



FAIRMOUNT PARK CONSERVANCY

INCOME TAX RETURN

FOR THE YEAR ENDED

DECEMBER 31, 2020



EISNERAMPER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2020

PREPARED FOR:

FAIRMOUNT PARK CONSERVANCY
4700 STATES DRIVE, OHIO HOUSE
PHILADELPHIA, PA 19131

PREPARED BY:

EISNER ADVISORY GROUP LLC
130 NORTH 18TH STREET, SUITE 3000
PHILADELPHIA, PA 19103-2757

EFILE FAX: 215-881-2329
EFILE EMAIL: EFILE@EISNERAMPER.COM

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

FAIRMOUNT PARK CONSERVANCY

23-2703821

Name and title of officer or person subject to tax

MAX BERGER
TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,948,226.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize EISNER ADVISORY GROUP LLC to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

23518219046

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAIRMOUNT PARK CONSERVANCY		D Employer identification number 23-2703821
	Doing business as		E Telephone number 215-988-9334
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,948,226.
	4700 STATES DRIVE, OHIO HOUSE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19131		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MAURA MCCARTHY SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.MYPHILLYPARK.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1992 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FAIRMOUNT PARK CONSERVANCY WORKS AS A COLLABORATIVE PARTNER TO LEAD AND SUPPORT EFFORTS WHICH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	1777
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,672,970.	Current Year 4,544,790.
	9 Program service revenue (Part VIII, line 2g)	261,587.	242,871.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,780.	160,565.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-112,455.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,997,882.	4,948,226.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	298,954.	611,887.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,468,278.	2,312,124.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	82,110.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 637,412.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,891,530.	2,363,532.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,658,762.	5,369,653.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,660,880.	-421,427.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,055,000.	End of Year 12,307,276.
	21 Total liabilities (Part X, line 26)	548,321.	994,243.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,506,679.	11,313,033.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	▶ MAX BERGER, TREASURER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	HELEN M. MARTIN			P01330899
Firm's name ▶ EISNER ADVISORY GROUP LLC			Firm's EIN ▶ 87-1353108	
Firm's address ▶ 130 NORTH 18TH STREET, SUITE 3000 PHILADELPHIA, PA 19103-2757			Phone no. (215) 881-8800	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: FAIRMOUNT PARK CONSERVANCY EXISTS TO CHAMPION PHILADELPHIA'S PARKS. WE LEAD CAPITAL PROJECTS AND HISTORIC PRESERVATION EFFORTS, FOSTER NEIGHBORHOOD PARK STEWARDSHIP, ATTRACT AND LEVERAGE PHILANTHROPIC SUPPORT, AND DEVELOP INNOVATIVE PROGRAMS THROUGHOUT THE 10,200 ACRES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,561,043. including grants of \$ 380,687.) (Revenue \$ 62,956.) THE CONSERVANCY DEVELOPS COMMUNITY-DRIVEN CAPITAL PROJECTS THAT HAVE THE POWER TO PROVIDE CRITICAL INFRASTRUCTURE, WHILE ALSO RESTORING AND PROTECTING THE CITY'S NATURAL AREAS. IN 2020, THE CONSERVANCY ADVANCED THE RECOMMENDATIONS FROM THE FDR PARK MASTER PLAN, WHICH RESPONDS FORCEFULLY TO THE 348-ACRE PARK'S RECREATION CHALLENGES AND ECOLOGICAL NEEDS WHILE POSITIONING THE PARK AS AN ANCHOR IN SOUTH PHILADELPHIA'S ONGOING ECONOMIC DEVELOPMENT. IN 2020, THERE WAS A FOCUS ON FUNDRAISING AND INITIAL PLANNING FOR THE GATEWAY PHASE INCLUDING THE CREATION OF A MODERN WELCOME CENTER IN THE FORMER PARK GUARD HOUSE AND PATTISON PLAYGROUND, A WORLD-CLASS, FULLY ACCESSIBLE DESTINATION PLAYScape THAT WILL BE THE FIRST OF ITS KIND IN SOUTH PHILADELPHIA. IN 2020, THE CONSERVANCY DETERMINED THAT AN IMMEDIATE PRIORITY IN WEST

4b (Code:) (Expenses \$ 1,133,713. including grants of \$ 61,200.) (Revenue \$ 179,915.) THE CONSERVANCY STRENGTHENS AND SUSTAINS OUR PARKS BY CONNECTING AND ENGAGING NEIGHBORS, AND BY HELPING COMMUNITY MEMBERS BUILD CAPACITY AS LEADERS IN THE STEWARDSHIP OF THEIR PARKS AND PUBLIC SPACES. IN 2020, THE CONSERVANCY HOSTED THE SECOND ANNUAL PUBLIC SPACE SUMMIT BRINGING TOGETHER 200 REPRESENTATIVES FROM PARK FRIENDS GROUPS, LIBRARY FRIENDS GROUPS, AND RECREATION ADVISORY COUNCILS FOR EDUCATIONAL WORKSHOPS AND SESSIONS DESIGNED TO BUILD CAPACITY, ENCOURAGE COLLABORATION AND FACILITATE LEARNING EXPERIENCES AMONG THE 130 PARK FRIENDS GROUPS IN OUR GROWING PARK FRIENDS NETWORK. THE CONSERVANCY PIVOTED IN-PERSON VOLUNTEER EVENTS INTO LOVE YOUR PARK @ HOME ENCOURAGING JUST UNDER 700 PHILADELPHIANS TO CELEBRATE THEIR PARKS FROM THE SAFETY OF THEIR HOMES WITH FREE PARK-THEMED ACTIVITIES, FROM VIRTUAL BIKE AND HISTORY TOURS

4c (Code:) (Expenses \$ 950,947. including grants of \$ 170,000.) (Revenue \$) THE CONSERVANCY'S AWARD-WINNING CONSERVATORS LEAD PROJECTS THAT PRESERVE AND REVITALIZE OUR REGION'S HISTORIC AND CULTURAL ASSETS. IN 2020 THE CONSERVANCY SHARPENED OUR PRESERVATION FOCUS ON THE HISTORIC ASSETS WITHIN THE PHILADELPHIA PARK SYSTEM, PRIORITIZING WORK WITHIN FAIRMOUNT PARK AND COMPLETING PROJECTS THAT DOVETAIL WITH ORGANIZATION-WIDE PROGRAM AND PROJECT GOALS. PRESERVATION PROJECTS WERE COMPLETED AT 10 HISTORIC BUILDINGS, INCLUDING MAJOR PROJECTS AT THE SMITH MEMORIAL PLAYGROUND AND PLAYHOUSE, HAPPY HOLLOW PLAYGROUND, HATFIELD HOUSE AND OHIO HOUSE. AT SMITH, THE TEAM RESTORED ALL OF THE HISTORIC DOORS, WINDOWS, JAMBS, AND STAIRCASE IN THE LOWER LEVEL OF THE SMITH PLAYHOUSE, WHICH HAS BEEN OUTFITTED FOR A NEW URBAN NATURE PRESCHOOL PROGRAM. AT HAPPY HOLLOW, THEY RESTORED ALL OF THE HISTORIC

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,645,703.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MAURA MCCARTHY EXECUTIVE DIRECTOR	40.00			X			195,288.	0.	2,429.	
(2) CYNTHIA BENTON CHIEF FINANCIAL & OPERATING OFFICER	40.00			X			152,526.	0.	14,461.	
(3) ALLISON SCHAPKER SENIOR DIRECTOR OF CAPITAL PROJECTS	40.00					X	113,211.	0.	10,648.	
(4) MARGARET HOLSCHER SENIOR DIRECTOR OF DEVELOPMENT	40.00					X	102,070.	0.	19,782.	
(5) JOHN GATTUSO CHAIRMAN OF THE BOARD OF DIRECTORS	5.00	X		X			0.	0.	0.	
(6) CAROL S. EICHER PRESIDENT & DIRECTOR	5.00	X		X			0.	0.	0.	
(7) CAROL HORNE PENN VICE PRESIDENT & DIRECTOR	5.00	X		X			0.	0.	0.	
(8) JOSEPH M. MANKO VICE PRESIDENT & DIRECTOR	5.00	X		X			0.	0.	0.	
(9) MAX BERGER TREASURER & DIRECTOR	5.00	X		X			0.	0.	0.	
(10) JOHN LEVITTIES SECRETARY & DIRECTOR	5.00	X		X			0.	0.	0.	
(11) JOHN K, BINSWANGER CHAIR OF EMERITUS COUNCIL	5.00	X					0.	0.	0.	
(12) CONNOR BARWIN DIRECTOR	5.00	X					0.	0.	0.	
(13) MICHAEL DIBERARDINIS DIRECTOR	5.00	X					0.	0.	0.	
(14) CARMEN FERRIGNO DIRECTOR	5.00	X					0.	0.	0.	
(15) GREGORY J. HAGIN DIRECTOR	5.00	X					0.	0.	0.	
(16) JOHN KELLY DIRECTOR	5.00	X					0.	0.	0.	
(17) ROBERT N.C. NIX DIRECTOR	5.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ARIANNA ORPELLO LEWKO DIRECTOR	5.00	X					0.	0.	0.	
(19) MARTHA MCGEARY SNIDER DIRECTOR	5.00	X					0.	0.	0.	
(20) SANDRA W. WECKESSER DIRECTOR	5.00	X					0.	0.	0.	
1b Subtotal							563,095.	0.	47,320.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							563,095.	0.	47,320.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	540,129.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,004,661.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		4,544,790.			
Program Service Revenue	2 a	CONSERVATION FEES	Business Code 561700	179,915.	179,915.		
	b	RENTAL REVENUES	Business Code 532000	62,956.	62,956.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		242,871.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		160,565.		160,565.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		4,948,226.	242,871.	0.	160,565.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	611,887.	611,887.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	364,616.	140,327.	184,745.	39,544.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,539,922.	892,561.	353,417.	293,944.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,490.	39,343.	15,165.	12,982.
9 Other employee benefits	195,479.	60,844.	115,520.	19,115.
10 Payroll taxes	144,617.	96,359.	11,250.	37,008.
11 Fees for services (nonemployees):				
a Management				
b Legal	47,949.	45,189.	2,760.	
c Accounting	24,167.		24,167.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	82,110.			82,110.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	209,721.	186,929.	22,292.	500.
12 Advertising and promotion	12,451.	10,643.		1,808.
13 Office expenses	248,809.	104,573.	78,111.	66,125.
14 Information technology	38,422.	2,385.	36,037.	
15 Royalties				
16 Occupancy	36,394.	9,194.	27,200.	
17 Travel	37,604.	22,978.	13,872.	754.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,910.		19,910.	
23 Insurance	177,775.	18,244.	159,531.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSTRUCTION CONTRACTS	521,428.	521,428.		
b PARK IMPROVEMENTS	450,515.	424,761.	12,793.	12,961.
c BUILDING REPAIRS-MATERI	331,042.	328,710.	2,332.	
d BAD DEBT EXPENSE	143,705.	105,498.	3,239.	34,968.
e All other expenses	63,640.	23,850.	4,197.	35,593.
25 Total functional expenses. Add lines 1 through 24e	5,369,653.	3,645,703.	1,086,538.	637,412.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	559,590.	1	555,825.
	2 Savings and temporary cash investments	4,668,968.	2	4,142,974.
	3 Pledges and grants receivable, net	1,412,007.	3	2,034,599.
	4 Accounts receivable, net	2,469,147.	4	2,108,670.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	35,406.	9	155,320.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 192,826.		
	b Less: accumulated depreciation	10b 143,209.		
	11 Investments - publicly traded securities	103,452.	11	131,512.
	12 Investments - other securities. See Part IV, line 11	2,757,006.	12	3,128,759.
	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 33)	12,055,000.	16	12,307,276.	
Liabilities	17 Accounts payable and accrued expenses	259,890.	17	593,220.
	18 Grants payable	120,000.	18	120,000.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	166,481.	23	192,486.
	24 Unsecured notes and loans payable to unrelated third parties		24	86,587.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,950.	25	1,950.
	26 Total liabilities. Add lines 17 through 25	548,321.	26	994,243.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,378,673.	27	1,357,618.
	28 Net assets with donor restrictions	10,128,006.	28	9,955,415.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,506,679.	32	11,313,033.
	33 Total liabilities and net assets/fund balances	12,055,000.	33	12,307,276.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,948,226.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,369,653.
3	Revenue less expenses. Subtract line 2 from line 1	3	-421,427.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,506,679.
5	Net unrealized gains (losses) on investments	5	227,781.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,313,033.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on 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 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 or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6144604.	5343347.	3606235.	3672970.	4544790.	23311946.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	38,000.	38,000.	19,000.	38,000.	38,000.	171,000.
4 Total. Add lines 1 through 3	6182604.	5381347.	3625235.	3710970.	4582790.	23482946.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6195007.
6 Public support. Subtract line 5 from line 4.						17287939.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6182604.	5381347.	3625235.	3710970.	4582790.	23482946.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	79,612.	122,282.	150,905.	175,780.	160,565.	689,144.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						24172090.
12 Gross receipts from related activities, etc. (see instructions)					12	3,157,588.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	71.52	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	68.72	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION A, LINE 2:

2018 IS A SHORT YEAR FOR THE PERIOD FROM JULY 1, 2018 TO DECEMBER 31, 2018, THE YEAR IN WHICH THE ORGANIZATION CHANGED FROM A FISCAL YEAR TO A CALENDAR YEAR END.

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

2020

Open to Public Inspection

Name of the organization **FAIRMOUNT PARK CONSERVANCY** Employer identification number **23-2703821**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	100,000.	100,000.	100,000.	100,000.	100,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	100,000.	100,000.	100,000.	100,000.	100,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		36,680.	29,344.	7,336.
d Equipment		156,146.	113,865.	42,281.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 49,617.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) VANGUARD BALANCED INDEX		
(B) ADMIRAL VBIAX	1,570,081.	END-OF-YEAR MARKET VALUE
(C) VANGUARD WELLINGTON		
(D) ADMIRAL VWENX	1,558,678.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,128,759.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	1,950.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,950.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,214,007.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	227,781.	
b	Donated services and use of facilities	2b	38,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	265,781.	
3	Subtract line 2e from line 1	3	4,948,226.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,948,226.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,407,653.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	38,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	38,000.	
3	Subtract line 2e from line 1	3	5,369,653.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,369,653.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE PERMANENTLY RESTRICTED ASSETS WERE TRANSFERRED UPON THE MERGER BETWEEN FAIRMOUNT PARK CONSERVANCY AND FAIRMOUNT PARK HISTORIC PRESERVATION TRUST, INC. INCOME EARNED IS TO BE USED FOR MAINTENANCE OF THE WATERWORKS PROJECT.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS CLASSIFIED THE CONSERVANCY AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("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.

Part XIII Supplemental Information (continued)

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND
 RECOGNIZE A TAX LIABILITY, IF THE CONSERVANCY HAS TAKEN AN UNCERTAIN TAX
 POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION
 BY A GOVERNMENT AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS
 TAKEN BY THE CONSERVANCY AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020,
 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD
 REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL
 STATEMENTS.

THE CONSERVANCY RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH
 UNCERTAIN TAX POSITIONS, IF ANY. THERE WERE NO INCOME TAX RELATED
 INTEREST AND PENALTIES RECORDED FOR THE YEAR ENDED DECEMBER 31, 2020.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes 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:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICES

(I) ADDRESS OF FUNDRAISER: PO BOX 824885, PHILADELPHIA , PA 19182-4885

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **FAIRMOUNT PARK CONSERVANCY** Employer identification number **23-2703821**

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
FRIENDS OF THE WISSAHICKON 40 W. EVERGREEN AVE., #108 PHILADELPHIA, PA 19118	23-6251649	501(C)(3)	21,250.	0.			CIVIC ENGAGEMENT
FAIRMOUNT PARK TRUST FUNDS 1 PARKWAY, 1515 ARCH ST., 10TH F PHILADELPHIA, PA 19102			359,437.	0.			CIVIC ENGAGEMENT
BARTRAM'S GARDEN/JOHN BARTRAM ASSOCIATION - 5400 LINDBERGH BLVD - PHILADELPHIA, PA 19143	23-7393771	501(C)(3)	85,000.	0.			CIVIC ENGAGEMENT
CENTENNIAL PARKSIDE CDC 3401 W. GIRARD AVE. PHILADELPHIA, PA 19104	47-4815728	501(C)(3)	85,000.	0.			CIVIC ENGAGEMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **3.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

GRANT FUNDS ARE MONITORED BY PROGRAM MANAGERS.

THE REMAINING GRANTS AWARDED WERE ALL LESS THAN \$5,000, THEREFORE NOT INCLUDED IN THE DETAIL ABOVE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

FAIRMOUNT PARK CONSERVANCY

Employer identification number

23-2703821

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- 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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MAURA MCCARTHY EXECUTIVE DIRECTOR	(i)	195,288.	0.	0.	0.	2,429.	197,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CYNTHIA BENTON CHIEF FINANCIAL & OPERATING OFFICER	(i)	152,526.	0.	0.	6,191.	8,270.	166,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

2020

Open to Public
Inspection

Name of the organization

FAIRMOUNT PARK CONSERVANCY

Employer identification number

23-2703821

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:

FAIRMOUNT PARK WOULD BE TO CLOSE THE "GAP" IN THE PARKSIDE EDGE
PROJECT, A 1.2 ACRE PORTION OF LAND THAT RUNS ALONG PARKSIDE AVENUE AND
SITS IN FRONT OF THE ICONIC WELSH FOUNTAIN AND THE PLEASE TOUCH MUSEUM.
INITIAL PLANNING FOR PEDESTRIAN WALKWAYS, INSTALLATION OF LIGHTING AND
INTERPRETIVE SIGNAGE, ADA ACCESS, LANDSCAPING, AND PROJECT SIGNAGE WAS
UNDERTAKEN, IMPROVEMENTS THAT WILL RESOLVE PARK ACCESS CHALLENGES WHILE
TAKING THE FIRST STEPS TO RESTORE THE ICONIC WELSH FOUNTAIN VIEWSHED.
IN EAST FAIRMOUNT PARK, THE CONSERVANCY HAS BEEN WORKING TO REACTIVATE
HATFIELD HOUSE AS AN ANCHOR FOR COMMUNITY-DRIVEN PROGRAMMING AND A
PLACE FOR RESIDENTS OF STRAWBERRY MANSION TO GATHER, CONNECT, AND
CREATE. CRITICAL TO THIS EFFORT IS OUR ABILITY TO ENSURE THE SAFETY,
ACCESSIBILITY, AND SUSTAINABILITY OF THIS HISTORIC PARK BUILDING. IN
2020, OUR TEAM OF CONSERVATORS COMPLETED CRITICAL EXTERIOR REPAIRS ON
THE HOUSE, INCLUDING WORK ON THE PORTICO, PORCH AND STEPS, AND MUCH OF

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization FAIRMOUNT PARK CONSERVANCY	Employer identification number 23-2703821
--	--

THE GIRARD AVENUE-FACING ENTRY. ADDITIONS OF A NEW FENCE, BIKE RACK, AND BULLETIN BOARD, ALONG WITH THE INSTALLATION OF WIRELESS INTERNET SERVICE AND PLUMBING AND LIGHTING REPAIRS COMPLETED A FIRST PHASE OF IMPROVEMENTS DESIGNED TO GET THE HOUSE UP AND RUNNING AS A COMMUNITY SPACE. THE CONSERVANCY ALSO HIRED A LONG-TIME LOCAL RESIDENT AS THE FIRST-EVER SITE MANAGER FOR THE HOUSE. ALSO IN EAST FAIRMOUNT PARK THE CONSERVANCY UNVEILED A NEW BOXERS' TRAIL GATEWAY, REPURPOSING UNUSED INFRASTRUCTURE BY INTRODUCING CUSTOM BOXERS' TRAIL LETTERING AND A SHADOW BOXER SILHOUETTE, WITH PANELS OFFERING A MAP OF THE TRAIL, TIPS ON FUNDAMENTAL BOXING MOVES DEMONSTRATED BY AMATEUR BOXERS FROM THE NEARBY ATHLETIC REC CENTER'S BOXING GYM, AND THE CAREER HIGHLIGHTS OF BENNIE BRISCOE, JOE FRAZIER, BERNARD HOPKINS, AND MATTHEW SAAD MUHAMMAD. THE END RESULT OF A LONG AND SHARED JOURNEY FROM CONCEPT TO COMMUNITY PROCESS TO INSTALLATION, THE GATEWAY SHINES A LIGHT ON IMPORTANT NEIGHBORHOOD HISTORY STILL BEING MADE TODAY. MORE THAN EVER, THE MAINTENANCE OF TRAILS AND NATURAL AREAS THROUGHOUT THE PARK WAS CRITICAL TO THE HEALTH AND WELL-BEING OF PARK USERS IN 2020. THE CONSERVANCY CONDUCTED MAINTENANCE AND STEWARDSHIP OF 430 ACRES OF NATURAL LANDS, INCLUDING FORESTS, MEADOWS, WETLANDS AND RIPARIAN AREAS WORK THAT ALSO INVOLVED KEEPING INVASIVE VINES OFF OF MORE THAN 10,000 TREES AND SHRUBS. 1,250 TREES WERE PLANTED IN WEST FAIRMOUNT PARK AND COBBS CREEK PARK, 1,300 ASH TREES WERE PROTECTED FROM EMERALD ASH BORER, AND MILES OF TRAIL CORRIDORS IN EAST AND WEST FAIRMOUNT AND COBBS CREEK WERE TRIMMED AND CLEARED. THE GOAL OF THIS WORK WAS TO KEEP THOSE TRAILS THAT ARE "OFF THE BEATEN PATH" OPEN AND ACCESSIBLE FOR USERS TO BE ABLE TO SOCIAL DISTANCE AND SPREAD OUT WHILE ENCOURAGING EXPLORATION OF NEW AREAS OF THE PARK. THE CONSERVANCY COMPLETED CONSTRUCTION OF THE 4.5 MILE TROLLEY TRAIL LOOP, PART OF A SOFT

Name of the organization FAIRMOUNT PARK CONSERVANCY	Employer identification number 23-2703821
---	---

SURFACE, MULTI-PURPOSE LOOP TRAIL THAT REIMAGINES THE SITE OF THE HISTORIC FAIRMOUNT PARK TROLLEY LINE AS A SCENIC INTERPRETIVE TRAIL THROUGH WEST FAIRMOUNT PARK.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 TO GARDENING TUTORIALS AND MORE. BUILDING OFF OF THIS ENTHUSIASM, WITH PARK USE AND LITTER ON THE RISE, THE CONSERVANCY ANNOUNCED LOVE YOUR PARK SOLO, ENCOURAGING PEOPLE TO SAFELY CLEAN UP TRASH AND LITTER AS THEY ENJOYED PHILLY'S PARKS OVER THE SUMMER. THE CONSERVANCY DISTRIBUTED 460 CLEAN-UP KITS TO INDIVIDUALS WHO LOGGED NEARLY 700 VOLUNTEER HOURS OF PARK CLEAN-UPS, WITH AN ADDITIONAL 100 PEOPLE COMPLETING SOLO CLEAN-UPS WITH THEIR OWN SUPPLIES. IN NOVEMBER, WE WERE ABLE TO CARRY OUT A SOCIALLY DISTANCED LOVE YOUR PARK FALL SERVICE DAY, INVITING UP TO 25 VOLUNTEERS PER SITE TO VISIT ONE OF 78 PARTICIPATING PARKS TO PREPARE OUR PARKS FOR WINTER. MORE THAN 1,200 VOLUNTEERS SHOWED UP, GENEROUSLY COMMITTING 2,400 HOURS TO PICKING UP TRASH, COLLECTING 30 TONS OF LEAVES, AND PLANTING 93 TREES AND 2,150 FLOWER BULBS. THE CONSERVANCY AWARDED OUR SECOND ROUND OF NEIGHBORHOOD COLLABORATION GRANTS TO 10 NEIGHBORHOOD PROJECTS LED BY PARK GROUPS, LIBRARY FRIENDS GROUPS, AND RECREATION ADVISORY COUNCILS FOR SAFE, FREE, PUBLIC PROGRAMMING AND TOOLS FOR THEIR COMMUNITIES. THE CONSERVANCY WAS AWARDED A THREE YEAR, \$1.62 MILLION GRANT FROM THE MIAMI FOUNDATION IN EARLY 2020 FOR THE NEXT PHASE OF REIMAGINING THE CIVIC COMMONS IN PHILADELPHIA. "CIVIC COMMONS 2.0" IS EMPOWERING THE CONSERVANCY TO CONTINUE OUR LEADERSHIP OF A PHILLY-BASED COHORT AND DEEPEN OUR ENGAGEMENT IN A NATIONAL DIALOGUE ON BEST PRACTICES FOR COMMUNITY-LEAD INVESTMENT IN PUBLIC SPACES, WHILE TESTING NEW CITY SERVICE MODELS AND ESTABLISH COMMUNITY-DRIVEN PROGRAMMING WITH KEY

Name of the organization FAIRMOUNT PARK CONSERVANCY	Employer identification number 23-2703821
--	--

NEIGHBORHOOD SITES IN PARKSIDE, STRAWBERRY MANSION, AND SOUTHWEST PHILADELPHIA. THE BULK OF THE WORK IN 2020 WAS SHARPLY FOCUSED ON RESPONDING TO EMERGING COMMUNITY NEEDS AND PROVIDING BASIC SERVICES TO RESIDENTS DURING THE PANDEMIC. THE TREEPHILLY PROGRAM CONTINUED TO GROW THE CITY'S CRITICAL TREE CANOPY WITH A FOCUS ON UNDER-RESOURCED PHILADELPHIA NEIGHBORHOODS PLANTING 1,426 TREES IN CITY PARKS AND NATURAL LAND AREAS AND DISTRIBUTING 1,267 YARD TREES AND 813 STREET TREES TO COMMUNITIES IN 2020. THE TREEPHILLY TEAM SUCCESSFULLY ADAPTED THEIR PROGRAMMING TO SAFELY DISTRIBUTE TREES FOR HOME PLANTING IN CLOSE COLLABORATION WITH AN EXTENSIVE NETWORK OF COMMUNITY PARTNERS, HOSTING NINE CONTACTLESS TREE PICKUP EVENTS AND RAN A DOOR-TO-DOOR HOME DELIVERY PROGRAM FOR VULNERABLE RESIDENTS AND THOSE WITHOUT ACCESS TO A VEHICLE. THROUGH CAREFUL AND AMBITIOUS PROGRAM ADAPTATION, TREEPHILLY WAS ABLE TO EMPOWER HUNDREDS OF PHILADELPHIA RESIDENTS TO INVEST IN THE FUTURE OF THEIR COMMUNITY'S QUALITY OF LIFE THROUGH PLANTING A TREE AT HOME, A PROFOUND AND HEALING ACT OF HOPE IN A CHALLENGING TIME. IN ADDITION TO THIS IMPORTANT WORK, THE TREEPHILLY TEAM IS HEAVILY INVOLVED IN THE COMMUNITY ENGAGEMENT EFFORTS SURROUNDING IMPLEMENTATION OF THE PHILLY TREE PLAN. THE WE WALK PHL PROGRAM, AFTER EXPANDING TO 12 PARK SITES IN 2019, RECOGNIZED EARLY IN 2020 THAT IT COULD NOT OFFER AN IN-PERSON SPRING SEASON, BUT UNDERSTOOD THE HEALTH AND WELLNESS CONNECTIONS THAT THE GROUP PROVIDED WERE EVEN MORE CRITICAL IN LIGHT OF THE PANDEMIC. TOGETHER WITH A TEAM OF WE WALK VIRTUAL AMBASSADORS, THE CONSERVANCY CREATED A 30 DAY EDUCATION PROGRAM VIA THE GROUP'S FACEBOOK PAGE. WE WALK GAINED 200 NEW MEMBERS AND SAW A 237% INCREASE IN POSTS, COMMENTS, AND REACTIONS, A TOTAL OF 5,300 CONNECTIONS DURING THE 30 DAY PROGRAM. IN THE FALL, THERE WAS AN ABBREVIATED SIX WEEK IN-PERSON SEASON AT 11 PARKS THAT DREW ABOUT 900 WALKERS. THE FARMPHILLY TEAM

Name of the organization FAIRMOUNT PARK CONSERVANCY	Employer identification number 23-2703821
--	--

PRODUCED AND DONATED OVER 3,100 POUNDS OF ORGANICALLY GROWN PRODUCE TO LOCAL COMMUNITY ORGANIZATIONS. THROUGH THE COMMUNITY GARDENS NETWORK, THE TEAM SUPPORTED 30 COMMUNITY GARDENS AND ORCHARDS, ENABLING MORE THAN 500 COMMUNITY MEMBERS TO ACTIVELY PLANT AT THESE SITES FOLLOWING COVID SAFETY PRECAUTIONS. THIS EFFORT RESULTED IN 10,000 POUNDS OF FOOD GROWN AT THE GARDENS, WHICH WAS DISTRIBUTED TO COMMUNITIES ACROSS THE CITY. FARMPHILLY RAN A MODIFIED JUNIOR FARMERS PROGRAM AT 15 RECREATION CENTER GARDENS, WITH HUNDREDS OF STUDENTS PARTICIPATING IN SUMMER CAMPS AND FALL AFTER-SCHOOL PROGRAMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

WOODWORK ON THE EXTERIOR OF THE ORIGINAL 1911 RECREATION CENTER BUILDING, PART OF A LARGER PROJECT THAT WAS RECENTLY RECOGNIZED WITH A 2021 GRAND JURY AWARD FROM THE PRESERVATION ALLIANCE OF PHILADELPHIA. IN EAST FAIRMOUNT PARK, THE CONSERVATORS RESTORED WOOD WINDOWS, JAMBS, AND SILLS, RESTORED THE GIRARD-FACING FRONT ENTRANCE, REPLACED DAMAGED SIDING, AND REPAIRED STRUCTURAL DAMAGE AT HATFIELD HOUSE, WHICH HAS REOPENED AS A COMMUNITY SPACE FOR STRAWBERRY MANSION NEIGHBORS. IN WEST FAIRMOUNT PARK, THEY RESTORED THE FIRST AND SECOND FLOOR INTERIOR OF THE OHIO HOUSE, ONE OF TWO EXTANT BUILDINGS LEFT FROM THE CENTENNIAL EXHIBITION OF 1876, FOR ADAPTIVE REUSE AS THE CONSERVANCY'S NEW HOME. ON TOP OF THIS WORK, THE TEAM COMPLETED FOUR PUBLIC ART RESTORATION PROJECTS, INCLUDING TREATMENT AND REPAIRS AT THE PAVILION IN THE TREES IN WEST FAIRMOUNT PARK AND EMBODYING THOREAU IN PENNYPACK PARK, BENCH REPAIRS ON THE LABOR MONUMENT IN SOUTHWEST PHILADELPHIA, AND ANNUAL GRAFFITI REMOVAL AT RITTENHOUSE SQUARE. THEY ALSO WELCOMED TWO SUMMER APPRENTICES IN 2020 FROM THADDEUS STEVENS COLLEGE AND ONE WORK STUDY FROM JEFFERSON UNIVERSITY AS OPPORTUNITIES WERE LIMITED BY THE

Name of the organization FAIRMOUNT PARK CONSERVANCY	Employer identification number 23-2703821
--	--

PANDEMIC.

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 DISCLOSING INTERESTS THAT COULD GIVE RISE TO A CONFLICT. EACH STATEMENT IS REVIEWED TO DETERMINE IF A CONFLICT OF INTEREST EXISTS.

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

OFFICERS AND DIRECTORS OF THE BOARD ARE UNPAID VOLUNTEERS. THE EXECUTIVE DIRECTOR SALARY IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY AND DETERMINED USING MARKET COMPARISONS. ALL OTHER EMPLOYEES ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND SALARIES ARE BASED ON THEIR EXPERIENCE LEVEL.

Name of the organization FAIRMOUNT PARK CONSERVANCY	Employer identification number 23-2703821
---	---

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

UPON REQUEST, THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, DOCUMENT RETENTION AND DESTRUCTION POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION.

FORM 990, PART XII - LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS HAS NOT CHANGED DURING THE YEAR.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. FAIRMOUNT PARK CONSERVANCY	Taxpayer identification number (TIN) 23-2703821
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1617 JOHN F. KENNEDY BLVD, NO. 1670	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19103	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CYNTHIA BENTON, CHIEF FINANCIAL & OPERATING OFFICER -

- The books are in the care of ▶ **1617 JOHN F. KENNEDY BLVD, SUITE 1670 - PHILADELPHIA, PA**
Telephone No. ▶ **215-988-9334** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

STATE RETURN



Eisner Advisory Group LLC
One Logan Square
130 North 18th Street, Suite 3000
Philadelphia, PA 19103
T 215.881.8800
F 215.881.8801
www.eisneramper.com

|
October 11, 2021

Fairmount Park Conservancy
4700 States Drive-Ohio House
Philadelphia, PA 19131

Enclosed is **Form BCO-10 Charitable Organization Registration Statement** for tax year ending **12/31/2020**.

An Authorized Officer and Chief Fiscal Officer must sign return and mail before **November 15, 2021**.

Commonwealth of Pennsylvania
Bureau of Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

Mail return to the Commonwealth of Pennsylvania postmarked **by November 15, 2021**.
Be sure to sign Form 990 attached to Form BCO-10 before filing.

Make check payable to "**Commonwealth of Pennsylvania**", in the amount of **\$250.00**.

Copy enclosed for files.

We recommend that you send the return to the taxing authorities by certified mail with a request for a return receipt. Please retain the receipt as a proof of timely filing.

Very truly yours,

Eisner Advisory Group LLC

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 28492
(N/A if initial registration)

Fiscal year ended: 12/31/2020
MM DD YYYY

FEIN:

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: FAIRMOUNT PARK CONSERVANCY

Check if name change and give previous name _____

2. All other names used to solicit contributions: NONE

3. Contact person: MAURA MCCARTHY, PHD, EX. DIR. Contact's e-mail: MMCCARTHY@MYPHILLYPARK.ORG

4. Principal address of organization: _____ Mailing address (if different than principal address): _____

4700 STATES DRIVE

OHIO HOUSE

PHILADELPHIA, PA 19131

County: PHILADELPHIA

Phone number: 215-988-9334

800 number: _____

Fax number: 215-988-9335

Email (if different than Contact's email): _____

Website: MYPHILLYPARK.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
NON-PROFIT CORPORATION

Where established: PENNSYLVANIA Date established:* 07/29/1998

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

4700 STATES DRIVE, OHIO HOUSE, PHILADELPHIA, PA 19131

THOMAS MANSION, 6245 WISSAHICKON AVE, PHILADELPHIA, PA 19144 - SATELLITE OFFICE

7. Short form registration applicability – Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check “Not Applicable”:

- §162.7(a)(1) – Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- §162.7(a)(2) – Organizations which only solicit within the membership of the organization by other members of the organization. The term “membership” shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. “Member” means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- §162.7(a)(3) – Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- §162.7(a)(4) – Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- Not Applicable

Charitable organizations which check boxes §162.7(a)(1) – §162.7(a)(4) are not required to file a financial report with this registration. If “Not Applicable” is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: _____
MM DD YYYY
Other _____

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

_____ MM DD YYYY
Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

10. Has the organization been granted IRS tax-exempt status? Yes No

A. If "Yes," under which IRS code section: 501(c)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes No
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules.
If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
DIRECT MAIL, TELEPHONE, WEBSITE, PROPOSALS TO PRIVATE FOUNDATIONS AND CORPORATIONS, FACE TO FACE CONVERSATIONS, SPECIAL EVENTS (DINNERS, EXHIBITS, ETC.)

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

THE CONSERVANCY WORKS TO IMPROVE FAIRMOUNT PARK IN THE FOLLOWING AREAS: ENVIRONMENT RESTORATION AND EDUCATION, HISTORIC PRESERVATION, ACTIVE RECREATION AND NEIGHBORHOOD REVITALIZATION. THE CONSERVANCY ALSO SERVES AS A FUNDING CONDUIT TO FACILITATE DONATIONS TO FAIRMOUNT PARK IN OTHER AREAS. PROGRAMS ARE IN EXISTENCE.

14. Is the organization registered to solicit contributions in any other state or municipality?
 Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: _____

Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

NONE

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

COMMUNITY COUNSELLING SERVICE

PO BOX 824885 PHILADELPHIA, PA 19182-4885

CONTRACT PERIOD 1/1/2021-12/31/2021

18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

NONE

19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE ATTACHMENT

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

MAURA MCCARTHY, PHD, EXECUTIVE DIRECTOR

B. Have final responsibility for the custody of contributions:

MAURA MCCARTHY, PHD, EXECUTIVE DIRECTOR

C. Have final responsibility for final distribution of contributions:

MAURA MCCARTHY, PHD, EXECUTIVE DIRECTOR

D. Are responsible for custody of financial records:

CYNTHIA BENTON, CHIEF FINANCIAL & OPERATING OFFICER

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **
 Yes No

** (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

Certification – This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

Fairmount Park Conservancy

EIN 23-2703821

Certificate #28492

December 31, 2020

QUESTION #21

	<u>Name</u>	<u>Title</u>	<u>Address</u>
1	Maura McCarthy	Executive Director	4700 States Drive, Phila., PA 19103
2	Cynthia Benton	Chief Financial & Operating Officer	4700 States Drive, Phila., PA 19103
3	John Gattuso	Chairman of the Board of Directors	4700 States Drive, Phila., PA 19103
4	Carol S. Eicher	President & Director	4700 States Drive, Phila., PA 19103
5	Carol Horne Penn	Vice President & Director	4700 States Drive, Phila., PA 19103
6	Joseph M. Manko	Vice President & Director	4700 States Drive, Phila., PA 19103
7	Max Berger	Treasurer & Director	4700 States Drive, Phila., PA 19103
8	John Levitties	Secretary & Director	4700 States Drive, Phila., PA 19103
9	John K. Binswanger	Chair of Emeritus Council	4700 States Drive, Phila., PA 19103
10	Connor Barwin	Director	4700 States Drive, Phila., PA 19103
11	Michael DiBerardinis	Director	4700 States Drive, Phila., PA 19103
12	Carmen Ferrigno	Director	4700 States Drive, Phila., PA 19103
13	Gregory J. Hagin	Director	4700 States Drive, Phila., PA 19103
14	John Kelly	Director	4700 States Drive, Phila., PA 19103
15	Robert N.C. Nix	Director	4700 States Drive, Phila., PA 19103
16	Arianna Orpello Lewko	Director	4700 States Drive, Phila., PA 19103
17	Martha McGeary Snider	Director	4700 States Drive, Phila., PA 19103
18	Sandra W. Weckesser	Director	4700 States Drive, Phila., PA 19103

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. FAIRMOUNT PARK CONSERVANCY	Taxpayer identification number (TIN) 23-2703821
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1617 JOHN F. KENNEDY BLVD, NO. 1670	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19103	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CYNTHIA BENTON, CHIEF FINANCIAL & OPERATING OFFICER -

- The books are in the care of ▶ **1617 JOHN F. KENNEDY BLVD, SUITE 1670 - PHILADELPHIA, PA**
Telephone No. ▶ **215-988-9334** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.