY,OK,OR,PA,RI
SC,TN,VA,WI,WV

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

THE INSTITUTE MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE. IN ADDITION, THE PHILADELPHIA FOUNDATION MAKES THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY FOR THE INSTITUTE AVAILABLE UPON REQUEST.

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

THE INSTITUTE DOES NOT HAVE ITS OWN WEBSITE, BUT ITS DISREGARDED ENTITY, THE LENFEST INSTITUTE FOR JOURNALISM, LLC, DOES HAVE A WEBSITE, WWW.LENFESTINSTITUTE.ORG, AND THE INSTITUTE'S FORM 990 IS POSTED ON THAT WEBSITE. AS A DISREGARDED ENTITY, THIS WEBSITE IS BEING CONSIDERED THE INSTITUTES 'OWN WEBSITE' FOR PURPOSES OF THIS DISCLOSURE ON THE FORM 990, BUT THE INSTITUTE ITSELF DOES NOT CONSIDER ITSELF TO HAVE ITS OWN WEBSITE.

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

CONSULTANTS:

CONSULTANTS.	
PROGRAM SERVICE EXPENSES	2,986,327.
MANAGEMENT AND GENERAL EXPENSES	268,293.
FUNDRAISING EXPENSES	50,982.
TOTAL EXPENSES	3,305,602.

Schedule O (Form 990) 2024		Page 2
Name of the organization	THE LENFEST INSTITUTE FOR JOURNALISM	Employer identification number
	SPECIAL ASSET FUND OF TPF	04-3731829
ADMINISTRATIVE		
PROGRAM SERVIC		0.
MANAGEMENT AND	GENERAL EXPENSES	78,750.
FUNDRAISING EX		0.
TOTAL EXPENSES		78,750.
TOTAL OTHER FE	ES ON FORM 990, PART IX, LINE 11G, COL A	3,384,352.
FORM 990, PART	IX, LINES 5-10:	
THE INSTITUTE	DOES NOT ISSUE ANY W-2S, BUT RATHER REIMBURS	ES ITS
RELATED ORGANI	ZATION, THE PHILADELPHIA FOUNDATION, FOR COM	PENSATION
PAID TO EMPLOY	EES DEVOTING TIME TO THE INSTITUTE. WITHIN T	HE STATEMENT
OF FUNCTIONAL	EXPENSES, THE COMPENSATION REIMBURSED TO THE	RELATED
ORGANIZATION I	S REPORTED AS SUCH ON FORM 990, PART IX, LIN	ES 5-10.
		_

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

THE LENFEST INSTITUTE FOR JOURNALISM SPECIAL ASSET FUND OF TPF

Employer identification number 04-3731829

OMB No. 1545-0047

Open to Public

Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	FOSTERS INNOVATION TO				THE LENFEST INSTITUTE
04-3731829, 801 MARKET STREET, SUITE 300,	SUSTAIN INDEPENDENT				FOR JOURNALISM SPECIAL
PHILADELPHIA, PA 19107	JOURNALISM	PENNSYLVANIA	26,054,320.	133,928,628.	ASSET FUND OF TPF

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	(g) 512(b)(13) atrolled atity?	
				501(c)(3))		Yes	No	
THE PHILADELPHIA FOUNDATION - 23-1581832	_							
1835 MARKET STREET, SUITE 2410								
PHILADELPHIA, PA 19103	GRANTMAKING	PENNSYLVANIA	501(C)(3)	LINE 8	N/A		X	
THE HARRY R. HALLORAN, JR. CHARITABLE TRUST								
- 46-6758450, 1835 MARKET STREET, SUITE					THE PHILADELPHIA			
2410, PHILADELPHIA, PA 19103	GRANTMAKING	PENNSYLVANIA	501(C)(3)	LINE 12A, I	FOUNDATION		X	
THE VISIONS FUND OF THE PHILADELPHIA								
FOUNDATION - 47-5425277, 1835 MARKET STREET,	SUPPORT THE PHILADELPHIA				THE PHILADELPHIA			
SUITE 2410, PHILADELPHIA, PA 19103	FOUNDATION	DELAWARE	501(C)(3)	LINE 12A, I	FOUNDATION		X	
TPF SPECIAL PROPERTY FUND - 84-5019977								
1835 MARKET STREET, SUITE 2410	SUPPORT THE PHILADELPHIA				THE PHILADELPHIA			
PHILADELPHIA, PA 19103	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	FOUNDATION		X	

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

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) SPECIAL ASSET FUND OF TPF

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or F ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										Ш		
	_											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i contr ent	(i) ction (b)(13) rolled tity?
THE PHILADELPHIA INQUIRER PBC - 45-5415437		country)	PMN PBC	,				Yes	No
100 SOUTH INDEPENDENCE MALL WEST, SUITE 600			CHARITABLE						
PHILADELPHIA, PA 19106	NEWS MEDIA PRODUCTION	DE	TRUST	C CORP	96,645,031.	74,005,096.	99.99%	Х	

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

Schedule R (Form 990) (Rev. 1-2025) SPECIAL ASSET FUND OF TPF

04-3731829

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		_		1a		Х
					1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
	Performance of services or membership or fundraising solicitations for related organ				11		Х
	Performance of services or membership or fundraising solicitations by related organ				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
					10		Х
р	Reimbursement paid to related organization(s) for expenses				1 p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1)							
` '							
(2)							
.,							
(3)							
(4)							
\7/							
(5)							
,,,							

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

Schedule R (Form 990) (Rev. 1-2025) SPECIAL ASSET FUND OF TPF

04-3731829

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?	(f) Share of total	(g) Share of end-of-year	Dispro tion allocat	opor- late	lamount in hov 20	(j) Genera manag	(k) or Percentage ownership
-		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	10
-											
											+

Schedule R (Form 990) (Rev. 1-2025) SPECIAL ASSET FUND OF TPF	04-3731829	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
SCHEDULE R, PART IV:		
	CONGIGE	
THE INSTITUTE'S INTEREST IN THE PHILADELPHIA INQUIRER, PBC	CONSISTS	
ENTIRELY OF NON-VOTING SHARES.		