

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form	9	9	0	-P	F
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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052 0000

Department of the Treasury Internal Revenue Service  Note: The foundation may					n may b	Treated as a Private Foundation  e able to use a copy of this return to satisfy state reporting requirements							<b>2009</b>		
_					x year beginr		, 2009, and ending						•	, 20	_
			nat apply		Initial return		Initial return of a former public charity					Fil	nal return	_	
					Amended re	eturn	_		ess change	_	<u></u>	lame change			
_			Name of fo	undati	<del></del>					<b>_</b> _		A Employer ident	ificatio	n number	_
	lea th	e IRS	FIERCE	ADV	OCACY FUN	ID. TN	IC.								
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S	ee Sp	ecific			H STREET				<del> </del>	1		C If exemption applic	<u> </u>	735-7800	_
li	nstruc	tions.	City or towi	n, stat	e, and ZIP code	е						pending, check he		· · · · · · · • •   —	$\dashv$
												D 1. Foreign organiz	atrons, c	heck here	┙
_					IA, PA 19			* .				2. Foreign organiz 85% test, check			_
H	Che	ck type	of organiz	ation:	X Section	on 501(	c)(3) <sub>.</sub> e	exempt private for	oundation			computation			╛
$\perp$	s	ection 4	947(a)(1) no	nexer	npt chantable t	rust		Other taxable pr	rivate foundati	on		E If private foundation	n status	was terminated —	_
1	Fair	market	t value of a	II asse	ets at end	J Acco	unting	method X	Cash 💹 Acc	crual		under section 507			╝
	of ye	ear <i>(fr</i> o	m Part II, c	ol (c)	), line	o	ther (	specify)				F If the foundation is	ın a 60-ı	month termination	
		▶ \$			596.	(Part I,	colur	nn (d) must be d	n cash basis ,	)		under section 507			$\Box$
			sis of Rev	enue	and Expense	es (The	,	\ Payarya ===					(0	d) Disbursements	_
		total o	f amounts in	ı colun	nns (b), (c), and	d (d)	l (a	) Revenue and expenses per	(b) Net inve		(	c) Adjusted net income		for chantable	
					al the amounts of the instructi			books		16		mome		purposes (cash basis only)	
	1				eceived (attach sche			237,015					T-'		<u>~</u>
	2	Check I	If the	e found	ation is not requ	iired to			<del>                                     </del>				1		_
	_	-	— alla		В				<del> </del>		ļ				, ,
	3		•		orary cash invest		-	81	<del>- </del> -	81.			$+ \overline{\lambda}$	TCH 1	<del></del>
-	4				m secunties		-		1 -	01.	-		+-	, 4, 2, 3, 4, 2,	
									<del>                                     </del>	10 28	` &\	* 41 ABC 1 C 1	<del></del>	4 30 43 43 83 50	
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ne			or (loss) from ales price for a		f assets not on lir	ne 10			<u> </u>	2 (3 )	38	· · · · · · · · · · · · · · · · · · ·			_
len	_	assets o	n line 6a		-		<u> </u>		·	* , `	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Revenue	7	Capital	gain net inc	ome (1	from Part IV, Iir	ne 2) .	<u> </u>	·	+	a. 8. s		<u> </u>	<del>'  </del>	· · · · · · · · · · · · · · · · · · ·	
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	10 a		ales less return wances				`		× , \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		3, ** , , ,		* /	
	ь	Less C	ost of goods s	old .				·	<u> </u>			in the state of th	, 🤾	e.3	
	С	Gross	profit or (loss	s) (atta	ich schedule)								<u> </u>		· *
	11	Other i	ncome (attac	ch sch	edule)										`
_	12	Total.	Add lines 1 t	hrough	<u>n 11</u>			237,096	•	81.				` ,	₹*
	13	Comper	nsation of offic	ers, dın	ectors, trustees,	etc		0	<b>-</b>		L				
	14				and wages .										
es	15		n plans, emp				<u></u>				ļ				
and Administrative Expenses	1		ees (attach s	-			L								
χpe	ł		nting fees (at			 									
É	!		-		attach-schedule										
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tra	18		u		page 14 of the instr	uctions									
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g		CHIMIN	y and publica	auoi S	GDEN;	<u> </u>			<del> </del>		<del>                                     </del>	·	+		
Operating	23		expenses (at		•				<del>                                     </del>				+	-	_
era	24				inistrative exp	enses.		0	. [						
Ö			es 13 throug				<del> </del>		<del></del>		.37	• •	+	61,5	<u> </u>
_	25		outions, gifts,		•		<u> </u>	61,500		-	<del>  ` `</del>	· · · · · · · · · · · · · · · · · · ·	+		
_	26				ents Add lines 24	and 25	-	61,500	<del></del>	<del></del>	1		+	61,5	00
	27		ct line 26 fro				`	105 505			\\\	4			. (`
	l				es and disburseme		<b> </b>	175,596	1			*	+	* **	k.
	l				(if negative, er	-	<u> </u>			81.	<del> </del>		+		,
	C	<u>Adjust</u>	ed net incor	ne (ıf	negative, enter	·-0-)	<u>L</u>		4	1/2		-0-		`	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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JSA 84495.16

Form 990-PF (2009) Page 2

Ð	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
_		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		<del></del>	
	2	Savings and temporary cash investments	0.	175,596.	175,596.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶		· · · · · · · · · · · · · · · · · · ·	
į	4	Pledges receivable			1
i		Less allowance for doubtful accounts		<del></del>	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			•
		Less allowance for doubtful accounts			
	8	Inventones for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass	10 a	Investments - U.S. and state government obligations (attach schedule)			
,		1			
		Investments - corporate bonds (attach schedule)			
		Investments - land, buildings, and equipment basis  Less accumulated depreciation (attach schedule)			*
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)		<u> </u>	
	14	Land, buildings, and			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		ınstructions Also, see page 1, item l)	0.	175,596.	175,596.
	17	Accounts payable and accrued expenses			1. * 4" # 5\$18 (v
	18	Grants payable	Į.	<u> </u>	
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			The thing of the
abi	21	Mortgages and other notes payable (attach schedule)			
Į	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here			1 ( 55× 2) 1 ( 55× 2)
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	0.	175,596.	
ances	25	Temporanly restricted			•
	26	Permanently restricted			
무		Foundations that do not follow SFAS 117,			
Ë		check here and complete lines 27 through 31. ▶	İ		1 1 1 1 2 2 3
7	27	Capital stock, trust principal, or current funds			
Net Assets or Fund Bal	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SSe	29	Retained earnings, accumulated income, endowment, or other funds			
ţ	30	Total net assets or fund balances (see page 17 of the			
ž		instructions)	0.	175,596.	
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	0.	175,596.	
P	art I	Analysis of Changes in Net Assets or Fund	Balances		
1	Tota	I net assets or fund balances at beginning of year - Part II, co	olumn (a), line 30 (must a	agree with	
	end-	of-year figure reported on prior year's return)		<u>1</u>	0.
2		er amount from Part I, line 27a			175,596.
		lines 1, 2, and 3			175,596.
		reases not included in line 2 (itemize)		5	
		I net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b).		175,596.
_			<del></del>		

Pa	q	е	3

Fon	m 990-PF (2009)		<del></del>			Page 3
Pa	art IV Capital Gains	s and Losses for Tax on Inv	vestment Income			
	(a) List and	d describe the kind(s) of property sold (e	e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	nck warehouse, or common stock, 200	shs MLC Co)	P-Purchase D-Donation	(mo , day, yr )	(mo, day, yr)
1a						
С						
d						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>а</u>						-
b D						
c						
v d						-
e e						
$\overline{}$		wing gain in column (h) and owned	by the foundation on 12/31/69	//	Counc (Col. (h) a	oin minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Gains (Col. (h) g (k), but not less t Losses (from co	han -0-) <b>or</b>
a						
b						
-c						
d				1		
e						
_			f gain, also enter in Part I, line 7			
2	Capital gain net income or i	(net capital loss)	f (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital gain	or (loss) as defined in sections 122				
	If gain, also enter in Part I.	line 8, column (c) (see pages 13 an	d 17 of the instructions)			
		ine 8		3		
Ð	art V Qualification Ur	der Section 4940(e) for Redu	ced Tax on Net Investment Inc	ome		
			ection 4940(a) tax on net investmen		\	
(, ,	or optional use by domestic	private roundations subject to the s	icolon 4040(a) lax on het investmen	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
16	40.40(d)(2)	anno Abro anno blank				
IT S	section 4940(d)(2) applies, l	eave this part blank				
	46 8	ha a a a bara 4040 barr an bha aliabhirib	able amount of any year in the base	202043		Yes X No
		ne section 4942 tax on the distribut not qualify under section 4940(e) D	able amount of any year in the base	period	∟	J Yes A NO
_	Enter the appropriate amo	unt in each column for each year, s	see page 18 of the instructions before	e making	(d)	
	Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	
	alendar year (or tax year beginning in)			<del>                                     </del>	(col (b) divided by	
	2008	0.	0.	<del>                                     </del>		0.000000
_	2007			-		
	2006			<del> </del>		
_	2005					
_	2004			<del>                                     </del>		
2	Total of line 1, column (d)			2		0.000000
3	-	or the 5-year base period - divide t	he total on line 2 by 5, or by the	1 1		
	number of years the found	ation has been in existence if less	than 5 years	3		0.000000
				1 1		
4	Enter the net value of non-	charitable-use assets for 2009 from	Part X, line 5	4		80,862.
5	Multiply line 4 by line 3			5		0.
_						
6	Enter 1% of net investmen	at income (1% of Part I, line 27h)		6		1.
•	Enter 170 of flot investiller					
7	Add lines 5 and 6			7		1.
7	And lines a glid g			'-		
•	Catanagualifica a distant	- from Dart VII. to - 4		,		61,500.
8	Enter qualifying distribution of line 8 is equal to or graph of the structure of part VI instructions on part VI instructions.	eater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	x rate See the

Form 9	96-PF (2009)		P	age 4
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the inst	ruction	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>1.</u>
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part i, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<u>1.</u>
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations-tax withheld at source 6b 0			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0 .			,7
d	Backup withholding erroneously withheld			^
7	Total credits and payments Add lines 6a through 6d			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>1.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded 11			
	t VII-A Statements Regarding Activities		1	
1a	Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	41.		х
	of the instructions for definition)?	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		-	, ,
	published or distributed by the foundation in connection with the activities	٠ ا		x
C	Did the foundation file Form 1120-POL for this year?	_1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	•		1 (
	(1) On the foundation   (2) On foundation managers   \$\Bigsim \bigsim			, é <sub>*</sub> ,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	ا چې د کې د خول کې د		4, 1,
_	on foundation managers  \$	2		x ·
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			
•	If "Yes," attach a detailed description of the activities  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		,	^*
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . ATCH. 2	3	Х	
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
J	If "Yes." attach the statement required by General Instruction T			'- ,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	٠.		
Ū	By language in the governing instrument, or		, ,	,
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	,	`	, ,
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			`
	instructions) > PA,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		١.,	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			١,,
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		v	
	names and addresses ATTACHMENT 3	10	X	l

Form 990-PF (2009) Page 5 Part VII-A Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the Х meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) 11 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before Х 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶\_\_\_\_N/A 215-735-7800 14 The books are in care of ► JOAN NELSON \_\_\_\_\_ Telephone no ----Located at ▶117 N. 15TH STREET PHILADELPHIA, PA 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · and enter the amount of tax-exempt interest received or accrued during the year Statements Regarding Activities for Which Form 4720 May Be Required Part VII-B Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly) Yes (1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . . . (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a Х Yes No Х Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ..... X No Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . . (5) Transfer any income or assets to a disqualified person (or make any of either available for (6) Agree to pay money or property to a government official? ( Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after X No termination of government service, if terminating within 90 days ) . . . . . . . . . . . . . . . . . b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations Х 1b section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ....... c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that Х 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and X No If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) 2b to all years listed, answer "No" and attach statement - see page 20 of the instructions ) ...... c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the 3ь Х

Х

Form 990-PF (2009)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form 990-PF (2009) Part VII-B Statement	s Regarding Activities for	r Which Form 47	20 May Be Requir	red (continue	d)	Page 6
5 a Dunng the year did the for (1) Carry on propaganda (2) Influence the outcome directly or indirectly, a (3) Provide a grant to an section 509(a)(1), (2), (5) Provide for any purpopurposes, or for the purposes, or for the purposes, or for the purposes or for the purposes, or for	undation pay or incur any amount, or otherwise attempt to influence of any specific public election (so any voter registration drive? Individual for travel, study, or other organization other than a charitation (3), or section 4940(d)(2)? (see see other than religious, chantable revention of cruelty to children or to 5a(1)-(5), did any of the transication of the t	to e legislation (section 49 ee section 4955), or to ee section 4955), or to eer similar purposes? ole, etc., organization of ee page 22 of the instructions fail to qualify ing disaster assistance check her niclaim exemption from	described in uctions)	Yes Yes Yes Yes Yes Yes Adescribed in Instructions)?	X No X No X No X No X No	<b>D</b>
<ul> <li>If "Yes," attach the statem</li> <li>6 a Did the foundation, during on a personal benefit con</li> <li>b Did the foundation, during If "Yes" to 6b, file Form 88</li> <li>7 a At any time during the tax</li> <li>b If yes, did the foundation</li> </ul>	the year, receive any funds, directract?	on 53 4945-5(d) ctly or indirectly, to pay or indirectly, on a pers to a prohibited tax she net income attributab	y premiums conal benefit contract? elter transaction? le to the transaction?	Yes	X No 61 X No 71 Employees	, ,,
1 List all officers, director	ors, trustees, foundation man	agers and their col (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions t employee benefit pla	o (e) Exp	pense account,
ATTACHMENT 4		devoted to position	0.	and deferred compens	0 .	0.
2 Compensation of five h If none, enter "NONE."	ighest-paid employees (othe	er than those includ	led on line 1 - see p			
(a) Name and address of each e	mployee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions employee bene plans and defer compensation	fit (e) Exp red othe	pense account, r allowances
NONE			0.		0.	0.
Total number of other emplo	yees paid over \$50,000 .				Form	.▶ 990-PF (2009)

Form 990-PF (2009) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE 0. NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number Expenses of organizations and other beneficianes served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Form	990	-PF	(2009)

1 NONE

3 NONE

Total. Add lines 1 through 3

All other program-related investments. See page 24 of the instructions

rom	aac-PF (200a)		r age o
Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions)	n foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	-	
а	Average monthly fair market value of securities	1a	
	Average of monthly cash balances	1b	82,093.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
	Total (add lines 1a, b, and c)	1d	82,093.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	82,093.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	1,231.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	80,862.
6	Minimum investment return. Enter 5% of line 5	6	4,043.
_	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here and do not complete this page 25.	operating	
		1	4,043.
1	Minimum investment return from Part X, line 6		1,015.
2 a	Tax on investment income for 2000 from tax of income	-	
	Income tax for 2009 (This does not include the tax from Part VI ) 2b	2c	1.
	Add lines 2a and 2b	3	4,042.
3	Distributable amount before adjustments Subtract line 2c from line 1	4	4,042.
4	Recoveries of amounts treated as qualifying distributions	5	4,042.
5	Add lines 3 and 4	6	4,042.
6	Deduction from distributable amount (see page 25 of the instructions)  Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	-	
7		7	4,042.
	line 1		4,042.
Pa	rt XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	ī.,	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	61,500.
b	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the	.	
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	61,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	1.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	61,499.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years	her the foundation	

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				4,042.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for prior years 20,20,20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005				
C	From 2006				
d	From 2007		,		
е	From 2008 0 .	^			
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 61,500.				
	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
_					-
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount		-		4,042.
	Remaining amount distributed out of corpus	57,458.			
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same amount must be shown in column (a) )			,	
6	Enter the net total of each column as	, '	•	, ` '	•
	indicated below:	1 3	, ,	٠, ,	
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	57,458.	,	, .	
b	Pnor years' undistributed income Subtract	-			,
c	line 4b from line 2b  Enter the amount of prior years' undistributed			<u> </u>	· · · · · · · · · · · · · · · · · · ·
Ĭ	income for which a notice of deficiency has been				, , ,
	issued, or on which the section 4942(a) tax has been previously assessed			•	,
	•				
u	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions	* .			
е	Undistributed income for 2008 Subtract line	4	-		,
	4a from line 2a Taxable amount - see page 27 of the instructions				
	Undistributed income for 2009 Subtract lines	-		-	
'	4d and 5 from line 1 This amount must be				
_	distributed in 2010	, , , , ,		,	· · · · · · · · · · · · · · · · · · ·
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section		!	ĺ	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		,		
8	instructions)	<u>-</u> .			
-	applied on line 5 or line 7 (see page 27 of the		, , , ,		, 3
9	Excess distributions carryover to 2010.				
•	Subtract lines 7 and 8 from line 6a	57,458.	, ,		
10	Analysis of line 9		, -		
	Excess from 2005	, , ,	'		,
b	Excess from 2006	, ,	. •	,	e
C	· · · · · · · · · · · · · · · · · · ·		j		-
d	Excess from 2008		e -		
е	Excess from 2009 57,458.		# F %		5 '

Page 10 Form 990-PF (2009) Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling 4942(j)(3) or Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(5) Prior 3 years Tax year (e) Total 2a Enter the lesser of the adjusted net income from Part (b) 2008 (c) 2007 (d) 2006 (a) 2009 I or the minimum investment return from Part X for each year listed . . . . . . . b 85% of line 2a . . . . . Qualifying distributions from Part XII, line 4 for each year fisted . Amounts included in line 2c not used directly for active conduct of exempt activities . . . . . Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter (1) Value of all assets . . (2) Value of assets qualifying under section 4942(j)(3)(B)(i)... "Endowment" alternative testenter 2/3 of minimum investment return shown in Part X. tine 6 for each year listed . . "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii) . . . . . (3) Largest amount of support from an exempt organization . . . . (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) ATTACHMENT 5 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d The name, address, and telephone number of the person to whom applications should be addressed **b** The form in which applications should be submitted and information and materials they should include. Any submission deadlines d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)  3 Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient  Recipient  Name and address (home or business)  Recipient  Recipient  Recipient  Purpose of grant or contribution  Purpose of grant or contribution  Amount							
3 Grants and Contributions Paid Durin	g the Year or Appr	oved for F	uture Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution				
a Paid during the year							
ATTACHMENT 6							
	1						
		1					
		1	<b>—</b> 2=	61,500.			
Total		<del></del>		01,500.			
<b>b</b> Approved for future payment							
	i						
			:				
Total			▶ 3h				

Part XVI-	A Analysis of Income-Produ	ucing Acti	ivities	_		
	amounts unless otherwise indicated	r	ted business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
_		(a)	(b)	(c)	(d)	function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a						
b				ļ		
c				ļ		
d						
е						
f					,	
g Fees	s and contracts from government agencies			_		
2 Member	ship dues and assessments					
3 Interest o	n savings and temporary cash investments					
4 Dividend	ds and interest from securities			14	81.	
5 Net rent	al income or (loss) from real estate		• 1		<u> </u>	
a Deb	ot-financed property					
b Not	debt-financed property			<u> </u>		
6 Net renta	il income or (loss) from personal property					
7 Other in	vestment income			ļ		
8 Gain or (I	loss) from sales of assets other than inventory					
9 Net inco	ome or (loss) from special events			<b>_</b>		
10 Gross p	rofit or (loss) from sales of inventory			<b>_</b>		
11 Other re	evenue a					
b						
c						
d						
е						
12 Subtotal	Add columns (b), (d), and (e)			<u> </u>	81.	
13 Total. A	dd line 12, columns (b), (d), and (e)				13	81.
	heet in line 13 instructions on page 28 to			·		<del></del>
Part XVI						
Line No.	Explain below how each activity					
▼	the accomplishment of the for page 29 of the instructions )	oundation s	exempt purposes (	onei man	by providing lunus for	such purposes, (See
	page 25 of the mondenens y					<del></del>
		<del></del>				
			<del></del>		<del></del>	
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	•					

Pa	rt XVII	Information   Exempt Orga	Regarding Transfers To and Transactions and Relationships With	Nonc	hari	table
1	Did th		or indirectly engage in any of the following with any other organization described		Yes	No
			de (other than section 501(c)(3) organizations) or in section 527, relating to political idation to a noncharitable exempt organization of			
а				12/1		x
					-	X
ь.		transactions		10(2)		<del>                                     </del>
b			ntable exempt organization	1b(1)		X
			nonchantable exempt organization			X
			nt, or other assets			X
			ats	1b(4)		X
				1b(5)		Х
			nembership or fundraising solicitations	1b(6)		X
С			nailing lists, other assets, or paid employees	1c	-	Х
			ne above is "Yes," complete the following schedule Column (b) should always should	w the	faır	market
		•	assets, or services given by the reporting foundation. If the foundation received less			
	value	in any transaction or	shanng arrangement, show in column (d) the value of the goods, other assets, or	service	es re	ceived
(a) l	Line no	(b) Amount involved	(c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sha	nng arran	gemer	nts
		N/A	N/A			
				<del></del>		
Za			indirectly affiliated with, or related to, one or more tax-exempt organizations described in	1 1		No X
_		• • • • • • • • • • • • • • • • • • • •	er than section 501(c)(3)) or in section 527?		-S L_	NO NO
	ii res	," complete the following (a) Name of organization	(b) Type of organization (c) Description of relation	ship		
		(a) Name of organization	(b) Type of organization (o) Besselption of relation	omp.		
	Under	penalties of penury, I decl	re that have examined this return, including accompanying schedules and statements, and to the best leve Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which prepar	of my kr	nowled	ige and
	belief,	it is true correct, and com	lede Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which prepar	er has ar	ny kno	wledge
ı		Alle	105/27/co Direct	_		
_ ည	Sig	gnature of officer or trustee	Date Title		_	
후	Ì		Date Preparer's			
	ر ا م	D	Check if number (			
Sign Here	Paid Preparer's Use Only	Preparer's signature	gant 11 John CPA 5/24/10 Sell-elliployed P00166			,
	Pa epa se C	Firm's name (or yours if	ASHER & COMPANY, LTD.   EIN ▶ 23-1914			
	2 2	self-employed), address	1801 MARKET STREET, SUITE 1700			
l		and ZIP code	PHILADELPHIA, PA 19103 Phone no 215-9	64-1	900	

#### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Internal Revenue Service	Employer identification number
FIERCE ADVOCACY FUND, INC.	Employer Identification Hamber
(FKA STEPHEN & ELLEN SOLMS FAMILY FOUNDATION)	26-1749268
	20 1743200
Organization type (check one)	
Filers of: Section:	
Form 990 or 990-EZ 501(c)( ) (enter number) or	ganization
4947(a)(1) nonexempt charitable	trust not treated as a private foundation
527 political organization	
Form 990-PF X 501(c)(3) exempt private founda	tion
4947(a)(1) nonexempt charitable	trust treated as a private foundation
501(c)(3) taxable private founda	tion
Check if your organization is covered by the General Rule or a Special Note. Only a section 501(c)(7), (8), or (10) organization can check boxes instructions  General Rule	
General Rule	
X For an organization filing Form 990, 990-EZ, or 990-PF that re property) from any one contributor. Complete Parts I and II	ceived, during the year, \$5,000 or more (in money or
Special Rules	
For a section 501(c)(3) organization filing Form 990 or 990-EZ sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VII	one contributor, during the year, a contribution of the greater
For a section 501(c)(7), (8), or (10) organization filing Form 99 the year, aggregate contributions of more than \$1,000 for use educational purposes, or the prevention of cruelty to children or	exclusively for religious, charitable, scientific, literary, or
For a section 501(c)(7), (8), or (10) organization filing Form 99 the year, contributions for use exclusively for religious, charitate aggregate to more than \$1,000. If this box is checked, enter he year for an exclusively religious, charitable, etc., purpose. Do applies to this organization because it received nonexclusively during the year.	able, etc., purposes, but these contributions did not ere the total contributions that were received during the not complete any of the parts unless the <b>General Rule</b> religious, charitable, etc., contributions of \$5,000 or more
Caution. An organization that is not covered by the General Rule and/or 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form or on line 2 of its Form 990-PF, to certify that it does not meet the filing re 990-PF)	the Special Rules does not file Schedule B (Form 990, m 990, or check the box on line H of its Form 990-EZ,

for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule	В	(Form 990,	990-EZ,	or	990-PF)	(2009)
----------	---	------------	---------	----	---------	--------

200	of	.,	Part I	
age		 JI.	rant	ı

Name of organization

FIERCE ADVOCACY FUND, INC.
(FKA STEPHEN & ELLEN SOLMS FAMILY FOUNDATION)

Employer Identification number 26-1749268

Part I Contributors	(see instructions)
---------------------	--------------------

(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_	STEVE AND ELLEN SOLMS  C/O FOUNDATION, 117 N. 15TH ST  PHILADELPHIA, PA 19102	\$ 177,879.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2_	FOOD AND FREEDOM FOUNDATION  1520 SPRUCE ST, APT 1207  PHILADELPHIA, PA 19102	\$ 59,136.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		. \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		-   -   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		- <b>\$</b> `	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT <u>INCOME</u>	19. 62.	81.
REVENUE AND EXPENSES PER BOOKS	19.	81.
		TOTAL
DESCRIPTION	CITIGROUP GLOBAL MARKETS UBS FINANCIAL SERVICES	

#### FORM 990PF, PART VII-A, LINE 3 - CONFORMED COPY OF THE CHANGES

IN JANUARY 2009 THE FOUNDATION FILED AMENDED ARTICLES OF INCORPORATION WITH THE PENNSYLVANIA DEPARTMENT OF STATE TO CHANGE THE NAME FROM THE STEPHEN & ELLEN SOLMS FOUNDATION, INC. TO THE FIERCE ADVOCACY FUND, INC.

SUBSTANTIAL CONTRIBUTORS		
Z E N		
1		
10	İ	
T VII-A, LINE		
-A,		
$\Lambda II$		
, PART		
990PF		
FORM		

DIRECT PUBLIC SUPPORT	177,879.	59,136.
DATE	VARIOUS	10/06/2009
NAME AND ADDRESS	STEVE AND ELLEN SOLMS C/O FOUNDATION, 117 N. 15TH ST PHILADELPHIA, PA 19102	FOOD AND FREEDOM FOUNDATION 1520 SPRUCE ST, APT 1207 PHILADELPHIA, PA 19102

237,015.

TOTAL CONTRIBUTION AMOUNTS

03881X 4188 5/21/2010

ACCT HER	· 0			0
EXPENSE ACCT AND OTHER ALLOWANCES				
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	.0	0	•0
COMPENSATION	.0		.0	.0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR, PRESIDENT 1.00	DIRECTOR, TREASURER 1.00	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	STEPHEN SOLMS 117 N. 15TH STREET PHILADELPHIA, PA 19102	ELLEN SOLMS 117 N. 15TH STREET PHILADELPHIA, PA 19102	ELIZABETH B. SOLMS 117 N. 15TH STREET PHILADELPHIA, PA 19102	

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

PAGE 19

ATTAC	Ή:	١	4EN	JТ	

## FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

STEPHEN E. SOLMS ELLEN SOLMS

YEAR
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PART
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	AMOUNT	20,000.	25,000.	1,000.	2,500.	12,000.	1,000
	PURPOSE OF GRANT OR CONTRIBUTION	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPLENT	UNRELATED 501(C)(3)	UNRELATED 501(C)(3)	UNRELATED 501(C)(3)	UNRELATED 501(C)(3)	UNRELATED	UNRELATED 501(C))3)
COURTER OF STATE OF S	RECIPTENT NAME AND ADDRESS	SEEDS OF PEACE 370 LEXINGTON AVE, SUITE 401 NEW YORK, NY 10017	WOMENS MEDICAL FUND PO BOX 59555 PHILADELPHIA, PA 19102	CHILD AND ADOLESCENT BIPOLAR FOUNDATION 820 DAVIS ST SUITE 520 EVANSTON, IL 60201	PLANNED PARENTHOOD OF SOUTHEAST PENNSYLVANIA 1144 LOCUST STREET PHILADELPHIA, PA 19107	WILMA THEATER 265 S BROAD ST PHILADELPHIA, PA 19107	FAIR FOOD (WHITE DOG ENTERPRISES) PO BOX 220168 DORCHESTER, MA 02122

ATTACHMENT 6 PAGE 21

61,500

TOTAL CONTRIBUTIONS PAID

V 09-6 2

11.34.18 AM

03881X 4188 5/21/2010

84495 16

Entity #: 3780327 Date Filed: 01/27/2009 Pedro A. Cortés Secretary of the Commonwealth

Artic	les of Amendment-Dome (15 Pa.C.S.)	stic Corporation
	Business Corporation (§  Nonprofit Corporation (§	
Corporation Ser		Document will be returned to the name and address you enter to the left.
812057-005	KY	Commonwealth of Pennsylvania ARTICLES OF AMENDMENT-NONPROFIT 3 F
:: \$70		T0902811017
In compliance with the requi		s (relating to articles of amendment), the undersigned,
1. The name of the corporation Stephen and Ellen Solms		
The (a) address of this corp commercial registered offic correct the following inform	coration's current registered office in the provider and the county of venue nation to conform to the records of the records o	
2. The (a) address of this corp commercial registered offic correct the following inform (a) Number and Street	constion's current registered office in the provider and the county of venue mation to conform to the records of	is (the Department is hereby authorized to the Department): State Zip County
2. The (a) address of this corporate the following inform (a) Number and Street  239 South Broad Street	coration's current registered office in the provider and the county of venue nation to conform to the records of the City	is (the Department is hereby authorized to the Department): State Zip County
2. The (a) address of this corporate the following inform (a) Number and Street 239 South Broad Street (b) Name of Commercial	constion's current registered office in the provider and the county of venue nation to conform to the records of the City  Leet Suite 1501 Phil	is (the Department is hereby authorized to the Department): State Zip County adelphia, PA 19102  County
2. The (a) address of this corporate the following inform (a) Number and Street 239 South Broad Street (b) Name of Commercial	constion's current registered office in the provider and the county of venue nation to conform to the records of the City  The Provider Provider  Chity Registered Office Provider  Chity Registered Office Provider	is (the Department is hereby authorized to the Department): State Zip County adelphia, PA 19102  County
2. The (a) address of this corp commercial registered offic correct the following inform (a) Number and Street 239 South Broad Street (b) Name of Commercial c/o  3. The statute by or under whi	constion's current registered office in the provider and the county of venue nation to conform to the records of the City  The conformation of the records of the City  The conformation of the records of the City  The conformation of the records of the City  The conformation of the records o	is (the Department is hereby authorized to the Department): State Zip County adelphia, PA 19102  County
2. The (a) address of this corporation commercial registered office correct the following inform (a) Number and Street 236 South Broad Street (b) Name of Commercial c/o  3. The statute by or under which the date of its incorporation  5. Check, and if appropriate c	constion's current registered office in the provider and the county of venue nation to conform to the records of the City  Leet Suite 1501 Phil.  Registered Office Provider  Ch it was incorporated: 15 PA C.S.  The January 8, 2008  Complete, one of the following:	is (the Department is hereby authorized to the Department): State Zip County adelphia, PA 19102  County

#### DSCB:15-1915/5915-2

6. Check one of the following:  The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or §							
5914(a).  The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).							
7. Check and if appropriate, complete one of the follow	ving:						
The amendment adopted by the corporation, set forth in full, is as follows							
The name of the corporation is changed to Fierce Advocacy Fund, Inc.							
And deline of the delipotenes to discover of a fine of a							
The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.							
8. Check if the amendment restates the Articles:	j						
The restated Articles of Incorporation supersede the original articles and all amendments thereto.							
	IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be						
	signed by a duly authorized officer thereof this						
	aby of						
	2009						
	Stephen and Ellen Solms Family Foundation Inc						
	Name of Corporation						
•	The state						
	Signature						
	Secretary/Treasurer Title						

# Form 8868

(Rev April 2009)

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

Department of the Treasury

► File a separate application for each return.

OMB No 1545-1709

If you are fi	ling for an Automatic 3-Month Extension, complete only Part I and check this box	▶ I X					
	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page						
	e Part II unless you have already been granted an automatic 3-month extension on a prev						
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).						
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete							
		▶ ∟ .					
All other corporations to file inco	prations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns.	04 to request an extension of					
one of the ref electronically returns, or a co	ing <i>(e-file)</i> . Generally, you can electronically file Form 8868 if you want a 3-month autourns noted below (6 months for a corporation required to file Form 990-T). However (1) you want the additional (not automatic) 3-month extension or (2) you file Forms of proposite or consolidated From 990-T. Instead, you must submit the fully completed and e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	er, you cannot file Form 8868 990-BL, 6069, or 8870, group signed page 2 (Part II) of Form					
Type or	Name of Exempt Organization FIERCE ADVOCACY FUND, INC.	Employer identification number					
print	(STEPHEN AND ELLEN SOLMS FAMILY FOUNDATION)	26-1749268					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions 117 N. 15TH STREET						
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
instructions	PHILADELPHIA, PA 19102						
Check type o	f return to be filed (file a separate application for each return).						
Form 990	Form 990-T (corporation)	m 4720					
Form 990		m 5227					
Form 990	F=	m 6069					
X Form 990	PF Form 1041-A For	m 8870					
<ul><li>If the organ</li><li>If this is for the whole g</li></ul>	No ▶ 215 735~7800 FAX No. ▶  Inzation does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN)  Proup, check this box - ▶	. If this is					
	st an automatic 3-month (6 months for a corporation required to file For	n 000 Th extension of time					
until	08/16 , 2010 , to file the exempt organization return for the organization ganization's return for.  calendar year 2009 or	named above. The extension is					
<b>-</b> L	tax year beginning, and ending	· ·					
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting period					
	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any 3a \$ NONE 0.					
	dable credits. See instructions.						
•	b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments  made. Include any prior year overpayment allowed as a credit.  3b \$ ND/UE C						
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required						
with FT	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See						
instruction							
for payment in	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-Ed structions	O and Form 88/9-EO					
	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)					