Return of Organization Exempt From Income Tax

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

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

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For the 2021 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization CHILDREN'S SCHOLARSHIP FUND Check if applicable: Address change PHILADELPHIA Doing business as 23-3078729 Name change Number and street (or P.O. box if mail is not delivered to street address) 215-670-8411 100 SOUTH BROAD STREET, SUITE 1200 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated PHILADELPHIA PA 19110 13,694,928 **G** Gross receipts \$ Amended return Name and address of principal officer: **H(a)** Is this a group return for subordinates? Yes Application pending KEISHA JORDAN 100 SOUTH BROAD STREET STE 1200 H(b) Are all subordinates included? PHILADELPHIA PA 19110 If "No," attach a list. See instructions **X** 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or Tax-exempt status: WWW.CSFPHILADELPHIA.ORG **H(c)** Group exemption number ▶ Website: Year of formation: 2001 Form of organization: X Corporation Trust Association Other > M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 18 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 18 4 16 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 105 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11. 7b Prior Year Current Year 10,887,459 12,657,055 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 61,432 98,447 54,760 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 249,263 72,522 346,428 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,076,173 13,351,193 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,033,919 10,433,356 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,101,845 1,293,913 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 496,722 464,183 498,560 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,599,947 12,225,829 19 Revenue less expenses. Subtract line 18 from line 12 -1,523,774 1,125,364 or Beginning of Current Year End of Year 23,362,465 24,817,690 **20** Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,313,689 659,755 22 Net assets or fund balances. Subtract line 21 from line 20 22,048,776 24,157,935 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer EXECUTIVE DIRECTOR KEISHA JORDAN Here Type or print name and title Print/Type preparer's name PTIN Preparer's signature Check Paid GEOFFREY B. RORABAUGH GEOFFREY B. RORABAUGH 10/06/22 self-employed P00760661 Preparer LIMORGOODMAN, 33-1062249 Firm's name Firm's EIN ▶ **Use Only** 160 ROCKHILL RD 610-667-6080 BALA CYNWYD, PA 19004 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Pa	Statement of Program Service Accomplishments Chook if Schoolule O contains a response or note to any line in this Port III	X
1	Check if Schedule O contains a response or note to any line in this Part III	<u>&amp;</u>
	SEE SCHEDULE O	
	Did the experiention undertake any significant program continue during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	103 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	(Code: ) (Expenses \$ 11,409,631 including grants of \$ 10,433,356 ) (Revenue \$	98,447)
	VITH OVER 20 YEARS OF EXPERIENCE AND OVER 28,500 SCHOLARSHIPS AWAR	
	PROVIDES PHILADELPHIA CHILDREN WITH FOUR-YEAR, NEEDS-BASED SCHOLAR ATTEND SAFE, QUALITY, K-8TH GRADE SCHOOLS. SUPPORTING LOW-INCOME	
	AND FAMILIES, UP TO 3 CHILDREN IN A FAMILY MAY RECEIVE A SCHOLARSH	
	TUDENTS ARE SELECTED FROM A RANDOM, NEEDS BASED LOTTERY.	<del>1777</del>
	ULIEIVI O UUF I	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
N	I/A	
	•	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
IA	I/A	
	•	
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 11,409,631	)
70	TOTAL PROGRAM SOLVIOU UNDOINGS F ILITUDIUS L	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		x
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
4	alestics in offert during the tourney? If IN/a II complete Calculula C. Bert II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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,"		3.5	
	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	441		
_	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	110		
u	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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			3,5
	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	47		_ v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the graphization report more than \$15,000 total of fundacining quant graph income and contributions on	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
13	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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		† <del></del>
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		x

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27 if "Yes", compates Schedule J. Parts 1 and III 22 X    23 IX    24 Did the organization answer "Yes" for Part IVI. Section A, line 3.4, or 6 about compensation of the organization is current and former officient, direction, trustees, key employees, and highest compensated employees? "Yes," compate Schedule J    25 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," anaware inne 240 through 24d and compates Schedule X II "Na", go to live 25a    26b	_Pa	art IV Checklist of Required Schedules (continued)			
Part X, column (A), line 27 if *Yes*, "complete Schedule I, Parts I and III organization cancer" refer to Part IVI, Section A. Inc 3.4, or 5 about compensation of the opportunition current and former officious, direction, functions, key employees, and highest compensated employees? "Yes* complete Schedule I as a Schedule I as a Schedule I are seened to the set seened to be seened to the seen				Yes	No
23 Did the organization sweet "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trasteus, key employees, and highest compensated properties of the proper	22			v	
any approximation's current and former officing, directors, trustees, key employees, and highest comprehated any province of the comprehation of t	22		22		<del>                                     </del>
amproyees? If "Yes," complete Schedule J  43 Did the organization have at sex exempt bond issue with an outstanding principal amount of more than \$1,0000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "Yes," go to line 25a	23				
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule K, If Yes," op to line 25a.  Did the organization manisan an excrow account other than a refunding excrow at any time during the year.  Did be organization manisan an excrow account other than a refunding excrow at any time during the year.  Did be the organization act as an in orbital of issuer for bonds outstanding at any time during the year.  Did be the organization act as an in orbital of issuer for bonds outstanding at any time during the year?  24d Did the organization act as an in orbital of issuer for bonds outstanding at any time during the year?  24d Did the organization act as an in orbital of issuer for bonds outstanding at any time during the year?  24d Did the organization act as an in orbital of issuer for bonds outstanding at any time during the year?  24d Did the organization act as an internal act and according to the organization for the act and an access benefit transaction with a decqualified person in a prior year, and that the transaction has not been reported on any of the organization sport of more 900 or 900-627 if "Yes," complete Schedule I, Part I or or "Yes," organization sport of more 900 or 900-627 if "Yes," complete Schedule I, Part II or organization sport of year and act and year and or other assistance to any current or former officer, director, trustee, key employee, creator or bonder, substantial contribution or minister when the year organization sport of a SSR controlled entity forcading an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part II or yes," complete Schedule I, Part II or Yes, "complete Schedule I, Part II or Yes," complete Schedule I, Part II or Yes, "complete Schedule I, Part II or Yes," complete Schedule I, Part II or Yes, "complete Schedule I, Part II or Yes," complete S			22	v	
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### and complete Schedule K. If No." go to fine 25a  b Did the organization meant any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds?  d Did the organization and as no no behalf of issuer for bonds outstanding at any time during the year?  24d  Did the organization are as no no behalf of issuer for bonds outstanding at any time during the year?  25a Section 59(Lg(3), 50(Lg(4), and 501(Lg(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction base no bear experiences. Lett 1  b Is the organization are as an as no bear reported or any of the organization provides and the transaction with as not bear reported or any of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 55% controlled either of samply member of any of these persons? if "Yes," complete Schedule L, Part II  25 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 55% controlled either of samply member of any of these persons? if "Yes," complete Schedule L, Part II  26 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 a 55% controlled entry (including an employee thereof) or family member of any in ofthese persons? if "Yes," complete Schedule I, Part II  27 Experimental part of the selection of the following parties (see this Schedule I, Part II)  28 Was the organization active the part II as a selection of the following parties (see this Schedule II)  Part IV, insuration of experimental part of t	24a				
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c Did the organization maintain an escrow account other than a refunding earow at any time during the year to defease any trace-exempt bonds?  d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? ""esc." complete Schedule L. Part 1   25a   X   b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization from Forms 980 or 900-EZ7   ""yes." complete Schedule L. Part 1   25b   X    25b 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 orthly or family member of any of these persons? """yes." complete Schedule L. Part 1!   26   X    27 Did the organization aport by a disease the part of the substantial contributor or employee bettereof) or family member of any of these persons? """yes, complete Schedule L. Part II   26   X    28 Was the organization a party or 30 behanise I. Part II!   28   X    29 Was the organization apolicable filing thesisticts, conditions, and exceptions."   28   X    29 Did the organization are party or 30 behanise I part II!   28   X    20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L. Part IV   28   X    20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II!   29   X    20 Did the organization receive contributions of art, historical researce, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II!   Yes   X    20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Sched	L				
to defease any tax-exempt bonds?  24d   Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a   Section 50f(c)(3), 50f(c)(4), and 50f(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualitied person during the year? If "Yes," complete Schedule L, Part I   Z5a   X    25a   X   Section 50f(c)(3), 50f(c)(4), and 50f(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900-E27   If "Yes," complete Schedule L, Part I   Z5b   X    25b   Od 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 continuous, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   Z6   X    27   Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial continuous 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 IV   X    28   Was the organization aperty to a business transaction with one of the following parties (see the Schedule L Part IV   28b   X    29   A family member of any individual described in line 28a? If "Yes," complete Schedule L Part IV   28b   X    29   A family member of any individual described in line 28a? If "Yes," complete Schedule L Part IV   28b   X    29   Did the organization receive more than 325,000 in non-cash contributions? If "Yes," complete Schedule N, Part I   28c   X    29   Did the organization own 100% of an entity disregarded as separate from the organization under Regulation with the meaning of section 512(b)(13)			240		
d Did the arganization and as air no hebrial of issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of during the year? If "Yes," complete Schedule I, Part I yes," complete Schedule I, Part I yes, "complete Schedule I, Part I yes," complete Schedule I, Part I yes," complete Schedule I, Part I yes, "complete Schedule I, Part I yes," complete Schedule I, Part II yes, "complete Schedule I, Part II yes," complete Schedule I, Part II yes, "complete Schedule I, Part II yes," complete Schedule I, Part II yes, "complete Schedule I, Part II yes," complete Schedule I, Part II yes, "complete Schedule I, Part II yes," complete Schedule I, Part II yes, "complete Schedule I, Part II yes," complete Schedule I, Part II yes, "complete Schedule I, Part II yes," complete Schedule I, Part II yes, "complete Schedule I, Part II yes," complete Schedule I, Part II yes," complete Schedule I, Part II yes, "complete Schedule I, Part II yes," complete Schedule I, Part	C	, , ,	240		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
transaction with a disqualitied person during the year? If "Yes," complete Schedule L. Part I yes," complete Schedule L. Part I yes, "complete Schedule L. Part I yes," complete Schedule L. Part II yes," complete Schedule L. Part IV yes," complete Schedule II yes, "yes," complete Schedule II yes, "yes," complete Schedule L. Part IV yes," complete Schedule II yes, "yes," complete Schedule II yes," complete Schedule II yes, "yes," comple			240		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and hat the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27  If "Yes," complete Schedule L. Part I Z55b X  25 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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II Z6 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III II Yes," complete Schedule L. Part III II Yes, "at the organization at a party to a business transaction with one of the following parties (see the Schedule L. Part III II Yes," complete Schedule L. Part II II Yes, complete Schedule L. Part II II Yes," complete Schedule L. Part II II Yes," complete Schedule II Yes, II Yes, I	<b>2</b> 5a	to an after the formal field and an additional to the second of the field and the fiel	250		v
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27  If "Yes," complete Schedule L, Part I  25			25a		_^
B   "Yes," complete Schedule L, Part I   25b   X	D				
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, fusites, key employee, creator of founder, substantial contribution, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution or employee thereof, agrant 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 payit to a business transaction with one of the following parties (see the Schedule L. Part IV, instructions for applicable lining thresholds, conditions, and exceptions).  a current or former officer, disector, fusites, key employee, creator or founder, or substantial contribution? III "Yes," complete Schedule L, Part IV 28b X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  c A 55% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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 I 32 X  33 Did the organization as all exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 34 X  35 Did the organization one on the Office of its of the Schedule R, Part IV, III 18 2  36 Section 501(C)(3) organization one of dissolve and case operations of the organization make a controlled e			254		•
or former officer, director, frustee, 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 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or in 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 28 business transaction with one of the following parties (see the Schedule L. Part IV 28 business transaction with one of the following parties (see the Schedule L. Part IV 28 business transaction with one of the following parties (see the Schedule L. Part IV 28 business transaction with one of the following parties (see the Schedule L. Part IV 28 business transaction with one of the following parties (see the Schedule L. Part IV 28 business transaction with one of the following parties (see the Schedule L. Part IV 28 business transaction with one of the following parties (see the Schedule L. Part IV 28 business transaction with one of the following parties (see the Schedule L. Part IV 28 business transaction described in line 28a or 28b? If "Yes," complete Schedule II. Part IV 28 business transaction of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV 28 business transaction or the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II. Part II 31 business transaction organization in liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II. Part II 31 business transaction organization or the standard organization organizat	00		250		
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1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and		Check if Concodic C contains a response of note to any life in this Fall V		Vos	N <sub>2</sub>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and	10	Enter the number reported in box 3 of Form 1006. Enter -0- if not applicable.		162	INO
c Did the organization comply with backup withholding rules for reportable payments to vendors and	_				
	·		10	х	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			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	2a	16	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? $\dots$			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C	·		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	•				
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	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 Ad	ccount	s (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 transacti	on?		5b		X
C	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			6-		x
h	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribution			6a		
b	gifts were not tax deductible?	5 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods				
_	and services provided to the payor?			7a		
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?			7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	I			
	the organization is licensed to issue qualified health plans			_		
C	Enter the amount of reserves on hand	13c		44-		37
14a				14a 14b		X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneral excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome	?	16		х
	If "Yes," complete Form 4720, Schedule O.		•			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.					

X

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	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	1b	18			
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 of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		х
6	Did the organization have members or stockholders?			6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
_	ata alih alihan ang anggaran athan than tha nasangian hadi 2			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		following:			
а	The governing heady?	-	_	8a	х	
b	Each committee with outbority to get an helpelf of the governing help?			8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			0.5		
,	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 Inte	_	_			
	alon bi i dilate ( i inc decide i bi requesto i intermation about pondes not required by the inte	7707	ovonao C	<i>J</i> 000. <sub>/</sub>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	- 1		10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			100		<del></del>
D	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 filling	the for	 n?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	uic ion	'''	i i a		
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 con	flicte?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10 0011		120	1	$\vdash$
С	describe on Cabadida O how this was done			12c	x	
13	Did the organization have a written which blower policy?			13	X	$\vdash$
14	Did the organization have a written document retention and destruction policy?			14	X	$\vdash$
15	• • • • • • • • • • • • • • • • • • • •			14	22	
13	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?					
_				15a	х	
a b	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization			15a	X	<del>                                     </del>
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130	21	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
16a	with a taxable entity during the year?			16a		х
<b>h</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			10a		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
				16h		
500	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed PA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	บแอก 50	) I (C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website X Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest and its property of the test of th	est polic	cy, and			
20	financial statements available to the public during the tax year.	J				
20	State the name, address, and telephone number of the person who possesses the organization's books and recordangement  100 SOUTH BROAD STREET	us 🟲				
TAI	ANAGEMENT 100 SOUTH BROAD STREET					

215-670-8411

PA 19110

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

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

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

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

  <u>See</u> the instructions for the order in which to list the persons above.

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

(A) Name and title	<b>(B)</b> Average hours per week	box	x, unle	ess pe	ition more rson i directo	than one is both an or/trustee)	1	(D) Reportable compensation from the	eportable Reportable Estim ppensation compensation rom the from related cor		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Tomos.	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) KEISHA JORDAN											
EXECUTIVE DIRECTOR	40.00		r		x	יחו		211,061	) PV o	0	
(2) JEREMY BEN-ZEV	7 3.30				*			211,001			
(2)	1.00		_	`							
DIRECTOR	0.00	x						0	0	0	
(3) SHELLY L. BOYCE											
	1.00										
VICE CHAIR	0.00	X		Х				0	0	0	
(4) MARC BRYANT											
	1.00										
DIRECTOR	0.00	X					$\Box$	0	0	0	
(5) PATRICK BURKE											
	1.00							_		_	
CHAIR	0.00	X		Х			_	0	0	0	
(6) MARGARET DINENNY											
	1.00										
DIRECTOR	0.00	X					_	0	0	0	
(7) JOSEPH FERGUSON	1 00										
	1.00								•		
DIRECTOR	0.00	х					-	0	0	0	
(8) JUDITH DURKIN FR											
DIDECTION	1.00	x						o	0	0	
DIRECTOR (9) STEVE KAPP	0.00	^					-	U	U	<u> </u>	
(9) SIEVE KAPP	1.00										
TREASURER	0.00	x		x				o	0	0	
(10) LATEEFAH LUCKY	0.00	^		^			$\dashv$	0	0	<u> </u>	
(10) HATEEPAH HOCKI	1.00										
DIRECTOR	0.00	x						o	0	0	
	-TURNER	<del></del>					┪				
(, ===================================	1.00										
SECRETARY	0.00	x		x				o	0	0	
								<u> </u>		Form <b>990</b> (2021)	

Part VII

(A) Name and title	(B) Average hours	bo	x, unle	ess pe	more rson i	than o s both or/truste	an	(D)  Reportable compensation	(E)  Reportable compensation		(F) imated a of oth	er	
	per week (list any hours for related organizations below	Individual trustee or director	_	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	orç	ompensa from the ganization ed orga	he on and	<b>s</b>
	dotted line)	8	trustee			nsated							
(12) EVIE MCNIFF													
DIDECTION	0.00												^
DIRECTOR (13) ARTHUR MILLER	0.00	X						0	0				0
(==)	1.00												
DIRECTOR	0.00	x						0	0				0
(14) ELIZABETH POR													
DIRECTOR	1.00	x						0	o				0
(15) MARC S. RICHM		1											
	1.00												
DIRECTOR	0.00	X						0	0	<u> </u>			0
(16) JAMES E. ROBI													
DIRECTOR	0.00	x						0	o				0
(17) JOSE SANTIAGO	<u> </u>							<u> </u>	<u> </u>				
	1.00												
DIRECTOR	0.00	X					1	0	0				0
(18) YVETTE SMETAN	1.00		П		l				) HY				
DIRECTOR	0.00	х						0	0				0
(19) MILES WILSON													
	1.00							_	_				
DIRECTOR	0.00	X						211,061	0				0
1b Subtotal	ets to Part VII 9	Secti		 <b>\</b>		• • •		211,061					
d Total (add lines 1b and 1c)							<b>•</b>	211,061					
2 Total number of individuals (ind				hose	liste	ed at	ove)	) who received more than \$	\$100,000 of				
reportable compensation from	the organization	<u> </u>	1								$\neg$	Yes	No
3 Did the organization list any fo								e, or highest compensated					٦,
employee on line 1a? <i>If "Yes,"</i> <b>4</b> For any individual listed on line									rom the		3		X
organization and related organ			•					•					
<ul><li>individual</li><li>5 Did any person listed on line 1</li></ul>	a receive or acc	·····		ones		from			individual		4	Х	
for services rendered to the or											5		Х
Section B. Independent Contractor													
1 Complete this table for your five compensation from the organization										ar			
	(A) business address								(B) tion of services		Cor	(C) mpensatio	n
- Name and	Business dudices							2 000.11	ion of connect			пропосия	<i></i>
-													
2 Total number of independent of	contractors (include	dina	but r	not li	mite	d to 1	hose	e listed above) who					
received more than \$100,000									0			000	
DAA											Forr	n <b>990</b>	(2021)

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

23-3078729 Form 990 (2021) CHILDREN'S SCHOLARSHIP FUND Page 9 Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII Part VIII (A) Total revenue (C) Unrelated business revenue (D)
Revenue excluded from tax under sections 512-514 (B) Related or exempt function revenue

nts nts	1a	Federated campaigns	1a						
S'a		Membership dues	1b						
S, (	С	Fundraising events	1c						
ä		Related organizations	1d						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions)	1e						
Sign		All other contributions, gifts, grants,							
E E	~	and similar amounts not included above	1f	12,	657,055				
真り	g	Noncash contributions included in lines 1a-1f	1g	\$	51,180				
Sel	h	Total. Add lines 1a–1f				12,657,055			
		Total Add into Ta Ti			Business Code				
.	2a	SCHOLARSHIP ADMIN SERVICES			Dusiness Code	98,447	98,447		
Vice	b	*				30,117	30,117		
Ser	C	• · · · · · · · · · · · · · · · · · · ·							
Mer M	4								
Program Service Revenue	u o								
<u> </u>		All other program service revenue							
		Total. Add lines 2a–2f			<b></b>	98,447			
$\overline{}$	<u>y</u> 3	Investment income (including dividends				30,117			
	3					120,818	120,818		
		other similar amounts)  Income from investment of tax-exempt				120,616	120,010		
	4	·							
	5	Royalties(i) Real			Personal				
	٥-		-	(11)	Personal	6, (			
		Gross rents 6a							
	b	Less: rental expenses 6b							
	С.	Rental inc. or (loss) 6c							
	d 7a	Net rental income or (loss)							
		sales of assets (1) Securities	100	(11)	Other				
		other than inventory 7a 472,	180						
Revenue	b	Less: cost or other							
ķ		basis and sales exps. 7b 343,							
8		Gain or (loss) 7c 128,				100 115	100 445		
Other		Net gain or (loss)			<b></b>	128,445	128,445		
გ	8a	Gross income from fundraising events							
		(not including \$							
		of contributions reported on line	_						
		1c). See Part IV, line 18	8a						
		Less: direct expenses	8b						
		Net income or (loss) from fundraising e	vents		<b>&gt;</b>				
	9a	Gross income from gaming							
		activities. See Part IV, line 19	9a						
		Less: direct expenses	9b						
		( , 0	ities		<b>&gt;</b>				
	10a	Gross sales of inventory, less							
		returns and allowances	10a						
	b	Less: cost of goods sold	10b						
$\rightarrow$	С	Net income or (loss) from sales of inve	ntory .		▶				
<u>s</u>					Business Code				
e e	11a	PPP FORGIVENESS				346,428	346,428		
lan	b								
Miscellaneous Revenue	С								
Ĕ	d	All other revenue							
	е	Total. Add lines 11a-11d			<b>&gt;</b>	346,428			
	12	Total revenue. See instructions				13,351,193	694,138	0	0

#### Part IX Statement of Functional Expenses

Form 990 (2021)

	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All othe		olete column (A).	
<u></u>	Check if Schedule O contains a response	(A)	IS Paπ IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	Pb, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	10,433,356	10,433,356		
2	individuals. See Part IV, line 22  Grants and other assistance to foreign	10,433,330	10,433,330		
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Denefite neid to as for members				
5	Compensation of current officers, directors,				
3	trustoes and key employees	211,061	63,319	73,871	73,871
6	Compensation not included above to disqualified	221,001	03/313	737372	707072
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other calaries and wages	978,011	607,237	83,010	287,764
8	Pension plan accruals and contributions (include	, <u>-</u>	,	22,523	,-
-	section 401(k) and 403(b) employer contributions)	23,100	13,097	3,026	6,977
9	Other employee benefits	27,712	15,712	3,629	6,977 8,371
10	Payroll taxes	54,029	30,633	7,077	16,319
11	Fees for services (nonemployees):	-	-	•	-
	Management				
	Legal				
С	Accounting	26,853	16,515	5,169	5,169
	Lobbying	-   \			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	73,360	66,024		7,336 5,777
13	Office expenses	32,310	15,330	11,203	5 <b>,</b> 777
14	Information technology				
15	Royalties				
16	Occupancy	81,085	48,651	32,434	
17	Travel	3,280	1,082	558	1,640
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0 550		0 550	
23	Insurance	9,550		9,550	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	108,467	66,706	20,880	20,881
a	OUTSIDE SERVICES	50,446	00,700	20,000	50,446
b	EVENTS & PARTNERSHIPS	41,498		41,498	20,440
C C	INVESTMENT MANAGEMENT	28,021	11,208	8,406	Q 405
d	TELEPHONE	43,690	20,761	19,165	8,407 3,764
	All other expenses	12,225,829	11,409,631	319,476	496,722
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	14,443,043	TT, 409, 031	319,710	790,122
20	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2021) CHILDREN
Part X Balance Sheet

P	art X	K Balance Sheet					
		Check if Schedule O contains a response or r	note to any line in	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			1,726,678	1	2,166,890
	2	Savings and temporary cash investments	13,790,526	2	13,841,144		
	3	Pledges and grants receivable, net			1,643,546	3	997,463
	4	Accounts receivable, net				4	352,636
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substanti	al contributor, or	35%			
		controlled entity or family member of any of these p	ersons			5	
	6	Loans and other receivables from other disqualified					
ţ		under section 4958(f)(1)), and persons described in	(3)(B)		6		
Assets	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			607	9	11,212
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		48,380			
	b	Less: accumulated depreciation		48,380		10c	
	11	Investments—publicly traded securities			6,198,333	11	7,445,570
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11	13				
	14	Intangible assets	14				
	15	Other assets. See Part IV, line 11		2,775	15	2,775	
	16	Total assets. Add lines 1 through 15 (must equal li	23,362,465	16	24,817,690		
	17	Accounts payable and accrued expenses			666,397	17	123,624
	18	Grants payable and accrued expenses		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part	21				
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substanti					
Liak		controlled entity or family member of any of these p				22	
_	I	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated th				24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17			647,292	25	536,131
	26	of Schedule D  Total liabilities. Add lines 17 through 25			1,313,689	25 26	659,755
	26	Organizations that follow FASB ASC 958, check	horo NY		1,313,009	20	039,133
S		and complete lines 27, 28, 32, and 33.	Tiere Z				
ng	27				1,713,194	27	1,908,929
sala	l	Material Company of the Company of t			20,335,582	28	22,249,006
<u> </u>	20	Organizations that do not follow FASB ASC 958	check here	··· <sub>[]</sub> ······	20,000,002		22/213/000
Ξ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equip				30	
SS	31	Retained earnings, endowment, accumulated incom				31	
₹	32				22,048,776	32	24,157,935
ž	33	Total liabilities and net assets/fund balances			23,362,465	33	24,817,690

Form **990** (2021)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,3	51,1	193
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,2	25,8	329
3	Revenue less expenses. Subtract line 2 from line 1	3	1,1	25 <b>,</b> :	364
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,0		
5	Net unrealized gains (losses) on investments	5	9	83,	<u> 795</u>
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	24,1	57,9	935
Pa	art XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		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, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**PHILADELPHIA** 

SCHOLARSHIP FUND

Employer identification number 23-3078729

_Pa	<u>art l</u>	Rease	on for Public Charity	Status. (All organizations	must c	omplete	e this part.) See instruction	ons.
The	orgai	nization is not	a private foundation because	e it is: (For lines 1 through 12, ch	neck only	one box.)		
1	П	A church, cor	nvention of churches, or asso	ociation of churches described in	section	170(b)(1	)(A)(i).	
2	П	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Form	990).)			
3	П	A hospital or	a cooperative hospital service	ce organization described in sec	tion 170	(b)(1)(A)(i	ii).	
4	П	A medical res	search organization operated	in conjunction with a hospital d	escribed i	n <b>sectio</b> i	170(b)(1)(A)(iii). Enter the ho	spital's name,
		city, and state	-					
5	П	•		f a college or university owned of	or operate	d by a go	overnmental unit described in	
	ш	•	(b)(1)(A)(iv). (Complete Part	•		, , ,		
6	П			overnmental unit described in <b>se</b>	ection 17	0(b)(1)(A)	(v).	
7	X	An organization	on that normally receives a s	substantial part of its support fror	n a govei	nmental i	unit or from the general public	
	ш	-	section 170(b)(1)(A)(vi). (Co		Ü		3	
8	П	A community	trust described in section 1	170(b)(1)(A)(vi). (Complete Part	II.)			
9	П	An agricultura	al research organization desc	cribed in section 170(b)(1)(A)(in	k) operate	ed in conj	unction with a land-grant colleg-	e
		or university	or a non-land-grant college o	f agriculture (see instructions). E	nter the r	name, city	, and state of the college or	
	_	university:						
10	Ш	An organization	on that normally receives (1)	more than 33 1/3% of its support	ort from co	ontribution	ns, membership fees, and gross	<b>;</b>
		•		pt functions, subject to certain ex		` '		
			0	d unrelated business taxable inc	`		,	
11	$\Box$		-	<ol> <li>1975. See section 509(a)(2).</li> <li>exclusively to test for public safet</li> </ol>				
11	Н	•						an of
12	Ш			exclusively for the benefit of, to poons described in section 509(a)				
				scribes the type of supporting org	1		1111	Oncor
	а			erated, supervised, or controlled				1
				er to regularly appoint or elect a				•
			• ,, ,	omplete Part IV, Sections A ar				
	b	Type II. A	A supporting organization sup	pervised or controlled in connect	tion with i	ts suppor	ted organization(s), by having	
		control or	management of the support	ting organization vested in the sa	ame perso	ons that c	ontrol or manage the supported	d
		organizati	ion(s). You must complete	Part IV, Sections A and C.				
	С			supporting organization operated				h,
			• ,,,	tructions). You must complete				- (-)
	d		•	<ol> <li>A supporting organization oper organization generally must sat</li> </ol>				* *
			• •	nust complete Part IV, Section	-		•	5
	е		,	eived a written determination from				
	·			n-functionally integrated supporti			a type i, type ii, type iii	
	f	Enter the nun	nber of supported organization	ons				
	g	Provide the fo	ollowing information about th	ne supported organization(s).				
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	org	anization		(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
/P\								
(B)								
(C)					-			
(C)								
(D)					<del>                                     </del>			
(5)								
(E)					<del>                                     </del>			
(-)								
Tota	<u> </u>							

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

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

Sec	tion A. Public Support					,				
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,761,543	13,331,277	15,405,542	10,887,460	12,657,055	66,042,877			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
<b>4 5</b>	Total. Add lines 1 through 3  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	13,761,543	13,331,277	15,405,542	10,887,460	12,657,055	66,042,877			
_	shown on line 11, column (f)						22,543,783			
6	Public support. Subtract line 5 from line 4 tion B. Total Support						43,499,094			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2019	(a) 2010	(d) 2020	(a) 2021	(f) Total			
		· ` ′	(b) 2018	(c) 2019	` '	(e) 2021	(f) Total			
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,761,543 79,161	13,331,277	15,405,542 306,994		12,657,055	66,042,877 805,946			
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	<b>Total support.</b> Add lines 7 through 10						66,848,823			
12	Gross receipts from related activities, etc.	(see instructions)				12	1,179,832			
13	First 5 years. If the Form 990 is for the o									
	organization, check this box and stop he						<u></u> ▶			
Sec	tion C. Computation of Public S									
14	Public support percentage for 2021 (line 6	6, column (f) divided	by line 11, column	ı (f))		14	65.07%			
15	Public support percentage from 2020 Sch	edule A, Part II, line	14			15	63.80 %			
16a	33 1/3% support test—2021. If the organ	nization did not chec	k the box on line 1	3, and line 14 is 3	3 1/3% or more, ch	neck this	_			
	box and stop here. The organization qua	llifies as a publicly s	upported organizat	ion			▶ <u>X</u>			
b	<b>33 1/3% support test—2020.</b> If the organ									
	this box and <b>stop here.</b> The organization						▶ ∟			
17a		_								
	_	10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in								
	Part VI how the organization meets the fa organization						▶ [			
b	10%-facts-and-circumstances test—20	· ·		•						
	15 is 10% or more, and if the organization				-					
	in Part VI how the organization meets the organization						▶ [			
18	Private foundation. If the organization d	id not check a box o	n line 13, 16a, 16b	, 17a, or 17b, ched	ck this box and see	e	_			
	instructions						▶ □			

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

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

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 202	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
<u></u>	line 6.)							
	tion B. Total Support	(-) 0017	(1) 0010	(-) 2040	(1) 2000	(-) 000	<u>, T</u>	(f) T-1-1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 202	1	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	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 or	~	econd, third, fourth,	or fifth tax year a	as a section 501(c)	(3)		. —
	organization, check this box and stop here							<b>&gt;</b> L
	tion C. Computation of Public St	<u> </u>					I I	
15	Public support percentage for 2021 (line 8,	column (f), divided	d by line 13, colum	n (f))			15	%
16	Public support percentage from 2020 Sche						16	<u> %</u>
	tion D. Computation of Investme			(D)			4-	
17 40	Investment income percentage for 2021 (li		I I: 47				17	%
18	Investment income percentage from 2020 S				more than 22 1/20		18	%
19a	33 1/3% support tests—2021. If the orga							. □
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2020. If the orga	•	•	•				
IJ	line 18 is not more than 33 1/3%, check thi							▶ □
20	<b>Private foundation.</b> If the organization did		_			-		
	ato roundation. Il tile organization tile	a not oncor a box (	5 m.o 1 <del>-1</del> , 13a, 01	, or look tills bu	A and See monucil			· · · · · · · · · · · · · · · · · · ·

#### **Supporting Organizations** Part IV

Schedule A (Form 990) 2021

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

CHILDREN'S SCHOLARSHIP FUND

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С 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.
  - 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
	4		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		990) 2021
Sch	edule /	(Form 9	990) 2021

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CHILDREN'S SCHOLARSHIP FUND

Par	Part 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					
Secti	on 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					
Secti	on 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					
Secti	on 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					
<u>Secti</u>	on 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).						
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	The organization is the parent of each of its supported organizations. Complete line 3 below.						
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tions). 1					
2	Activities Test. Answer lines 2a and 2b below.		Yes	No			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of						
	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	Did the activities described on line 2a, above, constitute activities that, but for the organization's						
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If						
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would						
	have engaged in these activities but for the organization's involvement.	2b					
3	Parent of Supported Organizations. Answer lines 3a and 3b below.						
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or						
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a					
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each						

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

3b

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	<u>aniza</u>	ntions					
1	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	tion 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	tion 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						
k	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
	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	JP Y					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
<del></del> 7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
	tion 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-functionally integrated Ty	ype III	supporting organization					

Schedule A (Form 990) 2021

(see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required—provide deta	ils in Part VI)		
6_	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	tion is responsive		
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2021 from Section C, line 6			
_10_	Line 8 amount divided by line 9 amount	1		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		116-2021	Amount for 2021
	Underdistributions, if any, for years prior to 2021			
_	(reasonable cause required–explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020  Excess from 2021			
е	LAUGO HUIII LULI			

#### Schedule B (Form 990)

#### Schedule of Contributors

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-PF.

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

Employer identification number

Name of the organization

CHILDREN'S SCHOLARSHIP FUND PHILADELPHIA

23-3078729

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> .  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.					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % 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 that it doesn't meet the filing requirements of Schedule B (Form 990).					

Employer identification number

### CHILDREN'S SCHOLARSHIP FUND

23-3078729

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 650,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	CHILDRENS SCHOLARSHIP FUND NAT'L 8 WEST 38TH STREET NEW YORK NY 10018	\$ 300,216	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	INDEPENDENCE MISSION SCHOOLS 640 FREEDOM BUSINESS CENTER DRIVE 115 KING OF PRUSSIA PA 19406	\$ 577,102	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JEFFREY AND JANINE YASS 214 CHESWOLD LANE HAVERFORD PA 19041	\$ 3,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE MAGUIRE FOUNDATION 300 BARR HARBOR DR STE 125 CONSHOHOCKEN PA 19428	\$ 520,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	ARTAY, INC 401 E CITY AVE BALA CYNWYD PA 19004	\$ 511,639	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

### CHILDREN'S SCHOLARSHIP FUND

23-3078729

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	GLENVILLE CAPITAL PARTNERS LP 450 PLYMOUTH RD STE 305 PLYMOUTH MEETING PA 19462	\$ 275,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
. 8	PHILADELPHIA TRADING INC. 5890 NW 25TH COURT  BOCA RATON FL 33496	\$ 332,327	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
9	CHUBB 436 WALNUT STREET PHILADELPHIA PA 19106	\$ 630,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10		\$ 396,803	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	ALLIANCE INVESTMENTS 1, LLC 332 STENTON AVENUE PLYMOUTH MEETIMG PA 19462	\$ 412,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
12	CSFP 3, LLC 100 S BROAD STREET - STE 1200 PHILADELPHIA PA 19110	\$ 387,245	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

#### **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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHILDREN'S SCHOLARSHIP FUND

Employer identification number

P	HILADELPHIA		23-3078729
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (for example, recreation or educ	ation) Preservation of a historically	important land area
	Protection of natural habitat	Preservation of a certified hi	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	rvation contribution in the form of a conse	ervation
	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	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inclu-	uded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/0		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organizati	ion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is le	ocated	
5	Does the organization have a written policy regarding the periodic mon		
	violations, and enforcement of the conservation easements it holds? $\dots$		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling or	f violations, and enforcing conservation ea	asements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ations, and enforcing conservation easem	nents during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy to		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easeme		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	escribes the
	organization's accounting for conservation easements.	Historical Transcrines on Other	Circilar Assats
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on I		Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to re		
	of art, historical treasures, or other similar assets held for public exhibiti		or public
<b>L</b>	service, provide in Part XIII the text of the footnote to its financial staten		east works of
Ø	If the organization elected, as permitted under FASB ASC 958, to report		
	art, historical treasures, or other similar assets held for public exhibition	, education, or research in furtherance of	public service,
	provide the following amounts relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or	other similar assets for financial asia, pro	<b>&gt;</b> \$
2	_		wide tile
•	following amounts required to be reported under FASB ASC 958 relating	~	<b>L</b> ¢
a h	Revenue included on Form 990, Part VIII, line 1		

	rt III Organizations Maintaining			reasures, o	r Other Simila	r Assets	(contin		age <u>z</u>
3	Using the organization's acquisition, accession, collection items (check all that apply):		•	•					
а	Public exhibition	<b>d</b> Loai	n or exchange pro	gram					
b	Scholarly research	e Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain how	they further the o	organization's e	xempt purpose in	Part			
	XIII.								
5	During the year, did the organization solicit or						$\Box$ ,		1
Pa	assets to be sold to raise funds rather than to rate IV Escrow and Custodial Arra		of the organization	's collection?			Ye	s	No
1 0	Complete if the organization a 990, Part X, line 21.	_	Form 990, Pa	art IV, line 9,	or reported an	amount o	n Form	1	
1a	Is the organization an agent, trustee, custodian								
	included on Form 990, Part X?						Ye	s	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the following	ng table:		_				
					_		Amount		
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f 22	Ending balance	m 000 Part V line 21	for coordy or quot	adial aggrupt li		1f	☐ Ye		No
	If "Yes," explain the arrangement in Part XIII. C						☐ 1e	"  -	100
	irt V Endowment Funds.	TOOK TIOTO II WIO OXPIAN	ation has been pre	ovided on rain	,				
	Complete if the organization a	answered "Yes" on	Form 990, Pa	art IV, line 10	).				
		(a) Current year	(b) Prior year	(c) Two years		years back	(e) Four	years l	back
1a	Beginning of year balance								
	Contributions	-1111			THY Y				
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curren	it year end balance (line	e 1g, column (a)) I	held as:					
	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶%								
С	Term endowment ▶ %								
_	The percentages on lines 2a, 2b, and 2c shoul	•							
3a	Are there endowment funds not in the possess	ion of the organization	that are held and	administered fo	r the		١	.,	
	organization by:						[ _ m	Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati						3b		
	Describe in Part XIII the intended uses of the		ent funds.						
Pa	Land, Buildings, and Equip		Form 000 Do	urt IV / line 11	a Saa Farm 0	00 Dort V	lina 1	^	
	Complete if the organization a					90, Part X			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or (oth		(c) Accumulated depreciation		(d) Book	value	
10	Land	(	(our	- ,	225,000001				
id h	Land Buildings			24,190	24,	190			
ņ	Buildings Leasehold improvements			24,150	21,				
				7,090	7 -	090			
	Equipment Other			17,100	17,				
	. Add lines 1a through 1e. (Column (d) must eq.	ual Form 990, Part X, c			/	<b>•</b>			

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV line	a 11h See Form 990 P	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (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	e 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	valuation:
			Cost or end-of-year	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	Form 000 Port IV line	11d Coo Form 000 D	art V lina 1E
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11a. See Form 990, P	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>•</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990. Part IV. line	e 11e or 11f. See Form	990. Part X.
	line 25.			
1.	(a) Description of liability			(b) Book value
	income taxes			
	ARSHIP FUNDS HELD FOR OTHERS			413,414
(3) DEFER				110,000
(4) PNC V	/ISA			11,346
	JED EXPENSES			1,371
(6)				- -
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)			536,131
	uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's fir	nancial 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 .......

Schedule D (Form 990) 2021

Pa	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	ırn.	
	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	14,334,686
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	/		
е	Add lines 2a through 2d	2e	983,493
3	Subtract line 2e from line 1	3	13,351,193
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b	4c	12 251 102
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,351,193
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	.	10 005 000
1	Total expenses and losses per audited financial statements	1	12,225,829
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
	Other losses 2c		
d	(======================================		
_	Add lines 2a through 2d	2e	12 225 820
3	Subtract line 2e from line 1	3	12,225,829
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_	
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	A 14 Page 45 and 46	4-	
С	Add lines 4a and 4b	4c	12 225 829
с 5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	4c 5	12,225,829
5 <b>P</b> a	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide 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 IV.	5	12,225,829

Schedule D (Forn			SCHOLARSHIP	FUND	23-3078729	Page <b>5</b>
Part XIII	Supplemental	I Information (c	continued)			
				<b></b>		
		-,      F	_   \			
		<b></b>	<b>—</b>		<b>-</b>	
• • • • • • • • • • • • • • • • • • • •						

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### 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.

CHILDREN'S SCHOLARSHIP FUND

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PHILADELPHIA 23-3078729 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (f) Method of valuation (h) Purpose of grant (a) Name and address of organization (d) Amount of cash (b) EIN (e) Amount of (g) Description of 1 section (book, FMV, appraisal, or assistance grant noncash assistance noncash assistance or government (if applicable) other) (1) (2) (3) (4) (5) (6) (7) (9) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

.....

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIP PAYMENT		10,433,356			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. F	Provide the information re	equired in Part I, line	2; Part III, column (b	); and any other additional	information.
PART I, LINE 2 - PROCEDURE THE ORGANIZATION ISSUES GOVERNMENT OF THE ISSUANCE OF	RANT PAYMENTS D	IRECTLY EACH	RECIPIENTS'	SCHOOL.	
PROCESS TO ENSURE THE SCHO					
SCHOOL TO ENSURE THE STUD		•			
SCHOOL TO ENSURE THE STUD		•			
SCHOOL TO ENSURE THE STUD		•			
SCHOOL TO ENSURE THE STUD		•			
SCHOOL TO ENSURE THE STUD		•			
SCHOOL TO ENSURE THE STUD		•			

#### SCHEDULE J (Form 990)

#### **Compensation Information**

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

CHILDREN'S SCHOLARSHIP FUND PHILADELPHIA

Employer identification number 23-3078729

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	١		
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
KEISHA JORDAN	(i)	211,061	0		0	0	211,061	0	
1 EXECUTIVE DIRECTOR	(ii)			(	0	0		0	
	(i)								
2	(ii)	)							
	(i)								
3	(ii)	)							
	(i)								
4	(ii)	)							
	(i)								
5	(ii)	)							
	(i)								
6	(ii)								
	(i)	·							
7	) (ii								
	(i)								
8	(ii)	)							
	(i)	)							
9	(ii)	)							
	(i)	)							
0	(ii)	)							
	(i)	)							
1	(ii)	)							
	(i)	)							
2	(ii)	4							
	(i)	)							
3	(ii)	)							
	(i)	) <mark>.</mark>							
4	(ii)								
	(i)	) <mark>.</mark>							
15	(ii)	1							
	(i)								
6	(ii)	)							

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

**SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0074 2021

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

PHILADELPHIA

Employer identification number 23-3078729

Pa	rt I Types of Property				<u>'</u>			
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts			
1	Art — Works of art			-				
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded	Х	5	51,180	FAIR MARKET VALUE	€		
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation	111	-   /					
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ► ()							
27	Other ►( )							
28	Other ►( )				1			
29	Number of Forms 8283 received by	-	•					
	which the organization completed Fo	rm 8283, F	Part V, Donee Acknowled	dgement	29		V	Na
00-	Desire the constitution of the		(2) (		thorough		Yes	No
30a	During the year, did the organization	-			_			
	28, that it must hold for at least three	-			·	20-		Х
	to be used for exempt purposes for t		olaing perioa?			30a		
b	If "Yes," describe the arrangement in		alian that requires the re-	ious of any nanotondard				
31	Does the organization have a gift ac			·		24		v
220					neach	31		X
32a	Does the organization hire or use thi	•	· ·	•		20-		x
h						32a		^
33 p	If "Yes," describe in Part II.  If the organization didn't report an an	nount in col	lumn (a) for a type of are	uparty for which column (a)	is chacked			
33	·	iount in co	idinin (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

# SCHEDULE O (Form 990)

#### 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.

OMB No. 1545-0047 **2021** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization CHILDREN'S SCHOLARSHIP FUND
PHILADELPHIA

Employer identification number 23-3078729

FORM 990 - ORGANIZATION'S MISSION
WITH OVER 20 YEARS OF EXPERIENCE AND OVER 28,500 SCHOLARSHIPS AWARDED, CSFP
PROVIDES PHILADELPHIA CHILDREN WITH FOUR-YEAR, NEEDS-BASED SCHOLARSHIPS TO
ATTEND SAFE, QUALITY, K-8TH GRADE SCHOOLS. SUPPORTING LOW-INCOME CHILDREN
AND FAMILIES, UP TO 3 CHILDREN IN A FAMILY MAY RECEIVE A SCHOLARSHIP.
STUDENTS ARE SELECTED FROM A RANDOM, NEEDS BASED LOTTERY.
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
SCHOLARSHIP AWARDS.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE 990 IS PROVIDED TO EACH BOARD MEMBER BEFORE FILING.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICTS ARE REVIEWED AND RESOLVED IN A TIMELY MANNER.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
BOARD COMMITTEE REVIEWS SALARIES AND COMPARES IT TO OTHER AREA
NOT-FOR-PROFITS.
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
NO COMPENSATION FOR OFFICER, BUT BOARD COMMITTEE REVIEWS SALARIES OF OTHER
KEY EMPLOYEES AND COMPARES IT TO OTHER AREA NOT-FOR-PROFITS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization	Employer identification number
CHILDREN'S SCHOLARSHIP FUND	23-3078729
	_
GOVERNING DOCUMENTS ARE MADE AVAILABLE BY REQUES	Γ.
OLILIVI O O	
	PAGE 1 OF 1

## Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179 Bonus	Basis for Depr	Per Conv Meth	<u>Prior</u> .	Current
1 2 4 5 7 8 9	Depreciation: OFFICE EQUIPMENT OFFICE EQUIPMENT Equipment OFFICE FURNITURE COMPUTERS Telephone equipment Equipment Computers	1/01/02 3/31/07 5/15/08 10/31/09 12/15/10 6/19/12 10/08/12 6/12/12	2,233 3,036 1,821 1,771 2,193 6,119 2,412 3,510		2,233 3,036 1,821 1,771 2,193 6,119 2,412 3,510	5 MO S/L 5 MO S/L 5 MO S/L 7 MO S/L 5 MO S/L 5 MO S/L 7 MO S/L 5 MO S/L	2,233 3,036 1,821 1,771 2,193 6,119 2,412 3,510	0 0 0 0 0 0
11	Furniture  Total Other Depreciation	12/31/12 _	1,095 24,190	-	1,095 24,190	7 MO S/L	1,095 24,190	0
	<b>Total ACRS and Other Depre</b>	ciation _	24,190	=	24,190		24,190	0
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers 	24,190 0 0 24,190	- -	24,190 0 0 24,190		24,190 0 0 24,190	0 0 0 0

## PA Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	PA Prior	PA Current	Federal Current	Difference Fed - PA
Prior 5	MACRS: OFFICE FURNITURE	10/31/09 _	1,771 1,771	1,771 1,771	1,771 1,771	0	0	0 0
1 2 4 7 8 9 10	Depreciation: OFFICE EQUIPMENT OFFICE EQUIPMENT Equipment COMPUTERS Telephone equipment Equipment Computers Furniture	1/01/02 3/31/07 5/15/08 12/15/10 6/19/12 10/08/12 6/12/12 12/31/12	2,233 3,036 1,821 2,193 6,119 2,412 3,510 1,095	2,233 3,036 1,821 2,193 6,119 2,412 3,510 1,095	2,233 3,036 1,821 2,193 6,119 2,412 3,510 1,095	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0
	Total Other Depreciation  Total ACRS and Other Depreciation  Grand Totals Less: Dispositions Less: Start-up/Org Expense	eciation =	22,419 22,419 24,190 0 0	22,419  22,419  24,190 0 0	22,419 22,419 24,190 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0
	Net Grand Totals	=	24,190	24,190	24,190	0	0	0

## AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior .	Current
<b>Prior</b> 1 5	MACRS: OFFICE EQUIPMENT OFFICE FURNITURE	1/01/02 10/31/09	2,233 1,771 4,004		X X	1,563 885 2,448	7 MQ200DB	2,233 1,771 4,004	0 0
Other 2 4 7 8 9 10	Depreciation: OFFICE EQUIPMENT Equipment COMPUTERS Telephone equipment Equipment Computers Furniture Total Other Depreciation	3/31/07 5/15/08 12/15/10 6/19/12 10/08/12 6/12/12 12/31/12	3,036 1,821 0 0 0 0 0 0 4,857			3,036 1,821 0 0 0 0 0 0 4,857	5 MO S/L 0 HY 0 HY 0 HY	3,036 1,821 0 0 0 0 0 4,857	0 0 0 0 0 0 0
	Total ACRS and Other Depre	eciation =	4,857		:	4,857		4,857	0
	Grand Totals Less: Dispositions and Transf Net Grand Totals	`ers _ =	8,861 0 8,861		-	7,305 0 7,305		8,861 0 8,861	0 0

23-3078729	Depreciation Adjustment Report
	All Rusiness Activities

						AMT
						Adjustments/
Form	Unit	Asset	Description	Tax	AMT	Preferences
			·			

There are no assets that meet the criteria of this report

## Future Depreciation Report FYE: 12/31/22 Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
Other 1	Depreciation:				
1 2 4 5 7 8 9 10 11	OFFICE EQUIPMENT OFFICE EQUIPMENT Equipment OFFICE FURNITURE COMPUTERS Telephone equipment Equipment Computers Furniture  Total Other Depreciation	1/01/02 3/31/07 5/15/08 10/31/09 12/15/10 6/19/12 10/08/12 6/12/12 12/31/12	2,233 3,036 1,821 1,771 2,193 6,119 2,412 3,510 1,095 24,190	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0
	Total ACRS and Other Depreciation	n	24,190	0	0
	Grand Totals		24,190	0	0

## PA Future Depreciation Report FYE: 12/31/22 Form 990, Page 1

Asset	Description	Date In Service	Cost	PA
Other	Depreciation:			
1 2 4 5 7 8 9 10 11	OFFICE EQUIPMENT OFFICE EQUIPMENT Equipment OFFICE FURNITURE COMPUTERS Telephone equipment Equipment Computers Furniture  Total Other Depreciation	1/01/02 3/31/07 5/15/08 10/31/09 12/15/10 6/19/12 10/08/12 6/12/12 12/31/12	2,233 3,036 1,821 1,771 2,193 6,119 2,412 3,510 1,095	0 0 0 0 0 0 0 0 0
	Total ACRS and Other Depreciation		24,190	0
	Grand Totals		24,190	0

Form **990** 

### Two Year Comparison Report

, ending

For calendar year 2021, or tax year beginning

Name

Taxpayer Identification Number

2020 & 2021

CHILDREN'S	SCHOLARSHIP	FUND
דעם זיים א דעם	7	

23-3078729

1. Contributions, gifts, grants 2. Membership dues and assessments 3. Government contributions and grants 4. Program service revenue 4. 61,432 98,447 37 5. Investment income 5. 19,665 120,818 101 6. Proceeds from tax exempt bonds 7. Net gain or (loss) from sale of assets other than inventory 8. Net income or (loss) from garning 9. Net income or (loss) from garning 10. Net gain or (loss) from garning 11. 72,522 346,428 273 12. Total revenue 12. Total revenue. Add lines 1 through 11 12. 11,076,173 13,351,193 2,275 13. Grants and similar amounts paid 14. Benefits paid to or for members 15. Compensation of officers, directors, trustees, etc. 15. 211,061 211 17. Professional fundraising fees 17. Professional fundraising fees 18. 27,153 26,853 19. Occupancy, rent, utilities, and maintenance 20. Depreciation and Depletion 21. Other expenses 22. Total expenses. Add lines 13 through 21 23. Excess or (Defficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total avenue exercing sees 26. Total avenue fee evenue 27. Total assets 28. Total assets 29. Retained earnings 30. Number of voting members of governing body 31. Number of denipologees 32. Number of denipologees 33. Number of denipologees 34. Lotal feeling members of governing body 35. Number of denipologees 36. Lotal exempt revenue 37. Lotal feeling members of governing body 36. Number of denipologees 37. Retained earnings 38. Lotal fine 12 feeling members of governing body 37. Number of denipologees 38. Lotal fine 12 feeling members of governing body 38. Number of denipologees	E	HILADELPHIA			23-3	078729
2. Membership dues and assessments 3. Government contributions and grants 4. Program service revenue 5. 19,665 120,818 101 6. Proceeds from tax exempt bonds 7. Net gain or (loss) from sale of assets other than inventory 8. Net income or (loss) from fundraising events 9. Net income or (loss) from gaming 10. Net gain or (loss) from gaming 11. Other revenue 11. 72,522 346,428 273 12. Total revenue. Add lines 1 through 11 12. 11,076,173 13,351,193 2,275 14. Berists paid to or for members 15. Compensation of officers, directors, trustees, etc. 16. Salaries, other compensation, and employee benefits 17. Professional fundraising fees 19. Occupancy, rent, utilities, and maintenance 20. Depreciation and Depletion 21. Other professional dies 13 through 21 22. Total exempt revenue 23. Excess or (Deficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total unrelated revenue 26. Total exempt revenue 27. Total assets 28. Total labilities 28. Total labilities 28. Total laisestes 29. Retained earnings 30. Number of voting members of governing body 31. Number of denployees 32. Number of denployees 33. Number of denployees 34. Number of denployees 35. Lability 18. Salaria and sal				2020	2021	Differences
2. Membership dues and assessments 3. Government contributions and grants 3. Government contributions 3. Government 3. G		1. Contributions, gifts, grants	1.	10,887,459	12,657,055	1,769,596
3. Government contributions and grants 4. Program service revenue 4. 4. 61,432 98,447 37 5. Investment income 5. 19,665 120,818 101 6. Proceeds from tax exempt bonds 7. Net gain or (loss) from gaine of assets other than inventory 8. Net income or (loss) from gaine of assets other than inventory 9. Net income or (loss) from gaining 9. Net income or (loss) from gaining 10. Net gain or (loss) from gaining 11. Other revenue 11. 72,522 346,428 273 12. Total revenue. Add lines 1 through 11 12. 11,076,173 13,351,193 2,275 13. Grants and similar amounts paid 14. Benefits paid to or for members 15. Compensation of officers, directors, trustees, etc. 15. Salaries, other compensation, and employee benefits 16. Salaries, other compensation, and employee benefits 17. Professional fundraising fees 18. Other professional fees 19. Occupancy, rent, utilities, and maintenance 20. Depreciation and Depletion 21. Other expenses 22. Total expenses. Add lines 13 through 21 22. Total expenses. Add lines 13 through 21 23. Excess or (Deficit). Subtract line 22 from line 12 24. Total expenses. Add lines 13 through 21 25. Total unrelated revenue 26. Total expenses. Add lines 13 through 21 27. Total expenses. Add lines 13 through 21 28. Total expenses. Add lines 13 through 21 29. Retained earnings 29. Number of voting members of governing body 30. L15 31. Number of independent voting members of governing body 31. Number of independent voting members of governing body 32. Number of employees			2.			
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5. Investment income 6. Proceeds from tax exempt bonds 7. Net gain or (loss) from sale of assets other than inventory 8. Net income or (loss) from gaming 9. Net income or (loss) from gaming 10. Net gain or (loss) from gaming 11. Other revenue 12. Total revenue. Add lines 1 through 11 13. 11,033,919 10. 433,356 14. Benefits paid to or for members 15. Compensation of officers, directors, trustees, etc. 16. Salaries, other compensation, and employee benefits 18. Other professional fees 19. Other expenses 20. Depreciation and Depletion 21. Other expenses 22. Total expenses. Add lines 13 through 21 23. Excess or (Defficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total assets 27. Total assets 28. Total includable revenue 29. 11, 10, 10, 10, 10, 10, 10, 10, 10, 10,	e	4. Program service revenue	4.	61,432	98,447	37,015
6. Proceeds from tax exempt bonds 7. Net gain or (loss) from sale of assets other than inventory 8. Net income or (loss) from gaming 9. Net gain or (loss) from gaming 10. Net gain or (loss) on sales of inventory 11. Other revenue 12. Total revenue. Add lines 1 through 11 13. Grants and similar amounts paid 14. Benefits paid to or for members 15. Compensation of officers, directors, trustees, etc. 15. Compensation of officers, directors, trustees, etc. 16. Salaries, other compensation, and employee benefits 17. Professional fundraising fees 18. Cther professional fees 19. Occupancy, rent, utilities, and maintenance 20. Depreciation and Depletion 21. Other expenses 22. Total exempt revenue 24. Total exempt revenue 25. Total exempt revenue 26. Total excludable revenue 26. Total excludable revenue 27. Total assets 28. Total liabilities 28. Total liabilities 28. Total liabilities 29. Retained earnings 29. Network of employees 20. Number of independent voting members of governing body 30. Number of employees		5. Investment income	5.	19,665	120,818	101,153
7. Net gain or (loss) from sale of assets other than inventory   7.   35,095   128,445   93     8. Net income or (loss) from fundraising events   8.	>	<b>6.</b> Proceeds from tax exempt bonds	6.			
9. Net income or (loss) from gaming 10. Net gain or (loss) on sales of inventory 11. Other revenue 12. Total revenue. Add lines 1 through 11 13. I 11,076,173 13,351,193 2,275 13. Grants and similar amounts paid 13. 11,033,919 10,433,356 -600 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 16. Salaries, other compensation, and employee benefits 16. Other professional fundraising fees 17. 2	A P		7.	35,095	128,445	93,350
9. Net income or (loss) from gaming 10. Net gain or (loss) on sales of inventory 11. Other revenue 12. Total revenue. Add lines 1 through 11 13. Grants and similar amounts paid 14. Benefits paid to or for members 15. Compensation of officers, directors, trustees, etc. 16. Salaries, other compensation, and employee benefits 17. Professional fundraising fees 18. Other professional fees 19. Occupancy, rent, utilities, and maintenance 19. Total expenses. Add lines 13 through 2 22. Total expenses. Add lines 13 through 2 23. Excess or (Deficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total unrelated revenue 26. Total expenses 27. Total assets 28. Total liabilities 29. Retained earnings 20. Number of voting members of governing body 20. Number of employees 20. Number of employees 21. 15. 211,061 211 21. 21. 21. 21. 21. 22. 22. 22. 22. 24. 28. 27. 23. 362. 465 24. 817,690 1. 45. 55. 26. 27. 23. 362. 465 24. 817,690 1. 45. 55. 28. 24. 15. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36		8. Net income or (loss) from fundraising events	8.			
11. Other revenue 12. Total revenue. Add lines 1 through 11 13. Grants and similar amounts paid 14. Benefits paid to or for members 15. Compensation of officers, directors, trustees, etc. 16. Salaries, other compensation, and employee benefits 17. Professional fundraising fees 18. Other professional fees 19. Occupancy, rent, utilities, and maintenance 19. Total expenses. Add lines 13 through 21 22. Total expenses. Add lines 13 through 21 23. Excess or (Deficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total unrelated revenue 26. Total excludable revenue 27. Total assets 28. Total liabilities 29. Retained earnings 20. Number of voting members of governing body 20. Number of voting members of governing body 20. Number of employees 21. 18. 11. 10. 1. 12. 1. 13. 13. 13. 13. 13. 13. 13. 14. 18. 18. 19. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			9.			
12. Total revenue. Add lines 1 through 11  12. 11,076,173  13,351,193  2,275  13. Grants and similar amounts paid  14. Benefits paid to or for members  14. Scompensation of officers, directors, trustees, etc.  15. Compensation of officers, directors, trustees, etc.  15. Compensation of officers, directors, trustees, etc.  16. Salaries, other compensation, and employee benefits  17. Professional fundraising fees  18. 27,153  26,853  19. Occupancy, rent, utilities, and maintenance  20. Depreciation and Depletion  21. Other expenses  22. Total expenses. Add lines 13 through 21  23. Excess or (Deficit). Subtract line 22 from line 12  24. Total exempt revenue  25. Total unrelated revenue  26. Total excludable revenue  27. Total assets  28. Total liabilities  28. 1,313,689  659,755  653  29. Number of voting members of governing body  31. Number of independent voting members of governing body  32. Number of employees  11. 11,076,173  13,351,193  2,275  21. 11,082,852  -18. 211,081  21. 1,082,852  -18. 211,082,8		10. Net gain or (loss) on sales of inventory	10.			
12. Total revenue. Add lines 1 through 11   12.		11. Other revenue	11.			273,906
14. Benefits paid to or for members  15. Compensation of officers, directors, trustees, etc.  16. Salaries, other compensation, and employee benefits  17. Professional fundraising fees  18. Other professional fees  19. Occupancy, rent, utilities, and maintenance  20. Depreciation and Depletion  21. Other expenses  22. Total expenses. Add lines 13 through 21  23. Excess or (Deficit). Subtract line 22 from line 12  24. Total expent revenue  25. Total expented revenue  26. Total expented revenue  27. Total expented revenue  28. Total liabilities  29. Retained earnings  30. Number of voting members of governing body  31. Number of independent voting members of governing body  32. Number of employees  14. Done of voting members of governing body  31. Number of employees		12. Total revenue. Add lines 1 through 11	12.		13,351,193	2,275,020
14. Benefits paid to or for members 15. Compensation of officers, directors, trustees, etc. 16. Salaries, other compensation, and employee benefits 17. Professional fundraising fees 18. Other professional fees 19. Occupancy, rent, utilities, and maintenance 20. Depreciation and Depletion 21. Other expenses 22. Total expenses. Add lines 13 through 21 23. Excess or (Deficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total unrelated revenue 26. Total excludable revenue 27. Total assets 28. Total liabilities 29. Retained earnings 30. Number of voting members of governing body 31. Number of independent voting members of governing body 32. Number of employees 32. Number of employees 33. Unumber of employees 34. Salaries, other compensation, trustees, etc. 15.		13. Grants and similar amounts paid	13.	11,033,919	10,433,356	-600,563
16. Salaries, other compensation, and employee benefits 17. Professional fundraising fees 17. Professional fundraising fees 18. Other professional fees 19. 79,189 81,085 1  20. Depreciation and Depletion 21. Other expenses 22. Total expenses. Add lines 13 through 21 23. Excess or (Deficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total unrelated revenue 26. Total excludable revenue 27. Total assets 28. Total liabilities 29. Retained earnings 30. Number of voting members of governing body 31. Number of independent voting members of governing body 32. Number of employees 32. Number of employees 33. Number of employees 34. 101,101,845 1,0101,845 1		44. Beautiful and the conference of the second con-	14.			
17. Professional fundraising fees   17.	S	<b>15.</b> Compensation of officers, directors, trustees, etc.	15.			211,061
17. Professional fundraising fees   17.		<b>16.</b> Salaries, other compensation, and employee benefits	16.	1,101,845	1,082,852	-18,993
19. Occupancy, rent, utilities, and maintenance 20. Depreciation and Depletion 21. Other expenses 22. Total expenses. Add lines 13 through 21 23. Excess or (Deficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total unrelated revenue 26. Total excludable revenue 27. Total assets 28. Total liabilities 29. Retained earnings 20. Subtract line 22 from line 12 20. Subtract line 22 from line 12 21. 357,841 390,622 32. 32. 4649 22. 12,599,947 12,225,829 -374 23. Excess or (Deficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total unrelated revenue 26. 188,714 694,138 505 27. Total assets 27. 23,362,465 24,817,690 1,455 28. 1,313,689 659,755 -653 29. Retained earnings 30. Number of voting members of governing body 31. Number of independent voting members of governing body 32. Number of employees 32. 16	Φ	17. Professional fundraising fees	17.			
20. Depreciation and Depletion 21. Other expenses 22. Total expenses. Add lines 13 through 21 22. 12,599,947 23. Excess or (Deficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total unrelated revenue 26. Total excludable revenue 27. Total assets 28. Total liabilities 29. Retained earnings 20. 390,622 32 21. 357,841 390,622 32 22. 12,599,947 12,225,829 -374 1,125,364 2,649 24. 11,076,173 13,351,193 2,275 25. 25. 25. 25. 25. 25. 25. 25. 25. 25.	х р	18. Other professional fees	18.			-300
21. Other expenses       21. 357,841       390,622       32         22. Total expenses. Add lines 13 through 21       22. 12,599,947       12,225,829       -374         23. Excess or (Deficit). Subtract line 22 from line 12       231,523,774       1,125,364       2,649         24. Total exempt revenue       24. 11,076,173       13,351,193       2,275         25. Total unrelated revenue       26. 188,714       694,138       505         27. Total assets       27. 23,362,465       24,817,690       1,455         28. Total liabilities       28. 1,313,689       659,755       -653         29. Retained earnings       29. 22,048,776       24,157,935       2,109         30. Number of voting members of governing body       30. 15       18         31. Number of independent voting members of governing body       31. 15       18         32. Number of employees       32. 16       16	Ш		19.	79,189	81,085	1,896
22. Total expenses. Add lines 13 through 21 23. Excess or (Deficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total unrelated revenue 26. Total excludable revenue 27. Total assets 28. Total liabilities 28. Total liabilities 29. Retained earnings 30. Number of voting members of governing body 31. Number of employees 32. Total expenses. Add lines 13 through 21 22. 12,599,947 12,225,829 -374 23,649 24,125,364 2,649 24,117,076,173 2,275 25. Total unrelated revenue 26. 188,714 694,138 505 27. 23,362,465 24,817,690 1,455 28. 1,313,689 659,755 -653 29. 22,048,776 24,157,935 2,109 30. Number of voting members of governing body 31. Number of independent voting members of governing body 32. Number of employees			=			
23. Excess or (Deficit). Subtract line 22 from line 12 24. Total exempt revenue 25. Total unrelated revenue 26. Total excludable revenue 27. Total assets 28. Total liabilities 29. Retained earnings 30. Number of voting members of governing body 31. Number of employees 32. Total unrelated revenue 331,523,774 1,125,364 2,649 24. 11,076,173 13,351,193 2,275 25. Total unrelated revenue 26. 188,714 694,138 505 27. 23,362,465 24,817,690 1,455 28. 1,313,689 659,755 -653 29. 22,048,776 24,157,935 2,109 31. Number of independent voting members of governing body 31. Number of employees 32. 16 33. Number of employees		21. Other expenses	21.			32,781
24. Total exempt revenue 25. Total unrelated revenue 26. Total excludable revenue 27. Total assets 28. Total liabilities 29. Retained earnings 29. Retained earnings 30. Number of voting members of governing body 31. Number of independent voting members of governing body 32. Number of employees 33. Number of employees 34. 11,076,173 13,351,193 2,275 25. Total unrelated revenue 26. 188,714 694,138 505 27. 23,362,465 24,817,690 1,455 28. 1,313,689 659,755 -653 29. Retained earnings 30. Number of voting members of governing body 31. 15 18		22. Total expenses. Add lines 13 through 21	22.			-374,118
25. Total unrelated revenue 26. 188,714 694,138 505 27. Total assets 28. Total liabilities 29. Retained earnings 29. Retained earnings 29. 22,048,776 24,157,935 2,109 30. Number of voting members of governing body 31. Number of independent voting members of governing body 32. Number of employees 33. Number of employees 34. Total unrelated revenue 25. Total unrelated revenue 26. 188,714 694,138 505 27. 23,362,465 24,817,690 1,455 28. 1,313,689 659,755 -653 29. Retained earnings 30. Number of voting members of governing body 31. 15 18	_	23. Excess or (Deficit). Subtract line 22 from line 12	23.			2,649,138
26. Total excludable revenue 26. 188,714 694,138 505 27. Total assets 28. Total liabilities 29. Retained earnings 29. 22,048,776 24,157,935 2,109 30. Number of voting members of governing body 31. Number of independent voting members of governing body 32. Number of employees 33. Number of employees 34. Total excludable revenue 26. 188,714 694,138 505 27. 23,362,465 24,817,690 1,455 28. 1,313,689 659,755 -653 29. 22,048,776 24,157,935 2,109 30. Number of voting members of governing body 31. 15 18			24.	11,076,173	13,351,193	2,275,020
27. Total assets 28. Total liabilities 29. Retained earnings 29. 22,048,776 21. Number of voting members of governing body 30. Number of independent voting members of governing body 31. Number of employees 32. Number of employees 33. Number of employees 34. 23,362,465 24,817,690 1,455 25. 24,817,690 1,455 26. 31. 313,689 27. 23,362,465 24,817,690 1,455 28. 1,313,689 29. 22,048,776 24,157,935 2,109 31. Number of independent voting members of governing body 31. 15 32. Number of employees	_	25. Total unrelated revenue	25.			
30. Number of voting members of governing body 31. Number of independent voting members of governing body 32. Number of employees 33. 15 18 32. Number of employees 32. 16 16	tio	<b>26.</b> Total excludable revenue	26.			505,424
30. Number of voting members of governing body 31. Number of independent voting members of governing body 32. Number of employees 33. 15 18 32. Number of employees 32. 16 16	шa	27. Total assets	27.			1,455,225
30. Number of voting members of governing body 31. Number of independent voting members of governing body 32. Number of employees 33. 15 34. 15 35. 18 36. 16 37. 18	ıfor	28. Total liabilities	28.			-653 <b>,</b> 934
31. Number of independent voting members of governing body 31. 15 18 32. Number of employees 32. 16 16	_	~	-			2,109,159
32. Number of employees 32. 16 16	the	= = :				
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	0	<b>31.</b> Number of independent voting members of governing body	_			
33. Number of volunteers   33.   350   105		* *	_			
<u> </u>		33. Number of volunteers	33.	350	105	

Form <b>990</b>				Tax Return History		2021
Name	CHILDREN'S	SCHOLARSHIP	FUND		Employer Id	lentification Number

CHILDREN'S SCHOLARSHIP FUND
PHILADELPHIA

Employer Identification Number 23-3078729

<u>-</u>	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	13,767,592	13,331,275	15,405,542	10,887,459	12,657,055	
Membership dues						
Program service revenue	121,923	108,438	104,464	61,432	98,447	
Capital gain or loss	-87	-10,438	-5,704	35,095	128,445	
Investment income	79,161	206,786	306,994	19,665	120,818	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				72,522	346,428	
Total revenue	13,968,589	13,636,061	15,811,296	11,076,173	13,351,193	
Grants and similar amounts paid	9,979,743	10,015,774	9,887,905	11,033,919	10,433,356	
Benefits paid to or for members						
Compensation of officers, etc.					211,061	
Other compensation		1,143,576	1,059,383	1,101,845	1,082,852	
Professional fees			26,965	<b>27,15</b> 3	26,853	
Occupancy costs		77,991	77,369	79,189	81,085	
Depreciation and depletion	1,405	501	414			
Other expenses	509,846	394,404	520,856	357,841	390,622	
Total expenses	11,496,186	11,632,246	11,572,892	12,599,947	12,225,829	
Excess or (Deficit)		2,003,815	4,238,404	-1,523,774	1,125,364	
_						
Total exempt revenue	13,968,589	13,636,061	15,811,296	11,076,173	13,351,193	
Total unrelated revenue						
Total excludable revenue	200,997	304,786	405,754	188,714	694,138	
Total Assets	16,820,014	18,664,462	23,354,498	23,362,465	24,817,690	
Total Liabilities	319,755	291,110	472,069	1,313,689	659,755	
Net Fund Balances	16,500,259	18,373,352	22,882,429	22,048,776	24,157,935	_

### **Federal Statements**

#### **Taxable Interest on Investments**

Description

Unrelated Exclusion Postal Acquired after US

Amount Business Code Code 6/30/75 Obs (\$ or %)

INTEREST INCOME - RESTRICTED

\$ 3,713

INTEREST INCOME - UNRESTRICTE

TOTAL

\$ 3,730

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23-3	U1	781	/25

### **Federal Statements**

#### Form 990, Part IX, Line 24e - All Other Expenses

Description	E	Total xpenses	Program Service	nagement & General	 Fund Raising
SCHOLARSHIP PROGRAM EXP	\$	19,761	\$ 19,761	\$	\$
COMPUTER EXPENSES		15,057		11,293	3,764
DUES AND SUBSCRIPTIONS		7,872		7,872	
EVALUATION SERVICES		1,000	 1,000	 	 
TOTAL	\$	43,690	\$ 20,761	\$ 19,165	\$ 3,764

23-30	78729
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### **Federal Statements**

#### Schedule A, Part II, Line 1(e)

	Description	Amount
CONTRIBUTIONS	INCOME: RESTRICTED: CORP	\$ 5,865,019
CONTRIBUTIONS	INCOME: RESTRICTED: FOUN	4,597,928
CONTRIBUTIONS	INCOME: RESTRICTED: INDI	979,672
CONTRIBUTIONS	INCOME: RESTRICTED: NATI	300,216
CONTRIBUTIONS	INCOME:UNRESTRICTED:CO	43,524
CONTRIBUTIONS	INCOME:UNRESTRICTED:FO	355,861
CONTRIBUTIONS	INCOME: UNRESTRICTED: IN	514,835
TOTAL		\$ <u>12,657,055</u>

## **Federal Statements**

### Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
THE MAGUIRE FOUNDATION	\$ 1,520,000	\$ 183,024
PHILADELPHIA TRADING INC	1,813,542	476,566
JKG INC	2,562,958	1,225,982
ARTAY INC	2,852,756	1,515,780
ALLEGIS GROUP	3,250,000	1,913,024
JEFFREY & JANINE YASS	15,000,000	13,663,024
GLENVILLE CAPITAL	1,750,000	413,024
INDEPENDENCE MISSION	2,347,021	1,010,045
GUARDIAN LIFE INSURANCE CO	1,666,666	329,690
CHUBB	3,150,600	1,813,624
TOTAL	\$ 35,913,543	\$ 22,543,783