

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

PHILADELPHIA BAR FOUNDATION 1101 MARKET STREET, 11TH FLOOR PHILADELPHIA, PA 19107

PREPARED BY:

MERCADIEN, P.C. P.O. BOX 7648 PRINCETON, NJ 08543-7648

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 COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 4789 | Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A F	or the	2022 calendar year, or tax year beginning and e	ending						
B c	heck if oplicable	C Name of organization		D Employer identific	cation number				
	Addres								
	Name change			23-16607	97				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	r					
]Final return/	1101 MARKET STREET, 11TH FLOOR	215-238-						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,790,883.					
	Ameno return	PHILADELPHIA, PA 1910/		H(a) Is this a group re					
	Application	F Name and address of principal officer: OESSICA HILBORN - HOLD	MES	for subordinates	? Yes X No				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions				
	Vebsit			H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year o	of formation: $1964 m{ extbf{h}}$	M State of legal domicile; PA				
Pa	rt I	Summary							
Φ		Briefly describe the organization's mission or most significant activities: $\underline{ ext{THROU}}$							
Š		PARTNERSHIPS, THE PHILADELPHIA BAR FOUNDAT							
ž.	2	Check this box if the organization discontinued its operations or dispose	ed of more	1					
8				3	29				
ب ھ		Number of independent voting members of the governing body (Part VI, line 1b) $$			29				
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0				
ΞΞ		Total number of volunteers (estimate if necessary)			61				
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.				
			-		Current Year				
ne		Contributions and grants (Part VIII, line 1h)		806,467.	638,433.				
en.		Program service revenue (Part VIII, line 2g)		452,115.	<u> </u>				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			199,037.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,757. 1,251,825.	-31,852. 805,618.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		443,867.	442,000.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		328,070.	261,882.				
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 81,39	<u> </u>	0.	0.				
Ä				153,105.	261,294.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		925,042.	965,176.				
		Revenue less expenses. Subtract line 18 from line 12		326,783.	-159,558.				
S	13	nevenue less expenses. Oubtract line 10 from line 12	Bed	ginning of Current Year	End of Year				
ets c	20	Total assets (Part X, line 16)		9,741,312.	8,635,491.				
Asse Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		299,083.	346,377.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		9,442,229.	8,289,114.				
	rt II	Signature Block		- / /	<u> </u>				
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer l	has any knowledge.					
Sign	1	Signature of officer		Date					
Her		JESSICA HILBURN-HOLMES, EXECUTIVE DIRECTOR	2						
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN				
Paid		LOVEPREET BUTTAR, CPA LOVEPREET BUTTAR	, CP 0	5/09/23 self-employ					
Prep	arer								
Use	Only	Firm's address P.O. BOX 7648							
		PRINCETON, NJ 08543-7648		Phone no. 60	9-689-9700				
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No				

Par	rt 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: THROUGH PROGRAMS, GRANTS, AND PARTNERSHIPS, THE PHILADELPHIA	BAR
	FOUNDATION REMOVES BARRIERS TO JUSTICE, ENGAGES THE COMMUNITY	
	SUPPORT OF CIVIL LEGAL AID, AND BUILDS SYSTEM-WIDE CAPACITY I	
	TO STRENGTHEN THE PROVISION OF QUALITY LEGAL SERVICES AND TO	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	prior Form 990 or 990-E∠? If "Yes," describe these new services on Schedule O.	165110
2		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes A 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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	al expenses, and
	revenue, if any, for each program service reported.	
4a)
	GRANT PROGRAMS - SUPPORT FOR LOCAL CHARITABLE ORGANIZATIONS T	
	PROVIDE LEGAL SERVICES TO THE POOR, DISABLED, ELDERLY AND CHI	
	WHO, IF NOT FOR THESE AGENCIES, WOULD HAVE NOWHERE ELSE TO TU	JRN.
4h	(Code:) (Expenses \$ 49,450 . including grants of \$ 49,450 .) (Revenue \$	
4b	(Code:) (Expenses \$49,450 \cdot \cd	TNMEDECM
	LEGAL SERVICE AS A VIABLE CAREER CHOICE FOR STUDENTS AND YOUN	
	DEGAL SERVICE AS A VIABLE CAREER CHOICE FOR STUDENTS AND TOUR	1G LAWIERS.
4c	(Code:) (Expenses \$ 160 , 969 • including grants of \$) (Revenue \$)
	ALL OTHER SERVICES INCLUDING PRO BONO NEEDS ASSESSMENT, EVENT	rs, and
	OUTREACH.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 602,969.	
		Form 990 (2022)

Form 990 (2022) PHILADELPHIA BAR FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	, , , , , , , , , , , , , , , , , , ,			

Form 990 (2022) PHILADELPHIA BAR FOUNDATION 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? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_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? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	22	
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22			(2022)

022) PHILADELPHIA BAR FOUNDATION

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Α_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 29			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
Ü	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6 7-		°		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		х
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·Ju		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		46h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	<u> </u>	I
17 10	List the states with which a copy of this Form 990 is required to be filed PA , NJ Section 6104 requires an experiention to make its Forms 1022 (1024 or 1024 A if applicable), 900, and 900 T (continue 501(a)/2).	o oply	oveile!	alo.
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)	avallal	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)	-1 C		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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			
	PAUL KIRK - 215-238-6334			
	1101 MARKET STREET, 11TH FLOOR, PHILADELPHIA, PA 19107			

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than (ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week	_	l an		Tecto	Tuus	(66)	from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	n be		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	Individual trustee or	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JESSICA HILBURN-HOLMES	35.00								_	
EXECUTIVE DIRECTOR	10.00			Х				0.	0.	0.
(2) PAUL KIRK	30.00									_
DIRECTOR OF OPERATIONS	10.00			Х				0.	0.	0.
(3) MEREDITH S. AUTEN	1.00								_	
PRESIDENT		Х		Х				0.	0.	0.
(4) NIKI T. INGRAM	1.00									_
VICE PRESIDENT AND DIVERSITY, EQUITY		Х		Х				0.	0.	0.
(5) MARK A. GITTELMAN	1.00									_
TREASURER		Х		Х				0.	0.	0.
(6) LAWRENCE F. WALKER	1.00									_
SECRETARY		Х		Х				0.	0.	0.
(7) JOSHUA D. SNYDER	1.00									_
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(8) DANIEL AIKEN	1.00									_
TRUSTEE		Х						0.	0.	0.
(9) ROBERTA BARSOTTI	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(10) JENNIFER L. BEIDEL	1.00									•
TRUSTEE	1 00	Х						0.	0.	0.
(11) ANDREW W. BOCZKOWSKI	1.00								•	•
TRUSTEE	1 00	Х						0.	0.	0.
(12) WILSON M. BROWN III	1.00	3,7							0	0
TRUSTEE	1 00	Х						0.	0.	0.
(13) CHRISTIAN W. CASTILE	1.00	3,7							0	0
TRUSTEE	1 00	Х						0.	0.	0.
(14) MELISSA R. CHANDY	1.00	3,7							0	0
TRUSTEE	1 00	Х						0.	0.	0.
(15) STEWART L. COHEN	1.00	3,7							0	0
TRUSTEE	1 00	Х	\vdash					0.	0.	0.
(16) RASHEEN DAVIS MERRITT	1.00	37							_	_
TRUSTEE	1 00	Х	\vdash			-		0.	0.	0.
(17) CHRISTOPHER D. DURHAM	1.00	v							_	_
TRUSTEE		X	L	<u> </u>		<u> </u>		0.	0.	0.

232007 12-13-22

	990 (2022) PHILADELI	PHIA BAR	ł F	'OU	ND	ľΑ	,TO	N		23-1660	797	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(C)				(D)	(E)		(F)	
	Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Est	imate	ed
		hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	am	ount (of
		week		cer an	nd a d	irecto	r/trus	tee)	from	from related	c	other	
		(list any	rector						the	organizations	comp		
		hours for related	or di	ee ee			ated		organization	(W-2/1099-MISC/		m the	
		organizations	ustee	trust		9	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ınizati relate	
		below	ual tr	tional		ploye	t con	_	1099-NEC)			neiau nizatio	
		line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			orgai	iizati	5113
(18)	MELANIE J. FOREMAN	1.00											
TRUS	TEE		Х						0.	0.			0.
(19)	CAROL A. GERSHON	1.00											
TRUS			Х						0.	0.			0.
	MATTHEW A. GRUBMAN	1.00											
TRUS		1 00	Х						0.	0.			0.
	MATTHEW A. HAMERMESH	1.00	3,7						0.	_			^
TRUS	PATRICK HOWARD	1.00	Х						0.	0.			0.
TRUS		1.00	Х						0.	0.			0.
	LESLIE E. JOHN	1.00	77						0.	0.			.
TRUS	•	1.00	х						0.	0.			0.
(24)	JENNEDY S. JOHNSON	1.00											
TRUS	TEE		Х						0.	0.			0.
(25)	KRYSTAL KANE	1.00											
TRUS	TEE		Х						0.	0.			0.
(26)	BRENT W. LANDAU	1.00								_			
TRUS	TEE		Х						0.	0.			0.
	Subtotal								0.	0.			0.
	Total from continuation sheets to Part VI	I, Section A							0.	0.			0.
									0.	0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			0
	compensation from the organization											Yes	No
3	Did the organization list any former officer	director truct	00 1	.0	mnl	01/0	۰ ۵۲	hia	shoot componented amp	lovos on		163	140
3	Did the organization list any former officer,	•		•		•		_	•	•	3		Х
4	line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the su												
т	and related organizations greater than \$150	•							•	•	4		х
5	Did any person listed on line 1a receive or a												_
-	rendered to the organization? If "Yes." com	•				-			•		5		Х

Section B. Independent Contractors

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 NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

						ΙO			23-166	0131
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) CHERYL D. MADDOX	1.00	=	=	0	~	工	Œ			
TRUSTEE	1.00	Х						0.	0.	0
(28) JEREMY A. MENKOWITZ	1.00	22						0.	0.	
TRUSTEE	1.00	Х						0.	0.	0
(29) HARSINIE W. PANDITARATNE	1.00									
TRUSTEE		х						0.	0.	0
(30) JENNIE PHILIP	1.00								0.1	
TRUSTEE		х						0.	0.	0
(31) WILL W. SACHSE	1.00							-	-	
TRUSTEE		Х						0.	0.	0
(32) LISA M. SCIDURLO	1.00									
TRUSTEE		Х						0.	0.	0
(33) ROBIN P. SUMNER	1.00									
TRUSTEE		Х						0.	0.	0
(34) PATRICE (PUDDY) A. TOLAND	0.00									
TRUSTEE		Х						0.	0.	0
	1	I	ı	ı	i l	ı	1	ı	i	

Form 990 (2022) PHILADE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns 1a					
ran		Membership dues 1b					
S, G	С	Fundraising events 1c	93,150.				
Siff. lar /	d	Related organizations 1d					
s, (jimi		Government grants (contributions) 1e					
er S	f	All other contributions, gifts, grants, and	E 4 E 000				
ä			545,283.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines 1a-1f		620 122			
<u>0 8</u>	h	Total. Add lines 1a-1f	Business Code	638,433.			
	2 a		Busiliess Code				
vice	2 a b						
Program Service Revenue	c						
am (d						
ogra Re	е						
P.	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		158,287.			158,287.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties(i) Real	(ii) Personal				
	6.0		(II) I ersonal				
		Gross rents 6a Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 994,163.					
	b	Less: cost or other basis					
Jue		and sales expenses 76 953,413.					
ther Revenue		Gain or (loss) 7c 40,750.		40 750			40.750
ž.		Net gain or (loss)		40,750.			40,750.
the	8 а	Gross income from fundraising events (not including \$ 93,150. of					
0		contributions reported on line 1c). See					
		Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events		-31,852.			-31,852.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
	h	and allowances 10a Less: cost of goods sold 10b					
		Less: cost of goods sold Net income or (loss) from sales of inventory	1				
\neg		The most of possy from saids of inventory	Business Code				
Miscellaneous Revenue	11 a						
ane	b						
Sell	С						
Mis		All other revenue					
		Total. Add lines 11a-11d		005 (10			167 105
	12	Total revenue. See instructions		805,618.	0.	0.	167,185.

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 **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 392,550. 392,550. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 49,450. 49,450. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 190,935. 63,108. 89,285. 38,542. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 55,700. 18,469. 26,098. 11,133. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 7,078. 15,247. 4,981. 3,188. 10 Payroll taxes Fees for services (nonemployees): Management Legal 14,820. 4,898. 6,930. 2,992. Accounting Lobbying Professional fundraising services. See Part IV, line 17 46,668. 46,668. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 109,269. 37,150. 61,506. 10,613. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 47,866. 22,854. 17,464. 7,548. Office expenses 13 30,791. 5,649. 20,121. 5,021. Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,992. 6,399. 2,115. 1,292. 20 Payments to affiliates 21 1,165. 545 385. 235. Depreciation, depletion, and amortization 22 4,116. 360. 1,925. 831. 23 Other expenses. Itemize expenses not covered 24 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.) 200. 200. BAD DEBT All other expenses 965,176. 602,969. 280,812. 81,395. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			127,195.	1	101,197.
	2	Savings and temporary cash investments			16,999.	2	16,890.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	87,165.	4	85,401.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, suk	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqua	sons (as defined				
		under section 4958(f)(1)), and persons describ	ed in se	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			8,626.	9	6,305
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	209,015.			
	b	Less: accumulated depreciation	207,918.	1,165.		1,097 6,133,431	
	11	Investments - publicly traded securities		7,260,804.	11	6,133,431	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,239,358.	15	2,291,170		
	16	Total assets. Add lines 1 through 15 (must ed			9,741,312.	16	8,635,491
	17	Accounts payable and accrued expenses	I	67,138.	17	113,182	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, suk					
ab B		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unre			150 000	23	150 000
	24	Unsecured notes and loans payable to unrela			150,000.	24	159,808
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin		•	81,945.	0.5	73,387.
	00	of Schedule D			299,083.	25 26	346,377
	26			e X	233,003.	26	340,377
ş		Organizations that follow FASB ASC 958, c and complete lines 27, 28, 32, and 33.	HECK HE	e 121			
ğ	27	Net assets without donor restrictions			8,771,416.	27	7,633,376.
3919	28	Net assets with donor restrictions	670,813.	28	655,738.		
	20	Organizations that do not follow FASB ASC			0.070201	20	0007700
בַ		and complete lines 29 through 33.	000, 011	JOK HOLD			
ō	29	Capital stock or trust principal, or current fund	de.			29	
ets	30	Paid-in or capital surplus, or land, building, or			30		
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			9,442,229.	32	8,289,114.
Z	33	Total liabilities and net assets/fund balances			9,741,312.	33	8,635,491.

Pa	t XI Reconciliation of Net Assets				<u> </u>
	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	805	5,6	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2			76.
3	Revenue less expenses. Subtract line 2 from line 1	3	-159	7,5	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,442	2,2	29.
5	Net unrealized gains (losses) on investments	5	-993	3,5	57.
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	8,289) ,1	<u>14.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	. , , , , , , , , , , , , , , , , , , ,		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit	_,		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	(2022)
			⊢orm	330	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization PHILADELPHIA BAR FOUNDATION 23-1660797 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	498,693.	615,616.	793,571.	806,667.	638,433.	3352980.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	498,693.	615,616.	793,571.	806,667.	638,433.	3352980.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						3352980.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	498,693.	615,616.	793,571.	806,667.		3352980.	
	Gross income from interest,	-	-	-	-	-		
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	203,991.	191,068.	137,083.	161,436.	158,287.	851,865.	
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						4204845.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12		
	First 5 years. If the Form 990 is for the	•	,			D1(c)(3)		
	organization, check this box and stor	-		· · · · · · · · · · · · · · · · · · ·				
Sec	ction C. Computation of Publi							
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	79.74 %	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	79.91 <u>%</u>	
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	c and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line				
	more, and if the organization meets th	-						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization							
	Schedule A (Form 990) 2022							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					I I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10a		
10b		
ule A (Forr	n 990)	2022

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Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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? 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.	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? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)) <u>-</u>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	A 1		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		0-		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
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.					
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

PHILADELPHIA BAR FOUNDATION

Employer identification number

23-1660797

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page

Name of organization Employer identification number

PHILADELPHIA BAR FOUNDATION

23-1660797

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

PHILADELPHIA BAR FOUNDATION

23-1660797

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$14,685.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PHILADELPHIA BAR FOUNDATION

23-1660797

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

Name of or	rganization			Employer identification number		
рнтгаг	DELPHIA BAR FOUNDATION			23-1660797		
Part III		through (e) and the following line en naritable, etc., contributions of \$1,000 or	trv. For organizat	(8), or (10) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gi	 ft			
_	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-	(e) Transf Transferee's name, address, and ZIP + 4			nship of transferor to transferee		
(a) N a						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gi	ft			
-	Transferee's name, address, and ZIP + 4		Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(c) Use of gift (d) Descrip		(d) Description of how gift is held
}		(e) Transfer of gi	ft			
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

23-1660797 PHILADELPHIA BAR FOUNDATION

Pai			milar Funds or Ad	counts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised	funde	(b) Funds and other accounts	
_	Tatal accept as at and of case	(a) Donor advised	Tunus	(b) Fullus 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	witing that the second half	d in denot advised fun	da	
5	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
U	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?	,			
Pai					
1	Purpose(s) of conservation easements held by the organization		J	,	
·	Preservation of land for public use (for example, recreated)		Preservation of a histo	orically important land area	
	Protection of natural habitat		Preservation of a cert	•	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	tion in the form of a co	nservation easement on the last	
	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements			2a	
b				2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and no	t on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	rminated by the organi	ization during the tax	
	year				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection	on, handling of		
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conservation	on easements during the year	
7	Amount of augustasi in augustasi in anacting hand	ling of violations, and onfo	raina aanaamiatian aa	coments duving the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	illig of violations, and emi	orcing conservation ea	sements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B)	r(i)	
•	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
•	balance sheet, and include, if applicable, the text of the footn		· ·		
	organization's accounting for conservation easements.	J			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	imilar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and bala	ance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in furtherar	nce 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 95	8, to report in its revenue	statement and balance	e sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
				· · · · · · · · · · · · · · · · · · ·	
2	If the organization received or held works of art, historical treat		- ·	provide	
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				
<u>b</u>					
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.		Schedule D (Form 990) 2022	

232051 09-01-22

Sche	dule D (Form 990) 2022 PHILADEL	PHIA BAR F	OUNDATION			23-1	660797	Page 2
	t III Organizations Maintaining Co			asures, o	r Other S			
3	Using the organization's acquisition, accession	, and other records	, check any of the f	following that	: make sign	nificant use of its	S	,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	am			
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's coll	ections and explain	how they further th	ne organizatio	n's exemp	t purpose in Pa	rt XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be mair						Yes	☐ No
Par	t IV Escrow and Custodial Arrange						/. line 9. or	
	reported an amount on Form 990, Part		3			,	,	
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ary for contributions	s or other ass	sets not inc	luded		
	on Form 990, Part X?					_	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar							
		·					Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on For					?	Yes	No
	If "Yes," explain the arrangement in Part XIII. C		*		•			
Par								
		(a) Current year	(b) Prior year	(c) Two year		I) Three years bac	k (e) Four ye	ears back
1a	Beginning of year balance	8,404,881.	7,894,414.	6,819	9,934.	6,819,934	7,7	91,183.
b	Contributions	131,377.	105,342.	974	1,153.		2	52,216.
С	Net investment earnings, gains, and losses	-871,543.	817,825.	598	3,815.		-7	07,321.
d	Grants or scholarships	407,235.	412,700.	498	3,488.		5	16,144.
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	7,257,480.	8,404,881.	7,894	4,414.	6,819,934	6,8	19,934.
2	Provide the estimated percentage of the currer	nt year end balance	(line 1g, column (a))) held as:	•		•	
а	Board designated or quasi-endowment	100	%	•				
b	Permanent endowment	%	-					
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
За	Are there endowment funds not in the possess	= '	tion that are held ar	nd administer	ed for the			
	organization by:	· ·					Y	es No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations							Х
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the o							
Par	t VI Land, Buildings, and Equipme							
	Complete if the organization answered	'Yes" on Form 990,	Part IV, line 11a. S	See Form 990	, Part X, lin	ie 10.		
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	umulated	(d) Book v	/alue
		basis (investm	ent) basis	(other)	depre	eciation		
1a	Land							

1,097. Schedule D (Form 990) 2022

1,097.

e Other

209,015.

b Buildings c Leasehold improvements

d Equipment

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

207,918.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, 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)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(9)

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) DUE FROM HOLDINGS	2,291,170.
(2)	
(3)	
<u>(5)</u>	
(6)	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	2,291,170.

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) LINE OF CREDIT	54,000.
(3) DUE TO PHILADELPHIA BAR	
(4) ASSOCIATION	19,387.
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	73,387.

^{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 ... X

Schedule D (Form 990) 2022

Part XI	Recond	riliation of	Revenue ner Aud	ited Fin	ancial Statements	With Revenue ner R
Schedule D	(Form 990	2022	PHILADELPHI.	A BAR	FOUNDATION	

Pa	Reconciliation of Revenue per Audited Financial State	ments with	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	-202,755.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-993,557.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-993,557.
3	Subtract line 2e from line 1			3	790,802.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	46,668.		
b	Other (Describe in Part XIII.)		-31,852.		
С	Add lines 4a and 4b			4c	14,816.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stat			5	805,618.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	n Expenses per F	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	950,360.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	1 1			
d	Other (Describe in Part XIII.)	1 1	31,852.		
е	Add lines 2a through 2d			2e	31,852.
3	Subtract line 2e from line 1			3	918,508.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	46,668.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	46,668.
	Add lines 4a and 4b			40	965,176.

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 FOUNDATION'S BY-LAWS AND WRITTEN INVESTMENT POLICY LIMITS WITHDRAWALS FROM THE FUND FOR GRANT MAKING PURPOSES DEPENDING ON THE AVAILABILITY OF GENERAL OPERATING FUNDS. THE BY-LAWS AND INVESTMENT POLICY WERE AMENDED IN 2014 TO PERMIT AN EXTRAORDINARY WITHDRAWAL OF UP TO \$500,000 IN A FISCAL YEAR, TO COVER PAYMENT OF OPERATIONAL EXPENSES OR OTHER SPECIAL BOARD APPROVED RESTRICTED PURPOSES.

PART X, LINE 2:

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							ntification number
	<u>LPHIA BAR FOUNDATI</u>					23-1660	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Poly Bit Tyes," list the 10 highest paid individual compensated at least \$5,000 by the 	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Tatal							
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from re	I gistration
or neerising.							

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

Schedule G (Form 990) 2022

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

	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 ACCESS TO JUSTICE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
Jue			71 /	71 /	,				
Revenue	1	Gross receipts	93,150.			93,150.			
	2	Less: Contributions	93,150.			93,150.			
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs	5,866.			5,866.			
irect Ex	7	Food and beverages	14,500.			14,500.			
Ω	8	Entertainment	7,900.			7,900.			
	9	Other direct expenses				3,586.			
	10		•			31,852.			
		Net income summary. Subtract line 10 from li	ine 3, column (d)			-31,852.			
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.	1	Г	Г	T			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Be	1	Gross revenue							
	Ė	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No 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)						
		Net garning income summary. Subtract line r	nomine i, column (a)			<u> </u>			
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:						
		he organization licensed to conduct gaming a				Yes No			
b	If "	No," explain:							
		ere any of the organization's gaming licenses re			year?	Yes No			
	_								
	_								

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 PHILADELPHIA BAR FOUNDATION 23-	TOOU	<i>191</i>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	and the first and addition of the person the property of gamma, opening opening and additional additional and additional a			
	Name			
	Address			
	Address			
15:	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
100	r bocs the diganization have a contract with a time party from whom the diganization receives gaming revenue:	—		
h	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
_				
C	s If "Yes," enter name and address of the third party:			
	Name			
	Name			
	Addings			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	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 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	PHILADELPHIA	BAR	FOUNDATION	23-1660797	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)				
		(continued)				
-						

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.

Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization PHILADELP	HIA BAR F	OUNDATION					Employer identification number 23-1660797
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records of criteria used to award the grants or assist Describe in Part IV the organization's pro- 	stance?ocedures for monit	toring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than S					anization answered "\	Yes" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACLU OF PENNSYLVANIA P.O. BOX 60173							
PHILADELPHIA, PA 19102	23-1742013	501(C)(3)	5,200.	0.			NON-PROFIT LEGAL AID
AIDS LAW PROJECT 1211 CHESTNUT STREET, #600 PHILADELPHIA, PA 19107	23-2576149	501(C)(3)	10,000.	0.			NON-PROFIT LEGAL AID
COMMUNITY LEGAL SERVICES OF PHILADELPHIA - 1424 CHESTNUT STREET - PHILADELPHIA, PA 19102	23-1671562	501(C)(3)	81,500.	0.			NON-PROFIT LEGAL AID
CONSUMER BANKRUPTCY ASSISTANCE PROJECT - THE CAST IRON BUILDING - 718 ARCH STREET, SUITE 200N - PHILADELPHIA PA 19106	23-2694116	E01/G)/2)	12,000.	0.			NON-PROFIT LEGAL AID
DISABILITY RIGHTS PENNSYLVANIA PHILADELPHIA BLDG - 1800 JFK BOULEVARD SUITE 900 -	23-2094110	301(C)(3)	12,000.	0.			NON-PROFIT LEGAL AID
PHILADELPHIA, PA 19103	23-2041538	501(C)(3)	5,500.	0.			NON-PROFIT LEGAL AID
EDUCATION LAW CENTER PHILADELPHIA BLDG - 600 CHESTNUT STREET SUITE 500B - PHILADELPHIA PA 19106	23-2581102	501(C)(3)	12,500.	0.			NON-PROFIT LEGAL AID
2 Enter total number of section 501(c)(3) a	1	I .		1 0.	<u> </u>	<u> </u>	25.

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tago T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA HIAS INDIGENT							
IMMIGRATION LEGAL SERVICES - 600							
CHESTNUT STREET SUITE 500B -							
PHILADELPHIA, PA 19103	61-1697848	501(C)(3)	12,500.	0.			NON-PROFIT LEGAL AID
HOMELESS ADVOCACY PROJECT							
1429 WALNUT STREET, FL 15							
PHILADELPHIA, PA 19102	23-2619480	501(C)(3)	14,500.	0.			NON-PROFIT LEGAL AID
JUSTICE AT WORK 990 SPRING GARDEN STREET, SUITE 300							
PHILADELPHIA, PA 19123	51-0214321	501(C)(3)	13,500.	0.			NON-PROFIT LEGAL AID
JUVENILE LAW CENTER 1800 JFK BOULEVARD SUITE 1900B PHILADELPHIA, PA 19103	23-1976386	501(C)(3)	6,500.	0.			NON-PROFIT LEGAL AID
LEGAL CLINIC FOR THE DISABLED 1513 RACE STREET, MAGEE REHAB HOSPI PHILADELPHIA, PA 19102	23-2460392	501(C)(3)	7,000.	0.			NON-PROFIT LEGAL AID
MAZZONI CENTER FOR LEGAL SERVICES 1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147	23-2176338	501(C)(3)	7,500.	0.			NON-PROFIT LEGAL AID
NATIONALITIES SERVICE CENTER 1216 ARCH STREET, 4TH FLOOR PHILADELPHIA, PA 19107	23-1352336	501(C)(3)	8,000.	0.			NON-PROFIT LEGAL AID
PENNSYLVANIA HEALTH LAW PROJECT 123 CHESTNUT STREET, SUITE 400			,				
PHILADELPHIA, PA 19106 PENNSYLVANIA IMMIGRATION RESOURCE CENTER - 294 PLEASANT ACRES ROAD SUITE 202 - YORK, PA 17402	23-2744908		10,000. 8,000.	0.			NON-PROFIT LEGAL AID

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA INSTITUTIONAL LAW							
PROJECT - 718 ARCH STREET, #304S -							
PHILADELPHIA, PA 19106	23-2811857	501(C)(3)	6,000.	0.			NON-PROFIT LEGAL AID
,							
PHILADELPHIA LEGAL ASSITANCE							
718 ARCH STREET, #300N							
PHILADELPHIA, PA 19106	23-2823744	501(C)(3)	17,000.	0.			NON-PROFIT LEGAL AID
PHILADELPHIA VIP							
1500 WALNUT STREET, #400							
PHILADELPHIA, PA 19102	23-2210390	501(C)(3)	41,000.	0.			NON-PROFIT LEGAL AID
DUDITO INTEDECT IAN CENTED							
PUBLIC INTEREST LAW CENTER 1500 JFK BOULEVARD, SUITE 802							
PHILADELPHIA, PA 19102	23-1923398	501(C)(3)	8,500.	0.			NON-PROFIT LEGAL AID
FILLED BUFFILA, FA 19102	23 1323330	501(0/(5/	0,300.	· ·			NON TROTTI DEGAL AID
REGIONAL HOUSING LEGAL SERVICES							
2 S. EASTON ROAD							
GLENSIDE, PA 19038	23-1901416	501(C)(3)	8,800.	0.			NON-PROFIT LEGAL AID
SENIORLAW CENTER							
1650 ARCH STREET, SUITE 1820							
PHILADELPHIA, PA 19103	23-2169936	501(C)(3)	20,000.	0.			NON-PROFIT LEGAL AID
SUPPORT CENTER FOR CHILD ADVOCATES							
ONE PENN CENTER, 1617 JOHN F							
KENNEDY BLVD, #1200 -							
PHILADELPHIA, PA 19103	23-2048664	501(C)(3)	21,500.	0.			NON-PROFIT LEGAL AID
MOMEN AGAINGE ADUGE LEGAL GENERA							
WOMEN AGAINST ABUSE LEGAL CENTER							
100 S. BROAD ST.	23-1984838	501/C)/3)	5,150.	0.			NON DROPTH I DONE ATD
PHILADELPHIA, PA 19110	23-1304030	DOT (C) (3)	3,150.	0.			NON-PROFIT LEGAL AID
WOMEN'S LAW PROJECT							
125 S 9TH STREET, #300							
PHILADELPHIA, PA 19107	23-7354667	501(C)(3)	15,000.	0.			NON-PROFIT LEGAL AID

Schedule I (Form 990) 2022

(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
AWARDS	50	49,450.	0.		
		,			
Part IV Supplemental Information. Provide the information	required in Part I, lin	ı e 2; Part III, column	(b); and any other ac	ı dditional information.	
PART I, LINE 2:					
GRANTS ARE MADE GENERALLY FOR THE	E GRANTEE C	RGANIZATIO	ON'S UNREST	RICTED USE	
AND THEREFORE ARE NOT REGULARLY M	ONITORED.				

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

PHILADELPHIA BAR FOUNDATION

Employer identification number 23-1660797

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: JUSTICE, ENGAGES THE COMMUNITY IN SUPPORT OF CIVIL LEGAL AID, AND BUILDS SYSTEM-WIDE CAPACITY IN ORDER TO STRENGTHEN THE PROVISION OF QUALITY LEGAL SERVICES AND TO ENSURE THAT ALL INDIVIDUALS UNDERSTAND THEIR RIGHTS TO EQUAL JUSTICE UNDER LAW. LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, THAT ALL INDIVIDUALS UNDERSTAND THEIR RIGHTS TO EQUAL JUSTICE UNDER LAW. FORM 990, PART VI, SECTION A, LINE 1A: HONORARY AND DESIGNATED TRUSTEES ARE NON-VOTING MEMBERS OF THE BOARD THEREFORE THESE INDIVIDUALS ARE NOT INCLUDED ON THE BOARD LISTING. FORM 990, PART VI, SECTION B, LINE 11B: THE GOVERNING BODY (BOARD OF DIRECTORS) WILL REVIEW THE PREPARED 990 IN CONJUNCTION WITH THE FOUNDATION'S AUDITORS, PRIOR TO ITS FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS ARE REQUIRED TO BE DISCLOSED. IF A CONFLICT IS DEEMED MATERIAL RISES TO A LEVEL THAT REQUIRES RECUSAL FROM DECISION-MAKING) THE TRUSTEE (OR KEY EMPLOYEE) WILL RECUSE HER/HIMSELF FROM THE DECISION. ALL DECISION-MAKERS AND OTHER STAKEHOLDERS WILL BE INFORMED OF THE CONFLICT

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

AND ANY REMEDIAL ACTIONS TAKEN.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization PHILADELPHIA BAR FOUNDATION	Employer identification number 23-1660797
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD ESTABLISHES AND REVIEWS THE COMPENSATION OF THE	TOP MANAGEMENT
OFFICIAL (EXECUTIVE DIRECTOR) USING ALL NECESSARY REGIONAL	NONPROFIT
ORGANIZATION DATA TO SET A FAIR AND APPROPRIATE SALARY IN .	AN AGENCY THE
SIZE AND COMPLEXITY OF THE PHILADELPHIA BAR FOUNDATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FORM 990, BYLAWS AND AUDITED FINANCIAL STATEMENTS ARE	ALL POSTED TO OUR
WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TEMPORARY STAFFING:	
PROGRAM SERVICE EXPENSES	17,378.
MANAGEMENT AND GENERAL EXPENSES	24,587.
FUNDRAISING EXPENSES	10,613.
TOTAL EXPENSES	52,578.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	19,772.
MANAGEMENT AND GENERAL EXPENSES	36,919.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	56,691.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	109,269.
FORM 990, PART IX, LINES 6-10	
ALL SALARIES OF THE FOUNDATION ARE THOSE OF EMPLOYEES OF P	HILADELPHIA
BAR ASSOCIATION. THE FOUNDATION REIMBURSES THE PHILADELPHIA	A BAR
ASSOCIATION FOR SALARIES AND RELATED EXPENSES.	
232212 10-28-22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 23-1660797 PHILADELPHIA BAR FOUNDATION FORM 990 PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. FORM 990 PART VII THE FOLLOWING BOARD MEMBERS WERE DESIGNATED TRUSTEES AND DID NOT HAVE VOTING RIGHTS: JENNIFER COATSWORTH, HARVEY HURDLE, P. JONES, WESLEY PAYNE, IV AND MARC ZUCKER. SCHEDULE R: RELATED PARTY CLARIFICATION INFORMATION ALTHOUGH THE PHILADELPHIA BAR ASSOCIATION AND PHILADELPHIA BAR FOUNDATION DO NOT MEET THE IRS DEFINITION, PER THE FORM 990 INSTRUCTIONS, OF BEING "RELATED", THE ORGANIZATIONS ARE CLOSELY AFFILIATED AND CONSIDER THEMSELVES CLOSELY RELATED. THE ORGANIZATIONS SHARE OFFICE SPACE, EMPLOYEES AND MANY OTHER RESOURCES TO ACCOMPLISH EACH ORGANIZATION'S MISSION. SINCE THIS IS A RELATIONSHIP BETWEEN A 501(C)(3) AND A 501(C)(6) ORGANIZATION THERE ARE GOVERNING STRUCTURES

232212 10-28-22 Schedule O (Form 990) 2022

IN PLACE TO ENSURE THAT THE FINANCIAL ASSETS OF THE TWO ORGANIZATIONS

ARE SEPARATE AND DISTINCT.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PHILADELPHIA	BAR FOUNDATION				23-1660	797	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	r assets Direct	(f) controlling entity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	e or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
		3 "		501(c)(3))		Yes	No
PBF HOLDINGS, INC 82-4734669 1101 MARKET STREET, 11TH FLOOR PHILADELPHIA, PA 19107	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 7	PHILADELPHIA BAR FOUNDATION	x	

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

		0 11 20 1	"	D . N . II . O .		
Dort III Ide	entification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one or r	nore related
org	ganizations treated as a partnership during the tax year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income			(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		entity:	
		country)		,				Yes	No	
-										
-	-									
-										
	-									

Page 3

Part V 7	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34	, 35b, or 36.
----------	--	---------------------------------------	------------------	---------------------	---------------

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	lated organizations listed in	n Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		Х	
	Gift, grant, or capital contribution to related organization(s)				1b	X		
С	Gift, grant, or capital contribution from related organization(s)				1c		Х	
	Loans or loan guarantees to or for related organization(s)				1d	X		
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X		
					10	X		
р	Reimbursement paid to related organization(s) for expenses				1p	X		
q	Reimbursement paid by related organization(s) for expenses				1q	X		
							X	
r Other transfer of cash or property to related organization(s)								
s Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," and "Yes,"	ho must complete th	is line, including covered re	elationships and transaction thresholds.				
	(a)	(b)	(c)	(d)				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Page 4

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

PHILADELPHIA BAR FOUNDATION

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000