CHANGE OF ACCOUNTING PERIOD

Form 990
Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2018

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.

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning $$	DEC 31, 2018	
_	Check if	C Name of organization	D Employer identifi	antion number
_ a	pplicable:	G Name of digamzation	Employer identifi	cation number
r	Address	ENTRACTION DARK CONCERNATION		
<u> </u>	change Name	FAIRMOUNT PARK CONSERVANCY		500004
Ļ	change	Doing business as	23-2	703821
L.	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
	Final return/	1617 JOHN F. KENNEDY BLVD 1670	215-	988-9334
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,122,780.
	Amende return		H(a) Is this a group re	
F	Applica			
L	tion pending		for subordinates	
_		SAME AS C ABOVE	H(b) Are all subordinates in	
			527 If "No," attach a	list. (see instructions)
		E ► WWW.MYPHILLYPARK.ORG	H(c) Group exemption	
K F	orm of a	organization: X Corporation Trust Association Other L	ear of formation: 1992] r	VI State of legal domicile: PA
Pa	art I	Summary		
	1 E	riefly describe the organization's mission or most significant activities: THE FAIR	MOUNT PARK CO	NSERVANCY
9	ľτ	VORKS AS A COLLABORATIVE PARTNER TO LEAD AND		·
ä	1 2 3			
Governance	2 (Check this box if the organization discontinued its operations or disposed of m		1
Š	3 1		3	19
9		lumber of independent voting members of the governing body (Part VI, line 1b)		19
~ S	5 T	otal number of individuals employed in calendar year 2018 (Part V, line 2a)	5	41
÷		otal number of volunteers (estimate if necessary)		3145
Activities &	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
ĕ		let unrelated business taxable income from Form 990-T, line 38		0.
	<u> </u>	tot difficulted business taxable income noni i oim 555 i, line 50		
		Novel 21 - 22 - 22 - 23 - 24 - 24 - 24 - 24 - 24	Prior Year	Current Year
ā	8 (Contributions and grants (Part VIII, line 1h)	5,305,347.	3,606,235.
Revenue	9 F	Program service revenue (Part VIII, line 2g)	457,644.	347,746.
ě	10 li	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)	122,282.	150,905.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<108,788.>	<7,843.>
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,776,485.	4,097,043.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	257,520.	645,200.
	1		0.	0.
	1		2,253,219.	
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,138,482.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ĕ	b⊺	otal fundraising expenses (Part IX, column (D), line 25) 265,833.		
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,289,097.	1,915,459.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,799,836.	3,699,141.
		Revenue less expenses. Subtract line 18 from line 12	<3,023,351.>	397,902.
⊢ κ	4		Beginning of Current Year	
Assets o	20 T	intel consts (Part V. line 1C)	14,233,286.	End of Year 14,658,310.
SSC	20 1	otal assets (Part X, line 16)		
at A	21 ⊺	otal liabilities (Part X, line 26)	699,906.	914,476.
Net		let assets or fund balances. Subtract line 21 from line 20	13,533,380.	13,743,834.
PE	art II	Signature Block		
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	y knowledge and belief, it is
true	, correct,	and complete. Declaration of pregarer (other than officer) is based on all information of which prep	arer has any knowledge.	
	T	Charles Cichai	718	2019
Sign	,	Signature of officer	Date /	<u>~~</u>
_		CAROL S. EICHER, TREASURER		
Her	•	Type or print name and title		· · · · · · · · · · · · · · · · · · ·
		,	I Dato I a F	TIN OTH
		Print/Type preparer's name Preparer's /signature Preparer's /signature Matter Matter Matter Preparer's /signature	Date Check [PTIN
Paid	1 <u>E</u>		7/3/2019 II self-employ	
Prep	parer _	Firm's name FISNERAMPER LLP	Firm's EIN ▶	13-1639826
Use	Only	Firm's address 130 NORTH 18TH STREET, SUITE 3000		
	.	PHILADELPHIA, PA 19103-2757	Phone no. (2	15) 881-8800
Mar	the IP	S discuss this return with the preparer shown above? (see instructions)	11 110110 1105 (22	X Yes No
	01 12-31-		<u> </u>	Form 990 (2018)
USZU	v: 12-01-	I OI I BDC: WOLK ITCHUCHOH MOLINGE, SEE HIE SEDAIRLE HISHRICHONS.		1 0000 999 (2018)

4d Other program services (Describe in Schedule O.) 458,122. including grants of \$ 120,000.) (Revenue \$ 3,030,472.

PARK SYSTEM IN ADDITION TO PRIVATELY OWNED HISTORIC PROPERTIES

Total program service expenses

THROUGHOUT THE GREATER PHILADELPHIA AREA.

Form 990 (2018)

			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	11	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			İ
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			1000000
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		l	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	The state of the s			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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? /f "Yes," complete Schedule I, Parts I and II	21	X	

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Par	t IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre	nt l		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	the		ĺ
	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			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?			<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24d</u>	 	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		₩.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		 	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	_		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes	´ l		х
0.7	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u> </u>
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	· ·	1		х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			10000000
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	C 4000(600)	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an o			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	i i	1	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entit	у		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ـــــ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	zation?		
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		4,5	
Da	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Chack if Schedule O contains a response or note to any line in this Part V	38	X	<u></u>
ाःदा	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chock it Conedule C Contains a response of note to any site in this rate v		1	
_	Estable and have a state in Day 2 of Four 1000 Estate 2 if and a series in	90	Yes	No
	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	100000000		
С) 1c	X	
82200	(gambling) winnings to prize winners? 4 12-31-18			(2018)
	• • • -	. 511		,

		l saesmaler	Yes	Nο
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ď	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	and the land	Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		6.00	
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	statistics.	-anne-l-dasi
7	Organizations that may receive deductible contributions under section 170(c).		10 (SA)	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		- T
	to file Form 8282?	7c	80//6800	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	•••	E9895200	Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>/\</u> 7g		
g 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	0-0-00/224034134	- Restricted to the
9	Sponsoring organizations maintaining donor advised funds.			(0.00 (0.10) (0.00) (0.00)
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1201012111100000	oldstane
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations, Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
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		L
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	2527752557	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		200000	
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			۱,,
	excess parachute payment(s) during the year?	15	£855550	X
	If "Yes," see instructions and file Form 4720, Schedule N.		50/200 0	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	egyapas.	X
	If "Yes," complete Form 4720, Schedule O.	800000	000	(0040)

	990 (2018) FAIRMOUNT PARK CONSERVANCY			27038			age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, an	d for a "N	o" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
		,		,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		19			
	If there are material differences in voting rights among members of the governing body, or if the governing		1				
	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	1b		19			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			L	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			100			
а	The governing body?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
			,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, 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	/ befo	re filing the fo	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es, " a	lescribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent	0.00			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			940		30000000	
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization			L	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					2000	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	/ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶PA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990	·T (Section 50	01(c)(3)s c	nly) a	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply						
	X Own website Another's website X Upon request Other (explain	in Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict c	f interest poli	icy, and fi	nanc	ial	
	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 box						
	CYNTHIA E. ROBERTS, CHIEF FINANCIAL & OPERATING OF				<u>-9</u>	<u> 334</u>	
	1617 JOHN F. KENNEDY BLVD, SUITE 1670, PHILADELPHIA	A, I	PA 191	03			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average			(C Posi	ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per	(do	not cl	heck i	nore	than o	one	compensation	compensation	amount of
	week	offi	ceran	dad	recto	r/trus	ee)	from	from related	other
	(list any	Stor						the	organizations	compensation
	hours for	or dire	بو			sted		organization	(W-2/1099-MISC)	from the
	related	stee	truste		93	pens		(W-2/1099-MISC)		organization
	organizations below	ES TE	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рогтег			Organizations
(1) JOHN K. BINSWANGER	5.00	<u> </u>	=	9	×	- es	ш.			
CHAIRMAN OF THE BOARD OF DIRECTORS		x		x				0.	0.	0.
(2) JOHN GATTUSO	5.00			 			-		· .	
PRESIDENT & DIRECTOR		x		x				0.	0.	0.
(3) JOSEPH M. MANKO, SR., ESQ.	5.00									
VICE PRESIDENT & DIRECTOR		x		X				0.	0.	0.
(4) CAROL HORNE PENN, ESQ.	5.00	П								
VICE PRESIDENT & DIRECTOR		X		Х				0.	0.	0.
(5) CAROL S. EICHER, ESQ.	5.00									
TREASURER & DIRECTOR		X		X				0.	0.	0.
(6) SANDRA W. WECKESSER, ESQ.	5.00									
SECRETARY & DIRECTOR		X		Х				0.	0.	0.
(7) MAX BERGER	5.00							_	_	_
DIRECTOR		X						0.	0.	0.
(8) AMARA M. BRIGGS	5.00	1					ŀ	_	_	_
DIRECTOR		X		ļ				0.	0.	0.
(9) SCOTT CONKING	5.00	↓								
DIRECTOR		X	<u> </u>		_			0.	0.	0.
(10) EDWARD M. D'ALBA, P.E.	5.00	l								
DIRECTOR	F 00	X	_	ļ	<u> </u>	_	<u> </u>	0.	0.	0 .
(11) CARMEN FERRIGNO	5.00	۱.,						0.	,	_
DIRECTOR	5.00	Х						V.	0.	0.
(12) NANCY A. GOLDENBERG DIRECTOR	5.00	x			l		l	0.	0.	0.
(13) DEBRA WOLF GOLDSTEIN ESQ.	5.00	┝		├		 		V •	0.	U .
DIRECTOR	3.00	$ _{\mathbf{X}}$						0.	0.	0.
(14) PREMA KATARI GUPTA	5.00	┢	1	├	\vdash	┢	-		0.	0,
DIRECTOR	3.00	x						0.	0.	0.
(15) GREGORY J. HAGIN	5.00	 ^				 	<u> </u>	•	<u> </u>	
DIRECTOR		X						0.	0.	0.
(16) JOHN B. KELLY, III	5.00	冖	 		-					
DIRECTOR		x				1		0.	0.	0.
(17) JOHN LEVITTIES	5.00			П		Γ				
DIRECTOR		\mathbf{x}						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Emr	loy	ees,	and	d His	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			((C)			(D)	(E)		(F)
Name and title	Average	(do			ition	l than d	ne	Reportable	Reportable		Estimated
	hours per	box	, unle	ss pe	rson i	is both	an	compensation	compensation	1	amount of
	week (list any	\vdash	Cer an		11 6000	//uus	.66/	from	from related		other
	hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MIS		compensation from the
	related	96 0 0	stee			sater		(W-2/1099-MISC)	(44-27 1000-14110-	~,	organization
	organizations	truste	nstitutional trustee		yee	mper		(** =: **== ***			and related
	below	idual	rotion	B	Key employee	est co loyee	JĝĮ				organizations
	line)	į	Insti	Officer	Key 8	Highest compensated employee	Former				
(18) ROBERT N.C. NIX III, ESQ.	5.00										
DIRECTOR		X						0.		0.	0.
(19) MARTHA MCGEARY SNIDER	5.00										
DIRECTOR		X		<u> </u>	<u> </u>	<u> </u>		0.		0.	0.
(20) JAMIE GAUTHIER	40.00										
EXECUTIVE DIRECTOR				X				150,000.		0.	8,573.
(21) CYNTHIA ROBERTS	40.00										
CHIEF FINANCIAL & OPERATING OFFICER				X				142,500.		0.	6,545.
(22) ELLEN RYAN	40.00										
SENIOR DIRECTOR OF STRATEGY & PLANNI						X		113,300.		0.	7,634.
			L								
					1						
			<u></u>	<u> </u>		_					
				L		<u> </u>					
				<u> </u>	<u> </u>	<u> </u>					
1b Sub-total								405,800.		0.	22,752.
c Total from continuation sheets to Part VI	l, Section A						>	0.		0.	0.
d Total (add lines 1b and 1c)							>	405,800.		0.	22,752.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wh	o re	eceived more than \$100,	000 of reportable		_
compensation from the organization											3
											Yes No
3 Did the organization list any former officer,											
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the su	•							*	_		<u> </u>
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a								•			
rendered to the organization? If "Yes," com	plete Schedul	9 <i>J f</i>	or si	ıch	pers	on.				<u></u>	5 X
Section B. Independent Contractors											
1 Complete this table for your five highest co	•									ensa	tion from
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	vith (or wi	thin		ear.		
(A) Name and business	addraga							(B)	andana.	_	(C) Compensation
		-	3 3 7	TT			\dashv	Description of s			ompensation
SERAVALLI, INC., 10059 SA	MDMEYER	. <u>L</u>	AN	Ŀ,				CONSTRUCTION			254 425
PHILADELPHIA, PA 19116								INFRASTRUCTU			354,425.
WRT, LLC		-	0.1	^ ~			- 1	CONSTRUCTION	DESIGN		024 071
1700 MARKET ST, PHILADELE	HIA, PA		91	03				& PLANNING			234,071.
2 Total number of independent contractors (i	actuding but a	ot li	mite	d to	tho	ea lin	tod	ahove) who received m	ore than		
2 Total number of independent contractors (in \$100,000 of compensation from the organic		Or HI	, m.e.			2 2	.ou	above, who received in	oro usus!		
grouped of companion from the organi									ļ:		Form 990 (2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections 512 - 514 (B) Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns Gifts, Grants ilar Amounts 1a 1b **b** Membership dues 20,730. c Fundraising events 10 d Related organizations 1d 596,343 e Government grants (contributions) All other contributions, gifts, grants, and 1f 2,989,162 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 3,606,235 Total, Add lines 1a-1f Business Code 561700 252,145 252,145. 2 a CONSERVATION FEES Program Service 95,601. 95,601. b RENTAL REVENUES 532000 f All other program service revenue 347,746. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 150,905. 150,905. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 20,730. of contributions reported on line 1c). See Part IV, line 18 17.894 25.737. b Less: direct expenses <7,843.> <7,843.> c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d 097,043. 347, Ō. 143,062. Total revenue, See instructions

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 (**D)** Fundraising (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 645,200 645,200 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 153,809. 92,856. 30,678. 30,275. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 792,520. 496,894. 138,420. 157,206. Other salaries and wages Pension plan accruals and contributions (include 16,938. 26,568. 4,653. 4,977. section 401(k) and 403(b) employer contributions) 17,913. 96,007. 61,463. 16,631. Other employee benefits 9 44,358. 69,578. 12,186. 13,034. Payroll taxes 10 Fees for services (non-employees): a Management 10,055. 1,512. 8,543. Legal 21.500. 21.500. Accounting e Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, 160,956. 139,183. 10,656. column (A) amount, list line 11g expenses on Sch O.) 11,117. 20,756. 19,685. 1,071. Advertising and promotion 12 56,712. 20,078. 12,974. Office expenses 23,660. 13 Information technology 13,952. 13,864. 88. 14 15 Royalties 47,372. 35,936. 11,436. Occupancy 16 119,937. 99,654. 19,705. 578. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 10,995. 10,995. 22 Depreciation, depletion, and amortization 43,723. 44,447. 724. 23 Insurance Other expenses, Itemize expenses not covered 24 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.) PARK IMPROVEMENTS 770,368. 753,976. 10,655. 5,737. CONSTRUCTION CONTRACTS 423,250. 423,250. BUILDING REPAIRS-MATERI 119,473. 119,473. 72, 112.84,617. 110. 12,395. d DEVELOPMENT/MATERIALS A 11,069. 8,098. 2,971. e All other expenses 3,699,141. 3,030,472. 402,836. 265,833. Total functional expenses. Add lines 1 through 24e 25 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 (2018)

ud en us.	in the same of the	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	760,984
	2	Savings and temporary cash investments	4,742,298.	2	4,630,087
	3	Pledges and grants receivable, net	3,322,693.	3	4,563,197
	4	Accounts receivable, net		4	2,284,864
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
58				8	
`	8	Inventories for sale or use	39,698.	9	23,695
	9	Prepaid expenses and deferred charges	33,030.	9	23,093
	าบล	Land, buildings, and equipment: cost or other			
	_	basis. Complete Part VI of Schedule D 10a 157, 482 Less: accumulated depreciation 10b 102, 054	-	3000000	EE 400
	1	Territorium Landing Control Co		10c	55,428
	11	Investments - publicly traded securities		11	84,018
	12	Investments - other securities. See Part IV, line 11		12	2,256,037
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,233,286.	16	14,658,310
	17	Accounts payable and accrued expenses	356,610.	17	260,552
	18	Grants payable		18	367,500
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
.,	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2/1 2/6	23	284,474
	24	Unsecured notes and loans payable to unrelated third parties	·	24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
			1,950.	25	1,950
	00	Schedule D Total liabilities, Add lines 17 through 25	699,906.	26	914,476
	26	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	000,000	20	714,470
ès		complete lines 27 through 29, and lines 33 and 34.	1 211 /20		1 214 060
auc	27	Unrestricted net assets		27	1,314,068
g	28	Temporarily restricted net assets	100 000	28	12,329,766
פ	29	Permanently restricted net assets	100,000.	29	100,000
μ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ż	33	Total net assets or fund balances	13,533,380.	33	13,743,834 14,658,310
		Total liabilities and net assets/fund balances	14,233,286.	34	

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

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

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

Act and OMB Circular A-133?

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

Form **990** (2018)

X

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FAIRMOUNT PARK CONSERVANCY 23-2703821 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization lister (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 support (see instructions) organization support (see instructions) ahove (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 FAIRMOUNT PARK CONSERVANCY 23-2703821 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	39,542.	8653085.	6144604.	5343347.	3606235.	23786813.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
	Merita A LSP - at as - 1, 25	39,542.	8653085.	6144604.	5343347.	3606235.	23786813.
		JJ,J#4.	0033003.	0744004.	JJ4JJ47•	3000233.	23700013.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					5500000	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8245828.
	Public support, Subtract line 5 from line 4.						15540985.
Sec	ction B. Total Support				1		F
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	39,542.	8653085.	6144604.	5343347.	3606235.	23786813.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	60.	81,161.	79,612.	122,282.	150,905.	434,020.
9	Net income from unrelated business	ľ					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	190.194.	608,768.				798,962.
11	Total support. Add lines 7 through 10						25019795.
12		etc (see instruction	nel			12 4	,806,141.
	First five years. If the Form 990 is fo					· · · · · · · · · · · · · · · · · · ·	
10	organization chack this box and stor	n hara	mot, cooona, triii	a, roural, or mark	or your do a cootio.	1001(0)(0)	▶□
Se	organization, check this box and stoction C. Computation of Publ	c Support Per	centage		***********************		
	Public support percentage for 2018 (14	62.11 %
	Public support percentage from 2017					15	59.63 %
	33 1/3% support test - 2018. If the						
100	stop here. The organization qualifies						,
L	33 1/3% support test - 2017. If the						
	and stop here. The organization qua						
1/8	10% -facts-and-circumstances test						
	and if the organization meets the "fac			· ·	The state of the s	-	· · · · · · · · · · · · · · · · · · ·
	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances test	_					
	more, and if the organization meets t		•				ie 🛌
	organization meets the "facts-and-cin		-				··········· P
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 1/a, or 17t			
					Sche	equie A IFOrm 99	0 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 FAIRMOUNT PARK CONSERVANCY

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			<u></u>			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			:			
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	tion,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2018 (iine 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	' Schedule A, Part	III, line 15	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)18 (line 10c, colu	mn (f), divided by	line 13, column (f))	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17	%
18					,,,,	18	%
19a	33 1/3% support tests - 2018. If the	organization did	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 17	is not
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2017. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly suppo	orted organization	>
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			/ //
8320	23 10-11-18				Sch	edule A (Form 990	or 990-EZ) 2018

10080703 721252 323578-2300

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
100 A 10		
1		
2		
	98849989	889686
За		
	100000000	
3b		
	entere.	ARREST SE
3с		
		400000000 4000000000000000000000000000
	estaticinis	946250000
4a		<u> </u>
4b		
volynspillende	***************************************	V6000000000000000000000000000000000000
4c	Security 100	441450 Ad
46		
		10000
	-000,000,000,000,000,000,000,000,000,00	50,000,000
<u>5a</u>	2000000000	2041 Code
5b		
		
5c	of the second of the	200,00000000000
8		
		100000000000000000000000000000000000000
6	shorterer i	Million Commercia
	000000000	
7		
	Section 2	
8	100000000000000000000000000000000000000	
	88555	
9a		
	Assessment	
		100000000000000000000000000000000000000
9b		
9b		
9b 9c		
9b 9c		
9b		
9b		
9b 9c		
9b 9c 10a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015
 c Excess from 2016
 d Excess from 2017
 e Excess from 2018

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

FAIRMOUNT PARK CONSERVANCY 23-2703821 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions, **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

FAIRMOUNT PARK CONSERVANCY

23-2703821

Part I (a)	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a)			
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	KNIGHT FOUNDATION 200 S BISCAYNE BLVD, SUITE 3300 MIAMI, FL 33131	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY OF PHILADELPHIA 1515 ARCH STREET, 10TH FLOOR PHILADELPHIA, PA 19107	\$	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	THE WILLIAM PENN FOUNDATION 2 LOGAN SQUARE #11 PHILADELPHIA, PA 19103	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE PHILADELPHIA FOUNDATION 1835 MARKET STREET, SUITE 2410 PHILADELPHIA, PA 19103	\$ 133,865.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE PEW CHARITABLE TRUSTS 2005 MARKET ST #2800 PHILADELPHIA, PA 19103	\$ <u>360,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BANK OF AMERICA 1600, 4 PENN CENTER, JFK BLVD	\$ 215,000.	Person X Payroll Noncash

Name of organization

Employer identification number

FAIRMOUNT PARK CONSERVANCY

23-2703821

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 4 Employer identification number Name of organization 23-2703821 FAIRMOUNT PARK CONSERVANCY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FAIRMOUNT PARK CONSERVANCY

Employer identification number 23-2703821

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 _, 1
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structi	ure
	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	***************************************	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
·	conservation easements.		
Pa	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the 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, historical tre	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	4454454474755444555444444444444	

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

Schedule D (Form 990) 2018

Sche		NT PARK CON					23-27	03821	Page 2
Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Simila	r Assets	(continue	d)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that a	are a sig	gnificant u	se of its c	ollection iter	ns
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange prograr	ทร				
b	Scholarly research	e	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co						se in Part	XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	lection?		************		Yes	No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "\	es" on	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par						· · · · · · · · · · · · · · · · · · ·		
la	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other asse	ets not i	ncluded			
	on Form 990, Part X?		***********				<u> </u>	Yes [No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:			····			
								Amount	
C	Beginning balance	***************************************				1c			
d	Additions during the year	***************************************				1d			
е	Distributions during the year					. 1e			
f	Ending balance	•••••							
2a	Did the organization include an amount on Fo	orm 990, Part X, line :	21, for escrow or cu	stodial accou	nt liabili	ty?	<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.						. 4. 1. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Par	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	rm 990, Part l'					
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three y	ears back	(e) Four yea	rs back
1a	Beginning of year balance	100,000.	100,000.	100	,000.	1	00,000.		
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses				\longrightarrow				
g	End of year balance	100,000.	100,000.		,000.	1	00,000.		
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c show								
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	id administere	d for the	e organiza	ition	,	·
	by:							Ye	s No
	(i) unrelated organizations							3a(i)	X
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered				Part X,	line 10.			
	Description of property	(a) Cost or ot	, , ,	I	٠,	ccumulate	ed	(d) Book va	llue
		basis (investm	ent) basis	(otner)	det	preciation			
	Land								
b	Buildings					22 22	-	A A	<u></u>
	Leasehold improvements			6,680.		22,00			$\frac{672.}{25.6}$
	Equipment	4	14	0,802.		80,04	±0.	40,	<u>756.</u>
	Add lines 1a through 1e. (Column (d) must e		<u> </u>					5.5	428.

Schedule D (Form 990) 2018 FAIRMOUNT PA	ARK CONSERVAN	ICY	23-27	703821	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-of-ye	ear market va	due
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) VANGUARD BALANCED INDEX					
(B) ADMIRAL VBIAX	1,107,582.	END-OF-Y	EAR MARKET VA	LUE	
(C) VANGUARD WELLINGTON					
(D) ADMIRAL VWENX	1,148,455.	END-OF-Y	EAR MARKET VA	LUE	
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,256,037.	.			
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of					
(a) Description of investment	(b) Book value	(c) Method of v	raluation: Cost or end-of-ye	ear market va	ılue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" o		11d. See Form 990,	Part X, line 15.	41.5	
(a) L	Description			(b) Book val	ue
(1)					
(2)					
(3)					
				<u></u>	
(5)					
(6)					
(7)					
(8)				<u></u>	
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line [Part X Other Liabilities.	15.)		>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		1990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
@ SECURTTY DEPOSITS		1.950.	l a said a s		

(5) (7) 1,950. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740), Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

("CODE"); AS AN ORGANIZATION, CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER

SECTION 170(C) OF THE CODE; AND AS AN ORGANIZATION THAT IS NOT A PRIVATE

FOUNDATION AS DEFINED IN SECTION 509(A) OF THE CODE.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Inspection Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 23-2703821 FAIRMOUNT PARK CONSERVANCY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

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

	(A)	of fundraising event contributions and gr	oss income on Form 990-	EZ, lines 1 and 6b. Lis	st events with gross receip	- •
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GLOW IN THE		NONE	(add col. (a) through
			PARK			col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	38,624.			38,624.
_	2	Less: Contributions	20,730.			20,730.
	3	Gross income (line 1 minus line 2)	17,894.			17,894.
	4	Cash prizes				
	_					
S	5	Noncash prizes				
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	13,147.			13,147.
Ö	8	Entertainment	3,500.			3,500.
	9	Other direct expenses	0 000			3,500. 9,090.
	10	Direct expense summary. Add lines 4 through			>	25,737.
	11					<7,843.>
Pa	ırt l	III Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19,	or reported more than	
	,	\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ňue			(-)	bingo/progressive bing	0 (4,	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
	2	Cash prizes		1		
ses	-					
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	Ĭ		Yes %	Yes	% Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary, Subtract line 7	7 from line 1, column (d)			
		ter the state(s) in which the organization cond				pullular and a second
		the organization licensed to conduct gaming a				Yes No
ł	ılf "	No," explain:				
10a	. We	ere any of the organization's gaming licenses r	evoked, suspended, or te	rminated during the ta	ax year?	Yes No
		Yes," explain:				
		0-03-18			Cahadula C IEa	orm 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 FAIRMOUNT PARK CONSERVANCY	23-2703821	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
	i The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		
14	Lines the finishe and address of the person who prepares the organizations gaining/special events books and record	10.	
	Name >		
	Address ►	· · · · · · · · · · · · · · · · · · ·	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount	
	of gaming revenue retained by the third party >\$		
	t f "Yes," enter name and address of the third party:		
	Name >		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		
	organization's own exempt activities during the tax year > \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990 or 990-EZ)	FAIRMOUNT PARK CONSERVAN	CY 23-2703821	Page 4
Part IV Supplemental Infor	FAIRMOUNT PARK CONSERVAN mation (continued)		
200000000000000000000000000000000000000	(COMMISSO)		

SCHEDULE

(Form 990)

Internal Revenue Service

Part

Department of the Treasury

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

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

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

Open to Public 2018 OMB No. 1545-0047

Inspection

2 Employer identification number 23-2703821 X Yes 2 Describe in Part IV the organization's procedures for monitoring the use or grant funds in the United Start II | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. FAIRMOUNT PARK CONSERVANCY General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5.000. Part II can	be duplicated if additic	onal space is neede	od.		200		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
FREE LIBRARY OF PHILADELPHIA FOUNDATION - 1901 VINE STREET PHILADELPHIA, PA 19103	52-1173474 501(C)(3	501(C)(3)	.000,09	• 0			CIVIC ENGAGEMENT	Ī
FRIENDS OF THE RAIL PARK NOBLE STREET, N BROAD ST PHILADELPHIA, PA 19123	27-4200974 501(C)(3	501(C)(3)	495,000.	0.0			CONSERVATION	
CITY OF PHILADELPHIA PARKS & RECREATION - 1515 ARCH ST, 10TH FL - PHILADELPHIA, PA 19102	23-6003047 170(C)(1	170(C)(1)	20,000	• 0			PARK ACTIVATION	
PHILADELPHIA PARKS ALLIANCE INC. PO BOX 12677 PHILADELPHIA, PA 19129	23-2250610 501(C)(3	501(C)(3)	.000,09	.0			CIVIC ENGAGEMENT	
2 Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations listed in the	listed in the line 1 table					m -
3 Enter total number of other organizations listed in the line 1 table	listed in the line	1 table			***************************************			:

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

Schedule I (Form 990) (2018)

23-2703821

Schedule | (Form 990) (2018)
| Part III | Grants and Other

(Form 990) (2018) FAIRMOUNT PARK CONSERVANCY Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2:	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
딥	AM MANAGERS.	RS.			
THE REMAINING GRANTS AWARDED WERE	ALL LESS	THAN \$5,000,	0, THEREFORE NOT	R NOT	
INCLUDED IN THE DETAIL ABOVE.					

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

FAIRMOUNT PARK CONSERVANCY

23-2703821

Employer identification number

Pε	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal us	se		
	Travel for companions Payments for business use of personal residen	ce		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, ch	ef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Salapasasas	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
_	CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to	39000000		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant			
		ittaa		
	Form 990 of other organizations X Approval by the board or compensation comm	niee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
~	organization or a related organization:			
_		4a	Special Control	X
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	X
b	Participate in, or receive payment from, an equity-based compensation arrangement?	E		X
C			90.0000	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Outroposition E04(a)(0) E04(a)(4) and E04(a)(00) argonizations must complete lines E.O.			
c	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5				
	contingent on the revenues of:	-	: EASTER	v
a	The organization?		 	X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6				
	contingent on the net earnings of:	_	Singles	v
а	The organization?			X
b	Any related organization?	6b	69039500	ΙΛ.
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	1 699/699000	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1805000	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	Zeritania i	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	55.50		
	Regulations section 53.4958-6(c)?	9		Щ.
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	2018

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

FAIRMOUNT PARK CONSERVANCY

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

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

	ľ							
		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) lotal of columns	(F) Compensation in column (R)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a).(Na)	<u>₽</u> ₽
(1) JAMIE GAUTHIER	E	150,000.	0	0.	0	8,573.	158,573.	0
EXECUTIVE DIRECTOR	Ξ	0	0	0	0.	0.	0.	• 0
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Schedule J (Form 990) 2018

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

									And the control of th	Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FAIRMOUNT PARK CONSERVANCY

Employer identification number 2703821

TATIMOUNT TARK COMPERVANCT 25-2/03021
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRESERVE AND IMPROVE THE FAIRMOUNT PARK SYSTEM IN ORDER TO ENHANCE THE
QUALITY OF LIFE AND STIMULATE ECONOMIC DEVELOPMENT OF THE GREATER
PHILADELPHIA REGION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THAT INCLUDE FAIRMOUNT PARK AND MORE THAN 100 NEIGHBORHOOD PARKS AROUND
THE CITY. PHILADELPHIA HAS ONE OF THE LARGEST URBAN PARK SYSTEMS IN THE
WORLD, PROVIDING RESIDENTS WITH EXTENSIVE HEALTH, ENVIRONMENTAL,
SOCIAL, ECONOMIC AND CULTURAL BENEFITS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
COLLABORATIVE INITIATIVE LED BY THE CONSERVANCY THAT EXPLORES HOW
PARKS, LIBRARIES AND OTHER "CIVIC ASSETS" CAN BE BETTER LEVERAGED TO
PROMOTE GREATER SOCIAL AND ECONOMIC INTEGRATION, RETAIN RESIDENTS, AND
FOSTER COMMUNITY AND ECONOMIC DEVELOPMENT, CIVIC COMMONS STARTED WITH A
PILOT PROGRAM IN PHILADELPHIA AND HAS NOW LAUNCHED IN FOUR ADDITIONAL
CITIES: AKRON, CHICAGO, DETROIT AND MEMPHIS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ALSO OVERSEES PROGRAMMING AT THE HISTORIC HOUSES OF FAIRMOUNT PARK,
WITH PROCEEDS SUPPORTING THE ONGOING STEWARDSHIP, MAINTENANCE AND
PROMOTION OF THESE HISTORIC TREASURES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE DEMAININED OF OHE CEDUTOES ARE MADE HE DECREEMEN MANACEMENT AND

832211 10-10-18

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

Schedule O (Form 990 or 990-EZ) (2018)

Employer identification number Name of the organization FAIRMOUNT PARK CONSERVANCY 23-2703821 LONG-TERM LEASING OPPORTUNITIES FOR THE HISTORIC PROPERTIES LOCATED THROUGHOUT THE PARK SYSTEM; THE NATURAL LANDS PROGRAM WORKS TO PRESERVE THE NATURAL RESOURCES OF THE FAIRMOUNT PARK SYSTEM THROUGH EXTENSIVE TRAIL WORK, RE-ESTABLISHMENT OF PLANT DIVERSITY AND PARK GATEWAY RESTORATION PROJECTS ACROSS THE PARK SYSTEM'S SEVEN WATERSHED PARKS; TREEPHILLY IS A TREE-PLANTING INITIATIVE THAT EDUCATES LOCAL PROPERTY OWNERS, BUSINESSES AND NEIGHBORHOOD RESIDENTS ON THE IMPORTANCE OF THE URBAN TREE CANOPY AND GIVES AWAY MORE THAN 4,000 TREES EACH YEAR; AND CONCESSION CONTRACTS WHICH ENHANCE THE VISITOR RECREATIONAL AND EDUCATIONAL EXPERIENCE WITHIN THE FAIRMOUNT PARK SYSTEM. EXPENSES \$ 458,122. INCLUDING GRANTS OF \$ 120,000. REVENUE \$ 394. FORM 990, PART VI, SECTION A, LINE 7A: PHILADELPHIA CITY COUNCIL PRESIDENT HAS THE ABILITY TO DESIGNATE TWO INDIVIDUALS WHO ARE MEMBERS OR SENIOR OFFICERS OF THE PHILADELPHIA CITY COUNCIL TO SERVE ON THE BOARD AND IN ADDITION CAN DESIGNATE AN INDIVIDUAL FROM THE PHILADELPHIA CITY COUNCIL PRESIDENT'S OFFICE TO SERVE ON THE BOARD (SUCH AN INDIVIDUAL SHALL BE THE "DESIGNATED COUNCIL PRESIDENT DIRECTOR"). THE CHAIRMAN OF THE PHILADELPHIA INDUSTRIAL DEVELOPMENT CORPORATE ("PIDC") HAS THE ABILITY TO DESIGNATE AN INDIVIDUAL FROM PIDC TO SERVE ON THE BOARD (SUCH AN INDIVIDUAL SHALL BE THE "DESIGNATED PIDC DIRECTOR"). FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO FILING FORM 990, IT IS DISCUSSED WITH THE AUDIT COMMITTEE AND DISTRIBUTED TO THE FULL BOARD. FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND KEY EMPLOYEES ANNUALLY SUBMIT A SIGNED STATEMENT

832212 10-10-18