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TIN: 23-1365983 OMB No. 1545-0047

Form 990

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

	Revenue Service					Inspection
A Fo	or the 2021 ca	l alendar year, or tax year beginning 07-01-2021 , and ending 06-30	-2022			
	ck if applicable:	C Name of organization		D Employer	r identif	ication number
	dress change	PHILADELPHIA FUTURES		23-13659	983	
	me change ial return	Doing business as				
	l return/terminated	. 5				
_	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	:e	E Telephone	number	
O App	olication pending	123 S BROAD ST STE 850		(215) 79	0-1666	
		City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19109		G Gross rece	eipts \$ 6,	,994,049
		F Name and address of principal officer:	H(a) Is this	a group retu	ırn for	
		SARA L WOODS 123 S BROAD ST STE 850		dinates?		□Yes ✓No
		PHILADELPHIA, PA 19109	H(b) Are all include		S	☐ Yes ☐No
I Tax	-exempt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527		," attach a lis	st. See i	instructions.
J W	ebsite: ► WW	/W.PHILADELPHIAFUTURES.ORG	H(c) Group	exemption n	number	•
K Form	n of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 1802	M State	of legal domicile: PA
Pa	rt I Sum	l mary				
	1 Briefly des	cribe the organization's mission or most significant activities: DE LOW-INCOME, FIRST GENERATION-TO-COLLEGE STUDENTS WITH THE T	OOLS, RESOU	JRCES, AND	OPPORT	ΓUNITIES
nc						
Ë						
Activities & Governance	2 Check thi	s hav h				
Ü	_	of voting members of the governing body (Part VI, line 1a)			3	22
S		of independent voting members of the governing body (Part VI, line 1b)	4	22		
itie	5 Total num	nber of individuals employed in calendar year 2021 (Part V, line 2a)	5	38		
Stiv	6 Total num	nber of volunteers (estimate if necessary)			6	250
A	7a Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	0
			Pric	or Year		Current Year
o.	8 Contribut	ions and grants (Part VIII, line 1h)		3,910,15	59	3,977,154
Revenue	9 Program	service revenue (Part VIII, line 2g)			0	0
eve	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,015,02	21	830,153
н	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		350,46	57	412,207
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,275,64	17	5,219,514
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		463,43	37	566,587
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0	0
Ş	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,505,13	34	2,551,308
ıse	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		0	0	
Expenses	b Total fundr	aising expenses (Part IX, column (D), line 25) 218,625				
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,009,81	14	1,140,148
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,978,38	35	4,258,043
	19 Revenue	less expenses. Subtract line 18 from line 12		1,297,26	_	961,471
O.			Beginning	of Current Ye	ar	End of Year
Net Assets or Fund Balances		(D. (V.). (C.)		45.00111	20	
Ass		ets (Part X, line 16)		15,391,78	_	13,898,417
det		ilities (Part X, line 26)		414,06	-	447,068
ALL LL	22 Net asset	s or fund balances. Subtract line 21 from line 20		14,977,72	26	13,451,349

Signature Block

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

	\ _				2023-02-14	
Sign	,	gnature of officer			Date	
Here	<u> </u>	RA L WOODS EXECUTIVE DIRECTOR				
	Tly	pe or print name and title		In .	Lower	
Paid	I	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN P00 self-employed	N 157086
Pre	oarer	Firm's name MORISON COGEN LLP	•	•	Firm's EIN ► 23-140	06493
Use	Only	Firm's address ► 484 NORRISTOWN RD	STE 100		Phone no. (267) 440	-3000
		BLUE BELL, PA 19422				
May t	ne IRS disc	cuss this return with the preparer sho	wn above? (see instruct	ions)		✓ Yes □ No
For P	aperwork	Reduction Act Notice, see the sep	arate instructions.	Cat.	No. 11282Y	Form 990 (2021)
			Page	2		
Form	990 (2021))				Page 2
Par	t III St	atement of Program Service A	Accomplishments			_
		eck if Schedule O contains a response	or note to any line in t	nis Part III		🗸
1	•	scribe the organization's mission:				
		N-INCOME, FIRST GENERATION-TO-C AND SUCCESS IN COLLEGE.	OLLEGE STUDENTS WIT	H THE TOOLS, RESOURCE	ES, AND OPPORTUNI	ITES NECESSARY FOR
2		ganization undertake any significant	program services during	the year which were not	listed on	☐ Yes 🔽 No
	•	form 990 or 990-EZ? escribe these new services on Schedu				
3		ganization cease conducting, or make		now it conducts, any progr	ram	
	services?	<u> </u>				🗆 Yes 🗸 No
	If "Yes," d	escribe these changes on Schedule O				
4	Section 50	he organization's program service acc b1(c)(3) and 501(c)(4) organizations ue, if any, for each program service r	are required to report th			
4a	(Code:) (Expenses \$	1,788,110 including gr	ants of \$ 75,44	47) (Revenue \$)
	LAUNCHED INCOME, FI PHILADELPH PERSONALI	GE PROGRAMS: PHILADELPHIA FUTURES' D IN 2013) PROVIDE A COMPREHENSIVE ARF RST-GENERATION-TO-COLLEGE STUDENTS HIA PUBLIC, PUBLIC CHARTER AND PAROCI ZED COLLEGE GUIDANCE; (III) FINANCIAL DUALIZED STAFF SUPPORT.	AY OF SERVICES AND RESO FROM ACHIEVING COLLEGE HIAL HIGH SCHOOLS. OUR F	DURCES TO REMOVE THE BAR E SUCCESS. OUR PRE-COLLEG PRE-COLLEGE PROGRAMS OFF	RIERS THAT HAVE TRAD E PROGRAMS SERVE ST ER (I) YEAR-ROUND ACA	ITIONALLY PREVENTED LOW- UDENTS ATTENDING ADEMIC ENRICHMENT; (II)
4b	(Code:) (Expenses \$	1,265,183 including gr	ants of \$ 488.9	31) (Revenue \$	```
70	`	UCCESS SERVICES: PHILADELPHIA FUTURE				RECT SERVICE PROGRAMS
	COLLEGIAN	A-SCHOLAR AND COLLEGE CONNECTION) N S RECEIVE FUNDS FOR COLLEGE RELATED HIA FUTURES' CAREER FUTURES INITIATIVI IES.	EXPENSES, CAREER COUNS	ELING AND A CONNECTION T	O INTERNSHIP OPPORTU	JNITIES THROUGH
4c	(Codo:	\ (Evnonces d	337 302 including ==	ante of ¢	09) (Revenue \$	\
40	COMMUNITY PHILADELPH GUIDE TO T SCHOOL ST) (Expenses \$ FUTURES: PHILADELPHIA FUTURES' OUTRE Y. OUTREACH FUTURES OFFERS A RANGE C HIA. A KEY COMPONENT OF PHILADELPHIA HE COLLEGE PREPARATION, APPLICATION UDENTS, COMMUNITY-BASED ORGANIZATI ROM THE GUIDE ALSO IS AVAILABLE THRO	F PROGRAMS AND SERVICE FUTURES' OUTREACH SERV AND ADMISSIONS AND FIN. ONS AND THE FREE LIBRAR	BRINGS THE ORGANIZATION'S IS TO STUDENTS, FAMILIES AI ICES IS THE ANNUAL PUBLICA ANCIAL AID PROCESSES. COP	S SERVICES AND EXPERT ND YOUTH-SERVING PRO ATION OF STEP UP TO CO IES OF THE GUIDE ARE	DFESSIONALS THROUGHOUT DLLEGE: PHILADELPHIA'S DISTRIBUTED TO HIGH
	(Code:) (Expenses \$	350,910 including gr	ants of \$ 2,10	00) (Revenue \$)
	PHILADELPH TUITION AN	HIA FUTURES HAS A CONTRACT WITH THE ID EDUCATIONAL ENRICHMENT. EXPENSES DMINISTERED 2 PROGRAMS IN PHILADELPI	CHARLES E. ELLIS TRUST TO ARE THOSE ASSOCIATED W	O ADMINISTER FUNDS TO ELI VITH THE ADMINISTRATION O	GIBLE PHILADELPHIA HI F THE TRUST. ADDITION	
4d		gram services (Describe in Schedule (•			
	(Expenses	,	ng grants of \$	2,100) (Revenue	\$)
4e	Fotal pro	gram service expenses	3,741,506			Form 990 (2021)

Page 3

Form 990 (2021) Page **3**

Par	tiv 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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			No
	Schedule D,Part I 📆	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
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		No
	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	12a	Yes	
b	Schedule D, Parts XI and XII	12b	163	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
145	Did the organization maintain an office, employees, or agents outside of the United States?	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No

Form **990** (2021)

- Page 4 -

Form 990 (11\	•
FUIIII 990 (Page	4

Pai	THE Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes					
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? <i>If "Yes," complete Schedule J </i>	23		No				
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		No				
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						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No				
27	· · · · · · · · · · · · · · · · · · ·							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No				
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
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		No				
35a	5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?							
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	All Form 990 filers are required to complete Schedule O							
Pa	statements Regarding Other IRS Filings and Tax Compliance			_				
	Check if Schedule O contains a response or note to any line in this Part V							
4 -	Enter the number reported in box 2 of Form 1006 Enter 0 if not applicable 4 - 30		Yes	No				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 39 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0							
	· · · · · · · · · · · · · · · · · · ·							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	l				

----- Page 5 -----

Form 990 (2021) Page **5**

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

10/14/2	5, 7:02 AM Heights Philadelphia - Full Filing - Nonprofit Explorer - ProPublica			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
-	11 Tes, Complete Form 6009.	F	orm 99	0 (2021
	Page 6			
Form	990 (2021)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			~
Se	ction A. Governing Body and Management	1		1
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	$ \hbox{ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . } \\$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	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		No
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		

Se	ection C. Disclosure	_
17	List the states with which a copy of this Form 990 is required to be filed	-
	PA	
18	Section 6104 requires an organization to make its Form 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.	-
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶EXECUTIVE DIRECTOR 123 S BROAD STREET SUITE 850 PHILADELPHIA, PA 19109 (215) 790-1666	
	Form 990 (202)	L)
	Page 7	
Form	990 (2021) Page	7
Pa	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	
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a C	omplete 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 key employees, if any. See the instructions for definition of "key employees."
- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 neither the organization no	r any related oi	rganizat	ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on on is	e bo both	che x, u n an or/tr	inless office ustee	er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) RAJ TEWARI	2.00	X	ē	Х		ted		0	0	0
CHAIR (2) OLENGA ANABUI	1.00									
VICE CHAIR		Х		Х				0	0	0
(3) KEVIN R BOYLE CHAIR EMERITUS	2.00	Х		х				0	0	0
(4) MIMI LURIO SECRETARY	2.00	х		х				0	0	0
(5) STUART GEORGE TREASURER	2.00	х		х				0	0	0
(6) PAULINE ABERNATHY BOARD MEMBER	1.00	х						0	0	0
(7) ARIEL BROCKMAN BOARD MEMBER	1.00	Х						0	0	0
(8) JENNIFER L DALEY BOARD MEMBER	1.00	х						0	0	0

(9) KATIE DARIUS BOARD MEMBER	1.00	х			0	0	0
(10) DARRIEN DAVENPORT BOARD MEMBER	1.00	Х			0	0	0
(11) OTIS D HACKNEY III BOARD MEMBER	1.00	Х			0	0	0
(12) KATRINA HIGH BOARD MEMBER	1.00	Х			0	0	0
(13) MICHAEL MENENDEZ BOARD MEMBER	1.00	Х			0	0	0
(14) DAVID O'CONNOR ESQUIRE BOARD MEMBER	1.00	Х			0	0	0
(15) DR RONKE OKE BOARD MEMBER	1.00	х			0	0	0
(16) JEFFREY W ORLANDO BOARD MEMBER	1.00	Х			0	0	0
(17) OMAR CROWDER BOARD MEMBER	1.00	х			0	0	0

Form **990** (2021)

– Page 8 *–*

Form 990 (2021)

Page **8**

organizations below dotted line) 18) MELVIN PITTS 1.00 OARD MEMBER 1.00 OARD MEMBER 1.00 OARD MEMBER 1.00 OARD MEMBER 1.00 A OARD MEMBER 1.00 OARD MEMBER 22) BRETT WRIGHT OARD MEMBER 23) SARA WOODS	(A) Name and title	(B) Average hours per week (list any hours	Average Position (do not check more than one box, unless person is both an officer and a From the								(F) Estimated amount of other compensation from the	
1.00 X		below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related	
1.00	·		X						0	0		
1.00 X 0 0 0 0 0 0 0 0	OARD MEMBER	1.00	×						0	0		
1.00 X 0 0 0 0 0 0 0 0		1.00	×						0	0		
1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	, , , , , , , , , , , , , , , , , , ,	1.00	×						0	0		
	·······		. x						0	0		
	, , , , , , , , , , , , , , , , , , ,				х				125,000	0	14,73	

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		+					
				<u> </u>		_	
1b Sub-Total			<u> </u>				
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	•			125,000		0	14,734
2 Total number of individuals (including bu		listed abov	a) who re			-1	- 1,10
of reportable compensation from the org		nsted abov	e) who re	cerved more than \$.	100,000		
						Y	es No
3 Did the organization list any former office	cer, director or trustee	, key empl	ovee, or h	nighest compensated	d employee on		
line 1a? If "Yes," complete Schedule J for						3	No
4 For any individual listed on line 1a, is the	sum of reportable co	mpensatio	n and othe	er compensation fro	m the		
organization and related organizations g							
individual						4	No
5 Did any person listed on line 1a receive of	•			-	dividual for		
services rendered to the organization?If	res, complete sched	uie J for s	ucri persoi	<i></i>		5	No
Section B. Independent Contractors					1100 000 0		
1 Complete this table for your five highest from the organization. Report compensat						npensatior	1
	(A)	<u> </u>			(B)		(C)
Name and	business address			Des	cription of services	Со	mpensation
2 Total number of independent contractors (i	ncluding but not limite	ed to those	listed abo	ove) who received m	ore than \$100,00	0 of	
compensation from the organization $ ightharpoonup 0$	_			•			
						Form	990 (2021)
		- Page 9					
		rage 3					
Form 990 (2021)							Page 9
Part VIII Statement of Revenue							
Check if Schedule O contains a	response or note to ar					<u></u>	. U
			A) evenue	(B) Related or	(C) Unrelated	l R	(D) evenue
				exempt function	business		uded from
				revenue	revenue		der sections .2 - 514
Federated campaigns 1a							
Contributions,,661							
Sifts, Grants, and Membership dues 1b							
DtherAmt Similar							
Afficial raising events 1c							
2,998							
d Related organizations 1d							
e Government grants (contributions)							
f All other contributions, gifts, grants, and similar amounts not included 1f							
above							
3,952,495							
g Noncash contributions included in							
lines 1a - 1f:\$							
127,652							
h Total. Add lines 1a-1f	3,977,15	4					
<u> </u>	Business Code	1				1	
2a							
en	_						
9 o				ĺ			

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i -		—					
1							
		 					
* a							
f All other progran	a comica rovenue						
9 Total. Add lines							Т
3 Investment incom similar amounts)	e (including divide:	nds, interest, a	nd other	344,579			344,
4 Income from invest		npt bond proce	eds 🕨				
5 Royalties			•				
	(i) Rea	al (ii) P	Personal				
•	ا ا						
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental incom							
	(i) Securi		Other				
7a Gross amount	'						
from sales of assets other	7a 2,2	217,390					
than inventory							
b Less: cost or other basis and	7b 1,7	731,816					
sales expenses							
c Gain or (loss)	7c 4	485,574					
d Net gain or (loss				485,574			485
•3 Gross income from							
(not including \$	2,998 of						
contributions report See Part IV, line 18	ed on line 1c).	8a	104,992				
contributions report See Part IV, line 18 b Less: direct expe	nses	8b	42,719				
c Net income or (lo			·	62,273			62,
	,			,			·
Gross income fron	gaming activities.						
See Part IV, line 1		9a					
b Less: direct expe		9b					
c Net income or (Id	oss) from gaming a	ctivities	•				
LOaGross sales of inv	ventory. Jess						
returns and allow	ances	10a					
b Less: cost of goo	ds sold	10b					
	uss) from solos of i	nventory	•	j			
c Net income or (Id	iss) iroini sales oi li		ess Code				
	eous Revenue	DUSINE	.33 Code				l
Miscellan	eous Revenue		611710	349,934	349,934		
Miscellan	eous Revenue			349,934	349,934		
	eous Revenue			349,934	349,934		
Miscelland 11aELLIS TRUST AD	eous Revenue			349,934	349,934		
Miscelland 11aELLIS TRUST AD b	eous Revenue			349,934	349,934		
Miscelland 11aELLIS TRUST AD	eous Revenue			349,934	349,934		
Miscelland 11aELLIS TRUST AD b c	eous Revenue MINISTRATION FE			349,934	349,934		
Miscelland 11a ELLIS TRUST AD b c d All other revenue	eous Revenue MINISTRATION FE		611710	349,934	349,934		
Miscelland 11aELLIS TRUST AD b c	eous Revenue MINISTRATION FE			349,934 349,934	349,934		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any	/ line in this Part IX		<u> </u>	🗆
	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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	566,587	566,587		
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	137,240	118,772	9,765	8,703
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,017,868	1,746,323	143,575	127,970
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,459	79,151	6,508	5,800
9	Other employee benefits	146,885	127,119	10,451	9,315
10	Payroll taxes	157,856	136,613	11,232	10,011
11	Fees for services (non-employees):				
ā	Management				
ŀ	Legal				
•	Accounting	47,483	41,814	2,997	2,672
•	l Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	80,205	52,413	23,512	4,280
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,563	1,376	99	88
12	Advertising and promotion				
13	Office expenses	37,314	24,384	10,939	1,991
14	Information technology	55,302	36,139	16,212	2,951
15	Royalties				
16	Occupancy	369,067	318,997	26,474	23,596
17	Travel	877	573	257	47
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	4,372	2,857	1,282	233
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,100	40,762	3,351	2,987
23	Insurance	46,909	30,654	13,752	2,503
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a STUDENT PROGRAMS	294,925	294,800	66	59
	b CONSULTANTS	76,671	64,566	3,664	8,441
	c PRINTING & PUBLICATIONS	40,600	32,930	2,707	4,963
	d EQUIPMENT & MAINTENANCE	11,188	7,311	3,280	597
	e All other expenses	26,572	17,365	7,789	1,418
25	Total functional expenses. Add lines 1 through 24e	4,258,043	3,741,506	297,912	218,625
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

Form **990** (2021)

Page 11 -

Form 990 (2021) Page **11**

P	art X	Balance Sheet			_	•	
		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			362,017	1	205,034
	2	Savings and temporary cash investments .		[1,197,345	2	981,671
	3	Pledges and grants receivable, net			557,643	3	672,613
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in s	fied pe ection 4	rsons (as defined under 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	†
ssets	8	Inventories for sale or use				8	
SS	9	Prepaid expenses and deferred charges			48,572	9	116,550
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	287,918			
	ь	Less: accumulated depreciation	10b	84,868	165,577	10c	203,050
	11	Investments—publicly traded securities .			12,977,104	11	11,635,968
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		⊢	83,531	15	83,531
	16	Total assets. Add lines 1 through 15 (must eq		<u> </u>	15,391,789	16	13,898,417
	17	Accounts payable and accrued expenses			224,640	17	221,387
	18	Grants payable		-	•	18	<u> </u>
	19					19	
	20	Tax-exempt bond liabilities				20	
(0	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	+
iabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons					
<u></u>		, , , , , , , , , , , , , , , , , , , ,		<u> </u>		22	
	23	Secured mortgages and notes payable to unrela		· ·		23	
	24	Unsecured notes and loans payable to unrelated		·	400 400	24	205.004
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,	189,423	25	225,681	
	26	Total liabilities. Add lines 17 through 25 .			414,063	26	447,068
Fund Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck h	ere 🕨 🗹 and	8,792,196	27	7,497,236
Sali	27	Net assets without donor restrictions	•				
ė.	28	Net assets with donor restrictions			6,185,530	28	5,954,113
		Organizations that do not follow FASB ASC complete lines 29 through 33.	-	heck here 🕨 🗆 and			
s or	29	Capital stock or trust principal, or current funds		· · · ·		29	<u> </u>
Assets	30	Paid-in or capital surplus, or land, building or ed		 -		30	<u> </u>
ASS	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Net /	32	Total net assets or fund balances			14,977,726	32	13,451,349
ž	33	Total liabilities and net assets/fund balances .	•		15,391,789	33	13,898,417

Form **990** (2021)

– Page 12 *–*

Form 990 (2021) Page **12**

Par	Keconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	,219,514
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	,258,043
3	3	961,4			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		14	,977,726
5	Net unrealized gains (losses) on investments	5		-2	,487,848
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		13	,451,349
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		103	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		
	, , , , , , , , , , , , , , , , , , , ,			orm 99	0 (2021)
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	990 (2021)				
Αđ	ditional Data		Returi	1 to Fo	rm
	Software ID:				
	Software Version:				
orm	1 990, Special Condition Description:				
	Special Condition Description				
	Special Condition Description				

ObjectId: 202340819349301024 - Submission: 2023-03-22

TIN: 23-1365983

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Inspection

Name of the organization

Employer identification number

PHILADELPHIA FUTURES 23-1365983 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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)**. 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 b 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. g Provide the following information about the supported organization(s (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No Total For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990) 2021 Cat. No. 11285F Form 990 or 990-EZ. Schedule A (Form 990) 2021 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Heights Philadelphia - Full Filing - Nonprofit Explorer - ProPublica

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10/14/2	25, 7:02 AM	H	leights Philadelphi	a - Full Filing - Nor	ıprofit Explorer - ProF	Publica			
	organization's penerit and eitner paid	I	1		I		1		
5	to or expended on its behalf The value of services or facilities						+		
•	furnished by a governmental unit to								
	the organization without charge						_		
6	Total. Add lines 1 through 5						_		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
ь	Amounts included on lines 2 and 3						1		
	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support			•		T			
	endar year fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f)	Total	
9	Amounts from line 6						+		
10a	Gross income from interest,						_		
	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income						+		
U	(less section 511 taxes) from								
	businesses acquired after June 30,								
_	1975.	<u> </u>	+				+		
C	Add lines 10a and 10b. Net income from unrelated business						+		
11	activities not included on line 10b,		1						
	whether or not the business is		1						
4.0	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.) First 5 years. If the Form 990 is for t	he organization's	first second th	aird fourth or fift	h tay yoar as a soci	ion 501(c)(3) or	naniz:	ation c	hock
14		_			•		-		
_	this box and stop here						<u> </u>	<u>· · · · </u>	
	ection C. Computation of Public Public support percentage for 2021 (lin	Support Perc	entage	2 column (f))		1 1			
15			-			15			
16	Public support percentage from 2020 S					16			
	ction D. Computation of Invest				(5)				
17	Investment income percentage for 20	-		-		17			
18	Investment income percentage from 2	,				18			
19a	33 1/3% support tests-2021. If the							_	
	more than 33 1/3%, check this box and								
b	33 1/3% support tests—2020. If the	•			•			nd line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	n qualifies as a pu	ublicly supported or	ganization	!	ightharpoons	
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and see	e instructions		ightharpoons	
				, , ,		Schedule A	(Forn	n 990)	2021
							•	-	
			Page	4					
			rage .	•					
Sche	dule A (Form 990) 2021							ſ	Page 4
Par	t IV Supporting Organization	ıs							
	(Complete only if you checked		of Part I. If you	checked box 12a,	of Part I, complete	Sections A and B	. If y	ou che	cked
	box 12b, of Part I, complete Se				complete Sections A	$A,\;D,\;and\;E.\;If\;yor$	u chec	cked bo	ΣX
	12d, of Part I, complete Section		complete Part V.						
Se	ction A. All Supporting Organiz	ations							1
						F		Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the states describe the designation. If historic an	upported organiz	ations are desigi	nated. If designat	ed by class or purp	ose,			
	describe the designation. If historic an	u continuing reia	шоныпр, ехріан	•			1		
2	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in F	Part VI how the	organization dete	ermined that the	supported organizat	tion was			
	described in section $509(a)(1)$ or (2) .					•	2		
За	Did the organization have a supported	organization des	scribed in section	501(c)(4), (5), (or (6)? <i>If "Yes." ans</i>	wer lines 3h and			
	3c below.	3a 2a a.	Section	(-)(-)) (-), ((0). II 100, UII3		3a	\vdash	+
J.	Did the organization confirm that	cupperted area	nization avalifi	under costice 50	11(c)(4) (E) == (C)	and catiofical	Jd	\vdash	+
b	Did the organization confirm that each the public support tests under section								
	determination.		,		o. gamzan		2 L	\vdash	+
	Did the amountable					\(D)	3b	₩	+
С	Did the organization ensure that all su	pport to such or	yanızatıons was ı	usea exclusively f	or section $1/0(c)(2$	ງ(២) purposes?		1	1

	If res, explain in Fait V1 what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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 supported by a rip connection with its supported organizations.	4b		
С	supervised by or in connection with its supported organizations. 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			
5a	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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).	4c 5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a 9b		
С	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 .	9c		
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	10a		
b	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2021
	Page 5			
Caba	dulo A (Form 000) 2021		_	_
	dule A (Form 990) 2021 TIV Supporting Organizations (continued)		ŀ	Page 5
Fai	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	1		
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of	i		

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	each of the organization's supported organization(s)? If "No," describe in ${\it Part VI}$ how supporting organization was vested in the same persons that controlled or managed to	v contr the sup	ol or management of the poorted organization(s).	1		
Se	ction D. All Type III Supporting Organizations					
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of					
	tax year, (i) a written notice describing the type and amount of support provided during Form 990 that was most recently filed as of the date of notification, and (iii) copies of			5		
	documents in effect on the date of notification, to the extent not previously provided?		gamzacion s governing	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or e	lected	by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "	'No," e	xplain in Part VI how the			
	organization maintained a close and continuous working relationship with the support	ea org	anization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's support					
	voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supporte			3		
<u>Se</u> 1	ction E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Properties.	art Toc	t during the year (see instruct	tions):		
т а	The organization satisfied the Activities Test. Complete line 2 below.	art res	t during the year (see mstruct	liulis).		
b	The organization is the parent of each of its supported organizations. Complete	e line	3 below.			
С	The organization supported a governmental entity. Describe in Part VI how yo	ou sup	ported a government entity (see	e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further					
	supported organization(s) to which the organization was responsive? <i>If "Yes," then in organizations and explain</i> how these activities directly furthered their exempt purp					
	responsive to those supported organizations, and how the organization determined th					
	substantially all of its activities.			2a		
b	Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes,"					
	the organization's position that its supported organization(s) would have engaged in t					
	organization's involvement.			2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI.	icers,	directors, or trustees of each of	За		
b	Did the organization exercise a substantial degree of direction over the policies, progr	ams a	nd activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations			3b		
			Schedule A	(Forr	n 990)	2021
	Page 6					
Sched	lule A (Form 990) 2021				F	age 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	ıst on	Nov. 20, 1970 (explain in Part	VI). Se	e	
	instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sections A throu (A) Prior Year		rent Yea	r
	Section A - Adjusted Net Income		(77) From Tear		onal)	•
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		(υμι	onai)	
a	Average monthly value of securities	1a				

1b

1c

1d

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

 \boldsymbol{c} Fair market value of other non-exempt-use assets

e Discount claimed for blockage or other factors

-	(explain in detail in Part VI):		1
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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-functionally-i instructions)	ntegrat	ited Type III supporting organization (see
	Page 7		Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **7**

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	·
10 Line 8 amount divided by Line 9 amount	10	_

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
 Carryover from 2016 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
L Applicates 2024 distributable account			

Additional Data			Return to Form
			Schedule A (Form 990) 202
Return Reference		Explanation	
	Facts And Circumstance	es Test	
Supplemental Information. Provide the expection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Sectinstructions).	a, 9b, 9c, 11a, 11b, and 1 ction E, lines 1c, 2a, 2b, 3a	1c; Part IV, Section B, lines 1 a and 3b; Part V, line 1; Part V	and 2; Part IV, Section C, line 1; V, Section B, line 1e; Part V
	———— Page 8 ——		Schedule A (Form 990) (202
Excess from 2021			
d Excess from 2020			
c Excess from 2019			
b Excess from 2018			
a Excess from 2017			
Breakdown of line 7:			
than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3i and 4c.			
Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater			
Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI See instructions.	г.		
c Remainder. Subtract lines 4a and 4b from line 4.			
a Damasinday Culaturat lines 4s and 4h from line 4			

efile Public Visual Render	ObjectId: 202340819349301024	- Submission: 2023-03-22		TIN: 23-1365983
Schedule B	Schedu	le of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to ► Go to <u>www.irs.go</u>	Form 990, 990-EZ, or 990-PF. <u>v/Form990</u> for the latest information.		2021
Name of the organization PHILADELPHIA FUTURES				identification number
Organization type (check o	ne):		23-1365983	3
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) or	rganization		
	4947(a)(1) nonexempt char	table trust not treated as a private foun	dation	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private for	undation		
	4947(a)(1) nonexempt char	table trust treated as a private foundation	on	
	☐ 501(c)(3) taxable private fou	undation		
under sections 509(a received from any or 990, Part VIII, line 1h For an organization of during the year, total purposes, or for the purposes, or for the purposes, or for the purposes, continued the year, year	a)(1) and 170(b)(1)(A)(vi), that cheche contributor, during the year, totaln, or (ii) Form 990-EZ, line 1. Computers contributions of more than \$1,000 prevention of cruelty to children or described in section 501(c)(7), (8), ributions exclusively for religious, or	or (10) filing Form 990 or 990-EZ that re exclusively for religious, charitable, scientials. Complete Parts I, II, and III. or (10) filing Form 990 or 990-EZ that recharitable, etc., purposes, but no such complete.	, Part II, line 13 00 or (2) 2% of ecceived from a entific, literary, ecceived from a contributions tot	ny one contributor, or educational ny one contributor, or educational ny one contributor, taled more than \$1,000.
purpose. Don't comp religious, charitable,	etc., contributions totaling \$5,000	that were received during the year for a seneral Rule applies to this organization or more during the year	because it rece	eived nonexclusively
990-EZ, or 990-PF), but it m	ust answer "No" on Part IV, line 2,	of its Form 990; or check the box on lire t the filing requirements of Schedule B	ne H of its Form	
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF.		Cat. No. 30613X	Sc	chedule B (Form 990) (2021
		— Page 2 ———————————————————————————————————		
Schedule B (Form 990) (202	21)		Page 2	

Name of organization

Employer identification number

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		* DECTRICTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		•	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		œ.	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021
	Page 3 ————		
	(Form 990) (2021)		Page
Name of org PHILADELPH	anization IA FUTURES	Employer identification	on number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	23-1365983	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received

_				\$	
				·	_
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-					
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-				\$_	
		Page 4			Schedule B (Form 990) (2021
	B (Form 990) (2021)			Emmlesses idea	Page
	rganization PHIA FUTURES			Employer identification number 23-1365983	
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) e total of exclusively religious, tructions.) \$	through (e)	ction 501(c)(7), (and the followin	ig line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationsh	ip of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Descri	ption of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gift	Relationsh	ip of transferor to	o transferee
<u> </u>					
(a)				I	

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	Transferee's name, address, and a		Transfer of gift Relatio	onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(0	c) Use of gift	(d) Description of how gift is he	
	Transferee's name, address, and 2	(e) ZIP 4	Transfer of gift Relatio	onship of transferor to transferee	
		<u> </u>		Schedule B (Form 990) (2	
Additiona	al Data			Return to Forn	

Software ID: Software Version:

ObjectId: 202340819349301024 - Submission: 2023-03-22

TIN: 23-1365983

SCHEDULE D

Department of the Treasury

(Form 990)

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.

OMB No. 1545-0047

nterna	al Revenue Service Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instructio	ns and the latest info	rmation.	Ins	spection
	me of the organization LADELPHIA FUTURES			Employer identi	fication	number
D.	art I Organizations Maintaining Donor Advis	and Funda or Ot	har Similar Funda a	23-1365983		
Pc	organizations Maintaining Donor Advistage Complete if the organization answered "Yes			or Accounts.		
			advised funds	(b) Funds ar	nd 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 advisor organization's property, subject to the organization's exceptions are subject to the organization.				_	Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	r for any other purpose of	be used only for conferring impermis	sible	Yes 🗆 No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organ	nization (check all th	nat apply).			
	Preservation of land for public use (e.g., recreation	or education)	Preservation of an	historically importa	nt land a	area
	Protection of natural habitat		Preservation of a	certified historic stru	ıcture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	on contribution in the fo			of the Year
а	Total number of conservation easements			2a	ie Eliu o	i tile real
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified historic			2c		
d	Number of conservation easements included in (c) acqui	red after 7/25/06, a	and not on a historic	2d		
	structure listed in the National Register					
3	Number of conservation easements modified, transferred tax year	d, released, extingu	ished, or terminated by	the organization du	ring the	
4	Number of states where property subject to conservation	n easement is locat	ed 🕨			
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds			_	Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vio	plations, and enforcing c	onservation easeme	nts durin	g the year
7	Amount of expenses incurred in monitoring, inspecting, \$	handling of violation	ns, and enforcing conser	vation easements d	uring the	e year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the re	equirements of section 1		Yes	□ No
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the	footnote to the orga		nse statement, and		_ NO
Pai	the organization's accounting for conservation easement t III Organizations Maintaining Collections		al Treasures, or Oth	ner Similar Asse	ts.	
	Complete if the organization answered "Yes	s" on Form 990, F	Part IV, line 8.			
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statements.	lic exhibition, educa	tion, or research in furth	nt and balance sheet nerance of public ser	t works o vice, pro	of art, vide, in
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			> \$		
	ii)Assets included in Form 990, Part X					
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or oth	er similar assets for fina		he	
а	Revenue included on Form 990, Part VIII, line 1	-		• •		
b	Assets included in Form 990, Part X			•		
U	Assets illituded ill i Olili 330, Pall A			🕶 э		

Cat. No. 52283D

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

Schedule D (Form 990) 2021

— Page 2 —

Sche	dule D (Form 990) 2021							Page 2
Par	III Organizations Maintaining Coll	ections of Art, Histo	rical Treas	sures, o	r Other S	imilar Assets	(continue	ed)
3	Using the organization's acquisition, accession items (check all that apply):	,	,	following	that are a si	gnificant use of	its collecti	on
а	Public exhibition	d	Loa	n or exch	ange progra	ims		
b	Scholarly research	е	Oth	ier <u></u>				
C	Preservation for future generations							
4	Provide a description of the organization's collegart XIII.	ections and explain how t	hey further tl	he organi:	zation's exe	mpt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						Yes 🗆) No
Par	Escrow and Custodial Arranger Complete if the organization answ line 21.		90, Part IV, I	line 9, oı	reported			
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?						Yes 🗆	No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	ng table:			Amour	nt	
c	Beginning balance	·	•		1c		51,772	,658
d	Additions during the year				1d			
е	Distributions during the year				1e		10,001	,209
f	Ending balance				1f		41,771	,449
2a	Did the organization include an amount on For	m 990, Part X, line 21, fo	or escrow or o	custodial a	account liabi	ility?	Yes 🔽	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explana	ation has bee	n provide	d in Part XII	п П		
Pa	rt V Endowment Funds.							
	Complete if the organization answ		90, Part IV, I • Prior year		vears back (d) Three years bac	k (a) Four	voars back
1a	Beginning of year balance	2,630,023	2,152,289		2,136,701	2,068,40		1,964,771
	Contributions	250	250		10,250	10,25		10,250
	Net investment earnings, gains, and losses	-246,020	477,484		5,338	58,04	6	93,384
	Grants or scholarships						+	
	Other expenditures for facilities and programs							
f	Administrative expenses							,
g	End of year balance	2,384,253	2,630,023		2,152,289	2,136,70	1	2,068,405
2 a b c	Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment 100.000 % Term endowment	nt year end balance (line	1g, column (a)) held a	ns:			
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.						
3а	Are there endowment funds not in the possess organization by:	sion of the organization th	nat are held a	ind admin	istered for t	he	V	es No
	(i) Unrelated organizations					Г	3a(i)	No No
	(ii) Related organizations						3a(ii)	No
b	If "Yes" on 3a(ii), are the related organizations	s listed as required on Sc	hedule R? .			[3b	
4	Describe in Part XIII the intended uses of the	organization's endowmen	it funds.			_	•	· · · · · · · · · · · · · · · · · · ·
Par	t VI Land, Buildings, and Equipmen		NO D 1 TV 1		6 5	000 5 1 1 1		
	Complete if the organization answ Description of property (a) Cost or oth (investment)	er basis (b) Cost or oth	90, Part IV, I ner basis (other)		See Form		ine 10. (d) Book v	value
1a	Land							
b	Buildings							
С	Leasehold improvements							
	Equipment Other		287,91	8		84,868		203,050
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, co	olumn (B), lin	e 10(c).)	•			203,050
	- , , ,	· , ,				Schodula	D (Form	990) 2021

Schedule D (Form 990) 2021 Page **3**

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV	line 11h See For	m 990 Part	X line 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuation: Cost or end-of-year market value	
1) Financial derivatives				
(A)				
(B)				
(C)				
D)				
(E)	1			
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	Part IV,	line 11c. See For (b) Book value	(c) M	EX, line 13. ethod of valuation: d-of-year market value
(1)			Cost of en	id-oi-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, l	ine 11d. See For	m 990, Part	X, line 15.
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Tabal (Caluman (h) musak anual Faura 000 Davit V and (D) line 15				>
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P.	art I\/ I			Part X line 25
1. (a) Description of liability	ui (1 V, 1	C 11E OI 111.36	2011111 990	(b) Book value

(1) rederal income taxes	0 1				
DEFERRED RENT PAYABLE					225,681
Total. (Column (b) must equal Form 990, Part X, col.(B) line	25.)			•	225,681
2. Liability for uncertain tax positions. In Part XIII, pr	ovide the text of the footnote	to the c	organization's financial sta	tements tha	
organization's liability for uncertain tax positions unde	er FIN 48 (ASC 740). Check he	ere if the	e text of the footnote has	been provide	ed in Part XIII
				Schedule	D (Form 990) 2021
	————— Page 4 —				
chedule D (Form 990) 2021					Page 4
Part XI Reconciliation of Revenue per			-	eturn.	
Complete if the organization answ Total revenue, gains, and other support per au	· · · · · · · · · · · · · · · · · · ·			1	2 724 666
				1	2,731,666
Amounts included on line 1 but not on Form 99	•	1 _	1		
a Net unrealized gains (losses) on investments		2a	-2,487,848		
b Donated services and use of facilities		2b			
c Recoveries of prior year grants		2c			
d Other (Describe in Part XIII.)		2d			
e Add lines 2a through 2d				2e	-2,487,848
Subtract line 2e from line 1				3	5,219,514
Amounts included on Form 990, Part VIII, line	12, but not on line 1:				
a Investment expenses not included on Form 990	0, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		4b			
c Add lines 4a and 4b		. – .		4c	0
Total revenue. Add lines 3 and 4c. (This must e	equal Form 990, Part I, line 12	.) .		5	5,219,514
Part XII Reconciliation of Expenses per				Return.	<u> </u>
Complete if the organization answ					
Total expenses and losses per audited financial	statements			1	4,258,043
2 Amounts included on line 1 but not on Form 99	00, Part IX, line 25:				
a Donated services and use of facilities		2a			
b Prior year adjustments		2b			
c Other losses		2c			
d Other (Describe in Part XIII.)		2d			
e Add lines 2a through 2d				2e	0
Subtract line 2e from line 1				3	4,258,043
4 Amounts included on Form 990, Part IX, line 25		•			.,,256,61.5
a Investment expenses not included on Form 990		4a	1		
b Other (Describe in Part XIII.)	•	4b			
		40		4.	0
c Add lines 4a and 4b		• •		4c	0
Total expenses. Add lines 3 and 4c. (This must	equal Form 990, Part I, line 1	8.) .		5	4,258,043
Part XIII Supplemental Information					
Provide the descriptions required for Part II, lines 3,				V, line 4; Pa	art X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also	complete this part to provide a	iny add			
Return Reference			Explanation		
PART IV, LINE 1B:			CONTRACT WITH CHARLES		
			THE TRUST. AS AGENT AI NISTRATION OF THE ANN		
	PHILADELPHIA HIGH SCH	OOL GI	RLS FOR TUITION AND EN	NRICHMENT	
PART V, LINE 4:			IUAL FEE FOR THOSE SER ASSETS ARE RESTRICTED		MENT IN DEDDETHITY
AIXI V, LINE T.			ENDOWMENT IS USED TO		
	ODCANIZATION		1 2 111 12 13 13 10		

Schedule D (Form 990) 2021

Additional Data Return to Form

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ObjectId: 202340819349301024 - Submission: 2023-03-22

TIN: 23-1365983

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047

2021

	rtment of the Treasury al Revenue Service			Atta	ch to Form	n \$15,000 on Form 990-EZ, I 990 or Form 990-EZ. instructions and the latest in		tion. Open to Public				
	ne of the organization LADELPHIA FUTURES							Employer ide	ntification number			
								23-1365983				
Pa		_	ties. Complete if re not required t	_		answered "Yes" on Fo part.	orm 990,	Part IV, line 1	7.			
1	Indicate whether the	e organiza	tion raised funds th	rough an	y of the fo	ollowing activities. Check	all that a	pply.				
а	☐ Mail solicitations				•	Solicitation of non	-governm	ent grants				
b	☐ Internet and em	ail solicitat	tions		f	Solicitation of gov	ernment o	grants				
c	Phone solicitation	ns			g	Special fundraisin	g events					
d	☐ In-person solicita	ations										
2a						vidual (including officers, on with professional fund			es 🗆 No			
b	If "Yes," list the 10 l to be compensated				draisers)	pursuant to agreements	under wh					
(i)	Name and address of i or entity (fundraise		(ii) Activity	fundrai custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
				Yes	No							
				1								
	al				.▶							
	List all states in which licensing.	the organ	lization is registere	d or licens	sed to sol	icit contributions or has l	een notifi	ed it is exempt f	from registration or			
===												
or	Paperwork Reduction A	ct Notice,	see the Instructions	for Form			50083H	Se	chedule G (Form 990) 2021			
Sch	edule G (Form 990) 20	121			—— Pa	ge 2 —————			Page 2			
CIII	cause a (Form 990) 20								rage Z			

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		GET IN THE GAME (event type)	(event type)	(total number)	col. (c))
		(event type)	(event type)	(total number)	
е					
Revenue					
Rev					
	-				
	1 Gross receipts	107,990			107,990
	2 Less: Contributions	2,998			2,998
	3 Gross income (line 1 minus line 2)	104,992			104,992
	4 Cash prizes				
S	5 Noncash prizes				
ause	6 Rent/facility costs	5,120			5,120
Direct Expenses	7 Food and beverages	23,011			23,011
tg m	8 Entertainment				
ă	9 Other direct expenses	14,588			14,588
	10 Direct expense summary. Add lines 4 to	hrough 9 in column (d)			42,719
	11 Net income summary. Subtract line 10				62,273
Pai	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Rev	1 Gross revenue				
es					
enses	2 Cash prizes				
Direct Exp	3 Noncash prizes				
ect	4 Rent/facility costs				
ā	5 Other direct expenses				
		☐ Yes %	☐ Yes <u>%</u>	☐ Yes <u>%</u>	
	6 Volunteer labor	☐ No	☐ No	□ No	
	7 Direct expense summary. Add lines 2 to	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	: line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organization				
a	Is the organization licensed to conduct ga				
b	If "No," explain:				
10a	Were any of the organization's gaming lic	enses revoked, suspende	d or terminated during the	e tax year?	
b	If "Yes," explain:				
				Schedule G (Form 990) 2021

Sche	dule G (Form 990) 2021						Page 3
11	Does the organization conduct of	gaming activities with nonmembers	s?		☐ Yes	□No	
12		eneficiary or trustee of a trust or a gaming?	member of a partnership or other entity		Yes		
13	Indicate the percentage of game	ng activity conducted in:			_ 163	_ 110	
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and re	ecords:			
	Name •						
	Address						
15a			om the organization receives gaming		☐ Yes	□No	
b	If "Yes," enter the amount of ga		anization 🕨 \$ and th				
С	If "Yes," enter name and addres	s of the third party:					
	Name						
	Address						
16	Name ►	▶ \$					
	Description of services provided	>					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17 a	Mandatory distributions: Is the organization required understand the state gaming license?		stributions from the gaming proceeds to		Yes	□No	
b	3 3		ited to other exempt organizations or spent		□ Yes	∪ INO	
		ot activities during the tax year					
Par			ions required by Part I, line 2b, columns licable. Also provide any additional infor				s.
	Return Reference		Explanation				
		L	Sched	ule G (Fo	orm 990) 2	021	
Αc	lditional Data				Return 1	to Form	n

Software ID: Software Version: 10/14/25, 7:02 AM Heights Philadelphia - Full Filing - Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202340819349301024 - Submission: 2023-03-22 TIN: 23-1365983 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) **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 <u>www.irs.gov/Form990</u> for the latest information. Open to Public Department of the Treasury Internal Revenue Service Employer identification number PHILADELPHIA FUTURES 23-1365983 Part I General Information on Grants and Assistance 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, other) organization (if applicable) grant cash noncash assistance or assistance or government assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)2 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2021 — Page 2 — Schedule I (Form 990) 2021 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 (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of (e) Method of valuation (book (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) (1) SPONSOR A SCHOLAR 184 232,106 воок (2) STUDENT OPPORTUNITY 34 10,17 воок (3) INCENTIVE AWARDS 265 65,429 воок (4) COLLEGIAN STIPENDS 195 115,350 воок 18,300 воок 15 (6) SCHOLARSHIPS 58 125.22 воок

(5) INTERNSHIP (6) (7)

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

Return Reference TO ACCESS THE SPONSORSHIP FUNDS, STUDENTS MEET IN PERSON AND VIRTUALLY WITH A STAFF MEMBER FROM PHILADELPHIA FUTURES' OFFICE OF COLLEGE SUCCESS AT LEAST TWICE EACH YEAR TO DISCUSS GRADES FROM THE PRIOR SEMESTER, THEIR ROSTERS FOR THE UPCOMING SEMESTER, AND THEIR OVERALL CAREER ASPIRATIONS. PART I, LINE 2:

Schedule I (Form 990) 2021

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TIN: 23-1365983

SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No. 1545-0047

▶Go to www.irs.gov/Form990 for the latest information. **Open to Public** Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** PHILADELPHIA FUTURES 23-1365983 Part I **Types of Property** (d) (a) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art . . Art—Historical treasures 3 Art—Fractional interests Books and publications 5 Clothing and household aoods 6 Cars and other vehicles . . Boats and planes 8 Intellectual property . . . Securities—Publicly traded . Χ 127,652 FMV 9 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . . Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . . 16 Real estate—Other . . . 17 18 Collectibles Food inventory . . . 19 20 Drugs and medical supplies . Taxidermy 21 Historical artifacts . . . 22 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ► (-27 Other ▶ (_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a No **b** If "Yes," describe the arrangement in Part II. 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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Cat. No. 512271

Schedule M (Form 990) (2021)

— Page 2 —

Schedule M (Form 990) (2021)

describe in Part II.

Page 2

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	Explanation	Return Reference	L
edule M (Form 990) (2021)	Schedule N		

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ObjectId: 202340819349301024 - Submission: 2023-03-22

TIN: 23-1365983

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Open to Public

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

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

Inspection

Name of the organization **Employer identification number** PHILADELPHIA FUTURES 23-1365983

Return	Explanation
Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE, EXECUTIVE DIRECTOR, AND BOARD OF DIRECTORS BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST SURVEY IS DISTRIBUTED ANNUALLY TO THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS BIANNUALLY EVALUATES THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND DETERMINES COMPENSATION USING COMPARABILITY DATA. FORM 990, PART VI, SECTION B, LINE 15: LINE 15(B) THE ORGANIZATION HAS NO OTHER KEY EMPLOYEES, AND OFFICERS ARE NOT COMPENSATED.
FORM 990, PART VI, SECTION C, LINE 19	FURNISHED UPON REQUEST.
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT HAS OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. THERE HAS BEEN NO CHANGE SINCE THE PRIOR YEAR.
WITH	PHILADELPHIA FUTURES (FUTURES) AND STEPPINGSTONE SCHOLARS (STEPPINGSTONE) ANNOUNCED IN MAY 2022 THAT THEIR RESPECTIVE EDUCATIONAL NON-PROFIT ORGANIZATIONS PLAN TO MERGE. THIS DECISION WAS MADE AFTER A COMPREHENSIVE 18-MONTH PERIOD OF DUE DILIGENCE AND ORGANIZATIONAL COLLABORATION, WHICH DWES FUNDED BY THE WILLIAM PENN FOUNDATION AND THE NONPROFIT REPOSITIONING FUND, AND UNANIMOUSLY APPROVED BY THE RESPECTIVE BOARDS OF DIRECTORS FOR FUTURES AND STEPPINGSTONE ON MAY 24, 2022. FOLLOWING THE FORMAL OF THE MERGER BY THE PHILADELPHIA'S ORPHAN'S COURT ON NOVEMBER 18, 2022 PHILADELPHIA FUTURES WILL BE KNOWN AS HEIGHTS PHILADELPHIA EFFECTIVE FOR 06/30/2023. THE MERGING OF FUTURES AND STEPPINGSTONE WILL CREATE ONE OF THE MOST DYNAMIC, EXPANSIVE, AND TRUSTED EDUCATIONAL NONPROFITS IN THE CITY OF PHILADELPHIA. THE NEW ORGANIZATION WILL IMMEDIATELY SERVE 3,000 PHILADELPHIA STUDENTS AS WELL AS SIGNIFICANTLY SCALE SERVICES, WHICH WILL CREATE EVEN MORE SUSTAINABLE ACCESS TO ACADEMIC AND WORKFORCE OPPORTUNITIES FOR STUDENTS, ESPECIALLY BLACK, LATINX, AND FIRST-GENERATION STUDENTS. LEADERSHIP AND GOVERNANCE FOR THE NEW ENTITY ALSO WILL REFLECT THE SAME COLLABORATION AND PARTNERSHIP THAT HAS DEFINED THE ORGANIZATIONS' DUE DILIGENCE PROCESS AND DECISION TO MERGE. SARA L. WOODS, ESQ. (CURRENT PRESIDENT OF FUTURES) AND SEAN E. VEREEN, ED.D. (CURRENT PRESIDENT OF STEPPINGSTONE) WILL SERVE AS CO-PRESIDENTS AND LEAD AN EXECUTIVE TEAM OF EIGHT. MS. WOODS WILL OVERSEE ORGANIZATIONAL OPERATIONS AND INNOVATION, WHILE MR. VEREEN WILL OVERSEE STUDENT OUTCOMES AND EXPERIENCE. A RECONSTITUTED BOARD OF DIRECTORS WILL BE CO-LED BY CURRENT STEPPINGSTONE CHAIR, DEBORAH J.R. HIRTLE, AND CURRENT FUTURES CHAIR, RAJ TEWARI.

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Schedule O (Form 990) 2021

Additional Data

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