

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 10/01/2021 and ending 06/30/2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

PHILABUNDANCE

23-2290505

Name and title of officer or person subject to tax

LOREE D JONES, CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>71821574.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WITHUMSMITH+BROWN, PC to enter my PIN 46449 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

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

22774022202

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

5/15/2023

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

A For the 2021 calendar year, or tax year beginning 10/01/2021 and ending 06/30/2022

Header section containing organization name (PHILABUNDANCE), EIN (23-2290505), address (3616 SOUTH GALLOWAY STREET, PHILADELPHIA, PA 19148), principal officer (LOREE D JONES), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue (104,884,406 prior year), expenses (102,515,897 total), and net assets (62,856,979 beginning of current year).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature area for the preparer, including a line for the signature of the officer and a line for the preparer's name and title.

Paid Preparer Use Only section containing preparer name (ERIC M STRAUSS), signature, date (05/11/2023), PTIN (P00991844), firm name (WITHUMSMITH+BROWN, PC), and phone number (215-546-2140).

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 70,715,170. including grants of \$ 47,512,458.) (Revenue \$ 2,552,528.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 852,102. including grants of \$) (Revenue \$ 315,058.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 71,567,272.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?.		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 200		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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?		
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.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

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

LOREE D JONES 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148 2153390900

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOREE D. JONES CHIEF EXECUTIVE OFFICER	40.00 NONE			X				227,046.	NONE	11,220.
(2) MELANIE J. CATALDI CHIEF IMPACT OFFICER	40.00 NONE					X		163,826.	NONE	23,755.
(3) GINA HARLAN FORMER CHIEF FINANCIAL OFFICER	1.00 NONE						X	172,943.	NONE	9,570.
(4) SARA HERTZ CHIEF DEVELOPMENT OFFICER	40.00 NONE					X		137,023.	NONE	8,780.
(5) KATE V. SCULLY CHIEF OF EXTERNAL AFFAIRS	40.00 NONE					X		121,327.	NONE	12,277.
(6) TODD SILVERSTEIN DIRECTOR, FINANCE	40.00 NONE					X		118,000.	NONE	3,184.
(7) SCOTT FREMONT DIRECTOR, INDIVIDUAL GIVING	40.00 NONE					X		116,538.	NONE	3,169.
(8) JOHN HOLLWAY CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(9) ROBERT J. CLARK VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(10) NOEL EISENSTAT VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(11) DIXIEANNE JAMES VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(12) ANIKA HAWKINS SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(13) ANDREW SANDIFER TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(14) BASSAM AWADALLA DIRECTOR	2.00 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SAMUEL H. BAKER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(16) ELIZABETH IRELAND DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(17) PAMELA RAINEY LAWLER DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(18) ADELE LINDENMEYR, PHD DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(19) CHERYL MARTIN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(20) MARISSA MEYERS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(21) DAVID MILLER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(22) ALENI PAPPAS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(23) NYEEMA WATSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(24) TODD PETERSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(25) MARTIN PHILLIPS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							1,056,703.	NONE	71,955.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							1,056,703.	NONE	71,955.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MILTON PRATT, JR DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(27) ESTELLE RICHMAN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(28) JOHN RUANE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(29) NORA SWIMM DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(30) ALAN E. CASNOFF TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 45

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	132,983.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions) . .					
	f	All other contributions, gifts, grants, and similar amounts not included above .	68,933,804.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 45,214,604.				
	h	Total. Add lines 1a-1f		69,066,787.			
	Program Service Revenue	2a	AGENCY SERVICE FEES	561000	2,867,587.	2,867,587.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		2,867,587.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		61,290.		61,290.	
	4	Income from investment of tax-exempt bond proceeds .		NONE			
	5	Royalties		NONE			
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)	NONE	NONE			
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	-1,553.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses . .					
	c	Gain or (loss)	-1,553.				
	d	Net gain or (loss)		-1,553.		-1,553.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		NONE				
			NONE				
			NONE				
b	Less: direct expenses						
c	Net income or (loss) from fundraising events		NONE				
9a	Gross income from gaming activities. See Part IV, line 19		NONE				
			NONE				
			NONE				
b	Less: direct expenses						
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances		17,174.				
			559,028.				
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		-541,854.	-541,854.			
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	900099	310,881.	310,881.		
	b	CATERING REVENUE	900099	58,436.	58,436.		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		369,317.			
12	Total revenue. See instructions		71,821,574.	2,695,050.	59,737.		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	47,512,458.	47,512,458.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	297,153.	165,417.	90,682.	41,054.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	7,658,648.	4,237,595.	2,337,169.	1,083,884.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	155,474.	85,026.	47,445.	23,003.
9 Other employee benefits	1,332,437.	737,249.	406,616.	188,572.
10 Payroll taxes	573,078.	317,089.	174,885.	81,104.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	54,426.		54,426.	
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,135,224.	718,225.	121,989.	295,010.
12 Advertising and promotion	192,115.	3,064.	323.	188,728.
13 Office expenses	2,615,396.	1,056,347.	284,145.	1,274,904.
14 Information technology	183,071.	69,736.	26,726.	86,609.
15 Royalties	NONE			
16 Occupancy	2,123,798.	1,243,063.	485,700.	395,035.
17 Travel	607,732.	607,732.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	71,328.	59,761.	5,882.	5,685.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,001,420.	631,438.	220,227.	149,755.
23 Insurance	115,740.	64,040.	35,320.	16,380.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD ACQUISITIONS	14,037,279.	14,037,279.		
b BAD DEBT	5,378.		5,378.	
c MISC EXPENSES	47,906.	21,753.	25,845.	308.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	79,720,061.	71,567,272.	4,322,758.	3,830,031.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,685,733.	1	2,685,258.
	2 Savings and temporary cash investments.	21,929,426.	2	21,948,383.
	3 Pledges and grants receivable, net	468,752.	3	476,708.
	4 Accounts receivable, net	1,031,315.	4	904,652.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	7,112,646.	8	4,022,798.
	9 Prepaid expenses and deferred charges	446,294.	9	604,632.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,142,829.		
	b Less: accumulated depreciation.	10b 5,836,142.		
		17,626,024.	10c	18,306,687.
	11 Investments - publicly traded securities.	2,406,009.	11	2,087,673.
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	5,049,038.	14	4,129,703.
15 Other assets. See Part IV, line 11	101,742.	15	99,542.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	62,856,979.	16	55,266,036.	
Liabilities	17 Accounts payable and accrued expenses.	2,972,918.	17	2,561,104.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	984,658.	19	1,669,924.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	4,679,999.	23	4,679,999.
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,314,831.	25	6,693,343.
	26 Total liabilities. Add lines 17 through 25.	14,952,406.	26	15,604,370.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	47,904,573.	27	37,092,872.
	28 Net assets with donor restrictions.	NONE	28	2,568,794.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	47,904,573.	32	39,661,666.
33 Total liabilities and net assets/fund balances.	62,856,979.	33	55,266,036.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	71,821,574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,720,061.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,898,487.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,904,573.
5	Net unrealized gains (losses) on investments	5	-343,316.
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	-1,104.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	39,661,666.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2021)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

PHILABUNDANCE

Employer identification number

23-2290505

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

JSA
1E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,829,165.	55,913,651.	105,400,582.	104,884,406.	69,066,787.	390,094,591.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	54,829,165.	55,913,651.	105,400,582.	104,884,406.	69,066,787.	390,094,591.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						35,317,106.
6 Public support. Subtract line 5 from line 4						354,777,485.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	54,829,165.	55,913,651.	105,400,582.	104,884,406.	69,066,787.	390,094,591.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	133,968.	91,993.	52,952.	27,395.	61,290.	367,598.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,943.	1,978.	14,086.	222,018.	369,317.	624,342.
11 Total support. Add lines 7 through 10						391,086,531.
12 Gross receipts from related activities, etc. (see instructions)					12	18,978,530.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	90.72 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	88.89 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	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, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

JSA 1E1268 1.000

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,209,661.	1,616,378.	1,494,539.	1,280,612.	879,326.
b Contributions	25,000.	250,000.		300,000.	300,000.
c Net investment earnings, gains, and losses	72,471.	439,611.	192,241.	-23,906.	161,137.
d Grants or scholarships					
e Other expenditures for facilities and programs	390,081.	96,328.	70,402.	62,167.	59,851.
f Administrative expenses					
g End of year balance	1,917,051.	2,209,661.	1,616,378.	1,494,539.	1,280,612.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 51.6100 %
 - b Permanent endowment 36.4000 %
 - c Term endowment 11.9900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,218,581.		1,218,581.
b Buildings		17,521,672.	3,378,662.	14,143,010.
c Leasehold improvements		200,175.	6,772.	193,401.
d Equipment		4,660,190.	2,241,431.	2,418,757.
e Other		542,212.	209,274.	332,938.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,306,687.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	1,136,107.
(3) DEFERRED COMP	1,153,258.
(4) SECURITY DEPOSIT	23,093.
(5) RIGHT OF USE LIABILITY	4,380,885.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,693,343.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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

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

1	Total revenue, gains, and other support per audited financial statements		1	71,669,153.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-343,316.	
b	Donated services and use of facilities	2b	192,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,105.	
e	Add lines 2a through 2d	2e	-152,421.	
3	Subtract line 2e from line 1	3	71,821,574.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	71,821,574.	

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

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

1	Total expenses and losses per audited financial statements		1	79,912,061.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	192,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	192,000.	
3	Subtract line 2e from line 1	3	79,720,061.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	79,720,061.	

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

PART V, LINE 4:

INCOME FROM THE ENDOWMENT FUNDS IS USED TO SUPPORT THE OPERATIONS OF THE ORGANIZATION.

PART X, LINE 2:

PHILABUNDANCE IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO THE PROVISIONS OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND FROM PENNSYLVANIA STATE INCOME TAXES UNDER APPLICABLE STATE LAW. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN RECORDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS.

F&S CHESTER, RE, INC. IS A TAXABLE PENNSYLVANIA CORPORATION.

MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AT PHILABUNDANCE AS OF JUNE 30, 2022.

PHILABUNDANCE HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D

CHANGE IN BENEFICIAL INTEREST (1,105)

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				12,854,225.	1,331,824.	11,522,401.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

ALLEGIANCE FUNDRAISING, LLC

ADDRESS:

4 EMPIRE RD
PLYMOUTH, MA 02360

ACTIVITY :

DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	12,854,225.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	1,331,824.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	11,522,401.

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

PHILABUNDANCE

Employer identification number

23-2290505

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ANCHOR OF HOPE 53 E. WISTER ST. PHILADELPHIA, PA 19144	30-0705407	501C(3)		51,358.	OTHER	FOOD	FOOD INSECURITY
(2) CHURCH OF THE ANNUNCIATION 324 CARPENTER LANE PHILADELPHIA, PA 19119	23-1352108	501C(3)		141,171.	OTHER	FOOD	FOOD INSECURITY
(3) BEBASHI 1235 SPRING GARDEN STREET	23-2484046	501C(3)		91,954.	OTHER	FOOD	FOOD INSECURITY
(4) BETHANY A. M. E. CHURCH 8898 ASHTON ROAD PHILADELPHIA, PA 19136	45-3915087	501C(3)		22,019.	OTHER	FOOD	FOOD INSECURITY
(5) BREWERYTOWN SHARSWOOD NAC 3000 W. MASTER STREET	02-0685211	501C(3)		108,004.	OTHER	FOOD	FOOD INSECURITY
(6) BRIGHT HOPE BAPTIST CHURCH 1601 NORTH 12TH STREET	23-1522648	501C(3)		136,014.	OTHER	FOOD	FOOD INSECURITY
(7) CAST YOUR CARES 2436-2438 KENSINGTON AVENUE	41-2097613	501C(3)		73,477.	OTHER	FOOD	FOOD INSECURITY
(8) CATHEDRAL KITCHEN 1514 FEDERAL ST CAMDEN, NJ 08105	22-3114500	501C(3)		147,046.	OTHER	FOOD	FOOD INSECURITY
(9) CHERRY HILL FOOD & OUTREACH 910 BEECHWOOD AVE CHERRY HILL, NJ 08002	26-1956252	501C(3)		288,026.	OTHER	FOOD	FOOD INSECURITY
(10) CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DR EXTON, PA 19341	27-0887311	501C(3)		154,359.	OTHER	FOOD	FOOD INSECURITY
(11) CHILDREN'S MISSION INC 2200 GERMANTOWN AVENUE	23-6416572	501C(3)		77,413.	OTHER	FOOD	FOOD INSECURITY
(12) CHURCH OF CHRISTIAN COMPASSION 6012 CEDAR AVE PHILADELPHIA, PA 19143	23-2306281	501C(3)	1,392.	82,661.	OTHER	FOOD	FOOD INSECURITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 314

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) CYWA COATESVILLE LINCOLN HIGHWAY 423 E. LINCOLN HIGHWAY	23-1365995	501C(3)		310,902.	OTHER	FOOD	FOOD INSECURITY
(2) DEPAUL USA 5725 SPRAGUE STREET PHILADELPHIA, PA 19138	35-2338110	501C(3)		96,260.	OTHER	FOOD	FOOD INSECURITY
(3) EZEKIEL BAPTIST CHURCH 5701 GRAYS AVE. PHILADELPHIA, PA 19143	23-2144085	501C(3)		421,081.	OTHER	FOOD	FOOD INSECURITY
(4) FAITH ASSEMBLY OF GOD 1926-1940 MARGARET STREET	44-0577787	501C(3)		500,449.	OTHER	FOOD	FOOD INSECURITY
(5) FAMILY PROMISE MONTCO PA 2801 WOODLAND ROAD ROSLYN, PA 19001	22-2708420	501C(3)		64,308.	OTHER	FOOD	FOOD INSECURITY
(6) FIRST CHURCH WORSHIP CENTER 2509 N. 30TH ST. PHILADELPHIA, PA 19132	02-0610992	501C(3)		24,401.	OTHER	FOOD	FOOD INSECURITY
(7) GIVING OF SELF PARTNERSHIP 6101 LIMEKILN PIKE PHILADELPHIA, PA 19141	22-3032060	501C(3)		372,410.	OTHER	FOOD	FOOD INSECURITY
(8) GOOD SAMARITAN BAPTIST CHURCH 6148-6150 LANSDOWNE AVENUE	23-7027286	501C(3)		155,793.	OTHER	FOOD	FOOD INSECURITY
(9) GRACE LUTHERAN NORRISTOWN 506 HAWS AVE NORRISTOWN, PA 19401	41-1568278	501C(3)		126,065.	OTHER	FOOD	FOOD INSECURITY
(10) GRACE TABERNACLE CHRISTIAN CHURCH 1519 SOUTH 52ND STREET	23-1970157	501C(3)		502,512.	OTHER	FOOD	FOOD INSECURITY
(11) GREATER PHILADELPHIA ASIAN SOCIAL SERVICE C 4943 NORTH 5TH STREET	23-2216151	501C(3)		43,480.	OTHER	FOOD	FOOD INSECURITY
(12) HAITIAN EVANGELICAL BAPTIST CHURCH 814 E. CHELTEN AVENUE	23-2369515	501C(3)		187,837.	OTHER	FOOD	FOOD INSECURITY

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(1) CORNWELLS UNITED METHODIST CHURCH HARVEST M 2284 BRISTOL PIKE BENSALEM, PA 19020	31-1813333	501C(3)		2,148,371.	OTHER	FOOD	FOOD INSECURITY
(2) IGLESIA CRISTIANA AVIVAMIENTO 5500 TAVOR AVENUE PHILADELPHIA, PA 19120	27-3609504	501C(3)		1,228,110.	OTHER	FOOD	FOOD INSECURITY
(3) JERUSALEM FRENCH CHURCH 537 EAST WYOMING AVENUE	38-3835199	501C(3)		327,335.	OTHER	FOOD	FOOD INSECURITY
(4) JEWISH RELIEF AGENCY 10980 DUTTON ROAD PHILADELPHIA, PA 19154	26-2578017	501C(3)		6,192.	OTHER	FOOD	FOOD INSECURITY
(5) KEEP IT REAL CDC 5900 LANSDOWNE AVENUE	37-1644664	501C(3)		1,384,544.	OTHER	FOOD	FOOD INSECURITY
(6) LIFEWERKS, INC. 25 CEDAR ROAD WALLINGFORD, PA 19086	23-2939488	501C(3)		21,444.	OTHER	FOOD	FOOD INSECURITY
(7) LUTHERAN SETTLEMENT HOUSE 1340 FRANKFORD AVENUE	23-1352365	501C(3)		270,103.	OTHER	FOOD	FOOD INSECURITY
(8) MANNA ON MAIN STREET 606 EAST MAIN STREET LANSDALE, PA 19446	23-2287252	501C(3)	500.	834,909.	OTHER	FOOD	FOOD INSECURITY
(9) MATTIE DIXON COMMUNITY CUPBOARD 150 NORTH MAIN STREET AMBLER, PA 19002	23-3061645	501C(3)		224,181.	OTHER	FOOD	FOOD INSECURITY
(10) MID-ATLANTIC STATES CAREER AND EDUCATION CE 375 SOUTH BROADWAY PENNSVILLE, NJ 08070	27-0836767	501C(3)		557,541.	OTHER	FOOD	FOOD INSECURITY
(11) MIGHTY WRITERS 2300 W MASTER ST PHILADELPHIA, PA 19121	01-0920922	501C(3)		694,605.	OTHER	FOOD	FOOD INSECURITY
(12) MITZVAH FOOD PROGRAM - OLD YORK ROAD (00106 8231 OLD YORK ROAD ELKINS PARK, PA 19027	23-1500085	501C(3)		33,627.	OTHER	FOOD	FOOD INSECURITY

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(1) MIZPAH SDA CHURCH 4355 PAUL STREET PHILADELPHIA, PA 19124	52-0643036	501C(3)		411,974.	OTHERS	FOOD	FOOD INSECURITY
(2) MOUNT ZION UNITED HOLY CHURCH 4110 HAVERFORD AVENUE	23-2902503	501C(3)		283,611.	OTHER	FOOD	FOOD INSECURITY
(3) MOUNT ZION CME CHURCH 701 FELTON AVENUE SHARON HILL, PA 19079	23-2003640	501C(3)		140,945.	OTHER	FOOD	FOOD INSECURITY
(4) MOUNT CALVARY BAPTIST CHURCH 1198 PENN STREET CAMDEN, NJ 08102	22-2226195	501C(3)		147,808.	OTHER	FOOD	FOOD INSECURITY
(5) MURPHY'S GIVING MARKET 7408 WEST CHESTER PIKE	83-3176958	501C(3)		328,620.	OTHER	FOOD	FOOD INSECURITY
(6) MVP FOUNDATION 10 KENNEDY BLVD UPPER DARBY, PA 19082	26-2169307	501C(3)		97,152.	OTHER	FOOD	FOOD INSECURITY
(7) NEW JERUSALEM LAURA 2011 W NORRIS ST PHILADELPHIA, PA 19121	23-2576082	501C(3)		109,478.	OTHER	FOOD	FOOD INSECURITY
(8) NEW TESTAMENT CHURCH OF GOD 935 SOUTH 53RD STREET	62-0484177	501C(3)		178,741.	OTHER	FOOD	FOOD INSECURITY
(9) OPEN DOOR MINISTRY 350 MAIN STREET ROYERSFORD, PA 19468	22-3866998	501C(3)		84,584.	OTHER	FOOD	FOOD INSECURITY
(10) PAGE ACADEMY CDC 1524 WEST CHAMPLOST AVENUE	22-2650898	501C(3)		85,759.	OTHER	FOOD	FOOD INSECURITY
(11) PHOENIXVILLE AREA COM SERV 101 BUCHANAN STREET PHOENIXVILLE, PA 19460	23-1902190	501C(3)		406,493.	OTHER	FOOD	FOOD INSECURITY
(12) POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES 57 N FRANKLIN ST POTTSTOWN, PA 19464	23-1977722	501C(3)		195,955.	OTHER	FOOD	FOOD INSECURITY

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(1) REFUGE EVANGELICAL BAPTIST CHURCH 1100 OAK LANE PHILADELPHIA, PA 19126	36-2192827	501C(3)		147,541.	OTHER	FOOD	FOOD INSECURITY
(2) REMNANT CHURCH OF GOD 7708-7712 OGONTZ AVE PHILADELPHIA, PA 19150	23-2085525	501C(3)		234,547.	OTHER	FOOD	FOOD INSECURITY
(3) RESURRECTION COMMUNITY CHURCH 6200 DICKS AVENUE PHILADELPHIA, PA 19142	13-4298753	501C(3)		112,877.	OTHER	FOOD	FOOD INSECURITY
(4) SHEPHERD'S SHELF 2211 MAINLAND ROAD HARLEYSVILLE, PA 19438	41-1568278	501C(3)		8,770.	OTHER	FOOD	FOOD INSECURITY
(5) SMALL THINGS 401 DOMINO LANE PHILADELPHIA, PA 19128	25-0987250	501C(3)		3,065,852.	OTHER	FOOD	FOOD INSECURITY
(6) THE FOOD CLOSET AT CHURCH OF THE GOOD SAMAR 212 WEST LANCASTER AVENUE PAOLI, PA 19301	23-1352382	501C(3)		108,815.	OTHER	FOOD	FOOD INSECURITY
(7) VICTORY ASSEMBLY OF GOD 317 HARDING HWY PITTSBORO, NJ 08318	22-2976801	501C(3)		260,617.	OTHER	FOOD	FOOD INSECURITY
(8) SIMPLE WAY 3234 POTTER STREET PHILADELPHIA, PA 19134	23-2936437	501C(3)		323,181.	OTHER	FOOD	FOOD INSECURITY
(9) UJIMA FRIENDS PEACE CENTER 1701 WEST LEHIGH AVENUE	82-1735679	501C(3)		17,541.	OTHER	FOOD	FOOD INSECURITY
(10) UPPER ROOM MISSIONARY BAPTIST 7236 OGONTZ AVE PHILADELPHIA, PA 19138	23-2322209	501C(3)		961,646.	OTHER	FOOD	FOOD INSECURITY
(11) WEST CHESTER FOOD CUPBOARD 431 SOUTH BOLMAR STREET	23-7046393	501C(3)		504,807.	OTHER	FOOD	FOOD INSECURITY
(12) WILLOW GROVE SDA CHURCH 1576 FAIRVIEW AVENUE WILLOW GROVE, PA 19090	52-0643036	501C(3)		174,206.	OTHER	FOOD	FOOD INSECURITY

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(1) SMALL THINGS 401 DOMINO LANE PHILADELPHIA, PA 19128	25-0987250	501C(3)	13,883.				PURCHASE APPLIANCES
(2) BUCKS COUNTY OPPORTUNITY COUNCIL 1265 ALMSHOUSE RD DOYLESTOWN, PA 18901	23-6406222	501C(3)		724,459.	OTHER	FOOD	FOOD INSECURITY
(3) BUCKS COUNTY OPPORTUNITY COUNCIL 194 COMMERCE CIRCLE BRISTOL, PA 19007	23-6406222	501C(3)		724,459.	OTHER	FOOD	FOOD INSECURITY
(4) TOUCH NEW JERSEY STATE ST. 549 STATE ST. CAMDEN, NJ 08102	26-2031100	501C(3)		15,542.	OTHER	FOOD	FOOD INSECURITY
(5) MID-ATLANTIC STATES CAREER & EDUCATION CENT 28 HARRISON STREET WOODBURY, NJ 08097	27-0836767	501C(3)		557,541.	OTHER	FOOD	FOOD INSECURITY
(6) KITCHEN OF LOVE 8500 PICKERING AVE PHILADELPHIA, PA 19150	35-2310553	501C(3)		646,029.	OTHER	FOOD	FOOD INSECURITY
(7) FEAST OF JUSTICE 3101 TYSON AVE PHILADELPHIA, PA 19149	26-0392596	501C(3)		552,381.	OTHER	FOOD	FOOD INSECURITY
(8) CITYTEAM MINISTRIES 634 SPROUL ST CHESTER, PA 19013	94-1501265	501C(3)		2,918,008.	OTHER	FOOD	FOOD INSECURITY
(9) FAITH BAPTIST CHURCH 1515 WISTAR ROAD FAIRLESS HILLS, PA 19030	23-1940068	501C(3)		468,910.	OTHER	FOOD	FOOD INSECURITY
(10) MEMORIAL CHURCH OF GOD IN CHRIST OF HAVERFO 747 BUCK LANE HAVERFORD, PA 19041	37-1589875	501C(3)		769,570.	OTHER	FOOD	FOOD INSECURITY
(11) PEOPLE'S EMERGENCY CENTER 325 N 39TH ST PHILADELPHIA, PA 19104	23-2687223	501C(3)		31,489.	OTHER	FOOD	FOOD INSECURITY
(12) MIGHTY WRITERS - CAMDEN 1801 S BROADWAY CAMDEN, NJ 08104	01-0920922	501C(3)		694,605.	OTHER	FOOD	FOOD INSECURITY

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(1) MIGHTY WRITERS - EL FUTURO 1025 S 9TH ST PHILADELPHIA, PA 19147	01-0920922	501C(3)		694,605.	OTHER	FOOD	FOOD INSECURITY
(2) MIGHTY WRITERS - EL FUTURO KENNET 300 N GUERNSEY RD WEST GROVE, PA 19390	01-0920922	501C(3)		694,605.	OTHER	FOOD	FOOD INSECURITY
(3) MIGHTY WRITERS - NORTH 2300 W MASTER ST PHILADELPHIA, PA 19121	01-0920922	501C(3)	17,540.				VEHICLE REFRIGERATIO
(4) MIGHTY WRITERS - WEST 3520 FAIRMOUNT AVE PHILADELPHIA, PA 19104	01-0920922	501C(3)		694,605.	OTHER	FOOD	FOOD INSECURITY
(5) THE DAILY BREAD PANTRY 3938 RIDGE PIKE COLLEGEVILLE, PA 19426	47-1481813	501C(3)		501,021.	OTHER	FOOD	FOOD INSECURITY
(6) MUSLIMS SERVE INC. 4700 WYALASING AVE PHILADELPHIA, PA 19131	47-5170613	501C(3)		179,360.	OTHER	FOOD	FOOD INSECURITY
(7) BRIDESBURG UNITED METHODIST CHURCH 2717-2719 KIRKBRIDE STREET	36-2167731	501C(3)		323,691.	OTHER	FOOD	FOOD INSECURITY
(8) CATHOLIC SOCIAL SERVICES MONTGOMERY COUNTY 353 E JOHNSON HWY NORRISTOWN, PA 19401	23-1352063	501C(3)		452,050.	OTHER	FOOD	FOOD INSECURITY
(9) CATHOLIC SOCIAL SERVICES MONTGOMERY COUNTY 1350 PAWLINGS RD PHOENIXVILLE, PA 19460	23-1352063	501C(3)		452,050.	OTHER	FOOD	FOOD INSECURITY
(10) DIVINE PROVIDENCE VILLAGE 686 OLD MARPLE ROAD SPRINGFIELD, PA 19064	53-0196617	501C(3)		266,681.	OTHER	FOOD	FOOD INSECURITY
(11) IGLESIA DE DIOS PENTECOSTAL 516 W. BUTLER STREET PHILADELPHIA, PA 19140	66-0497143	501C(3)		451,329.	OTHER	FOOD	FOOD INSECURITY
(12) LAMB CORNUCOPIA CUPBOARD 499 E WALNUT STREET NORTH WALES, PA 19454	23-2482780	501C(3)		299,600.	OTHER	FOOD	FOOD INSECURITY

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(1) PENNRIDGE FISH ORGANIZATION 800 WEST CHESTNUT STREET PERKASIE, PA 18944	23-2729559	501C(3)		352,249.	OTHER	FOOD	FOOD INSECURITY
(2) CHAMPLOST HOMES TENANT COUNCIL 1953 NEDRO AVENUE PHILADELPHIA, PA 19141	23-7040038	501C(3)		259,583.	OTHER	FOOD	FOOD INSECURITY
(3) LORD'S PANTRY OF DOWNINGTOWN 141 EAST LANCASTER AVENUE	23-3092880	501C(3)		405,717.	OTHER	FOOD	FOOD INSECURITY
(4) VICTORY ASSEMBLY OF GOD 317 HARDING HWY PITTSBORO, NJ 08318	99-9999999	501C(3)	27,584.				FORKLIFT
(5) BRYN MAWR AVENUE NEW TESTAMENT CHURCH OF GO 2227 BRYN MAWR AVE PHILADELPHIA, PA 19131	11-3768794	501C(3)		49,765.	OTHER	FOOD	FOOD INSECURITY
(6) BRISTOL BOROUGH COMMUNITY ACTION 99 WOOD ST BRISTOL, PA 19007	22-2584361	501C(3)		195,305.	OTHER	FOOD	FOOD INSECURITY
(7) NORTH LIGHT COMMUNITY CENTER 175 GREEN LANE PHILADELPHIA, PA 19127	23-1365378	501C(3)		162,767.	OTHER	FOOD	FOOD INSECURITY
(8) HOLY REDEEMER FOOD CUPBOARD 12265 TOWNSEND ROAD PHILADELPHIA, PA 19154	23-2502333	501C(3)		353,653.	OTHER	FOOD	FOOD INSECURITY
(9) QUAKERTOWN FOOD PANTRY 101B NORTH 3RD STREET QUAKERTOWN, PA 18951	26-2583129	501C(3)		248,589.	OTHER	FOOD	FOOD INSECURITY
(10) CHURCH OF THE ADVOCATE 2123 N GRATZ ST. PHILADELPHIA, PA 19121	23-1352108	501C(3)		260,817.	OTHER	FOOD	FOOD INSECURITY
(11) LUTHERAN SETTLEMENT HOUSE SENIOR CENTER 1340 FRANKFORD AVENUE	23-1352365	501C(3)	56,000.				ROOF REPAIR
(12) SAINT PAUL'S BAPTIST CHURCH 1000 WALLACE ST PHILADELPHIA, PA 19123	23-1569938	501C(3)		36,023.	OTHER	FOOD	FOOD INSECURITY

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

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

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Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

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(1) SALVATION ARMY WEST PHILADELPHIA CORPS 5501 MARKET ST PHILADELPHIA, PA 19139	13-5562351	501C(3)		459,068.	OTHER	FOOD	FOOD INSECURITY
(2) EASTWICK UNITED METHODIST CHURCH 8325 LINDBERGH BOULEVARD	36-2167731	501C(3)		182,778.	OTHER	FOOD	FOOD INSECURITY
(3) SEAMAAC 1711 S BROAD ST PHILADELPHIA, PA 19148	22-2541120	501C(3)		252,347.	OTHER	FOOD	FOOD INSECURITY
(4) GRACE LUTHERAN CHURCH 3529 HAVERFORD AVENUE	41-1568278	501C(3)		191,323.	OTHER	FOOD	FOOD INSECURITY
(5) EMERGENCY DISTRIBUTION 1648 WEST HUNTING PARK AVENUE	23-2290505	501C(3)		53,533.	OTHER	FOOD	FOOD INSECURITY
(6) MITZVAH FOOD PROGRAM NORTHEAST 10100 JAMISON AVENUE PHILADELPHIA, PA 19116	23-1500085	501C(3)		133,888.	OTHER	FOOD	FOOD INSECURITY
(7) POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES 57 N FRANKLIN ST POTTSTOWN, PA 19464	23-1977722	501C(3)	14,497.	8,285.	OTHER	SHELVING	GENERATOR
(8) SAINT NORBERT PARISH 50 LEOPARD ROAD PAOLI, PA 19301	53-0196617	501C(3)		151,342.	OTHER	FOOD	FOOD INSECURITY
(9) CHESTER HIGH SCHOOL 232 WEST 9TH STREET CHESTER, PA 19013	99-9999999	501C(3)		271,215.	OTHER	FOOD	FOOD INSECURITY
(10) CALVARY AGAPE OUTREACH SERVICE 6114 HAVERFORD AVENUE	23-3033087	501C(3)		280,857.	OTHER	FOOD	FOOD INSECURITY
(11) SAINT PAUL CME CHURCH 1009 W 3RD ST CHESTER, PA 19013	23-1370471	501C(3)		206,808.	OTHER	FOOD	FOOD INSECURITY
(12) KENNETT AREA COMMUNITY SERVICE 136 W. CEDAR STREET	23-2215441	501C(3)		164,586.	OTHER	FOOD	FOOD INSECURITY

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(1) GAUDENZIA WEST CHESTER 1030 S CONCORD RD WEST CHESTER, PA 19382	23-1706895	501C(3)		91,692.	OTHER	FOOD	FOOD INSECURITY
(2) MASJIDULLAH CENTER FOR HUMAN EXCELLENCE 7401 LIMEKILN PIKE PHILADELPHIA, PA 19138	22-2525050	501C(3)		168,065.	OTHER	FOOD	FOOD INSECURITY
(3) JENKINTOWN UNITED METHODIST CHURCH 328 SUMMIT AVENUE JENKINTOWN, PA 19046	36-2167731	501C(3)		60,667.	OTHER	FOOD	FOOD INSECURITY
(4) SAINT FRANCIS INN 2441 KENSINGTON AVENUE	53-0196617	501C(3)		230,418.	OTHER	FOOD	FOOD INSECURITY
(5) NEW ERA BAPTIST CHURCH 6618 WYNCOTE AVENUE PHILADELPHIA, PA 19138	99-9999999	501C(3)		92,812.	OTHER	FOOD	FOOD INSECURITY
(6) HAITIAN EVANGELICAL BAPTIST CHURCH 814 E. CHELTEN AVENUE	23-2369515	501C(3)	53,191.				VEHICLE PURCHASE
(7) SAINT EDMOND SENIOR COMMUNITY CENTER 2130 SOUTH 21ST STREET	53-0196617	501C(3)		145,510.	OTHER	FOOD	FOOD INSECURITY
(8) LOAVES AND FISHES 703 LINCOLN AVENUE PROSPECT PARK, PA 19076	99-9999999	501C(3)		188,257.	OTHER	FOOD	FOOD INSECURITY
(9) ST. CATHERINE OF SIENA-SOCIETY ST. VINCENT 321 WITMER ROAD HORSHAM, PA 19044	99-9999999	501C(3)		112,750.	OTHER	FOOD	FOOD INSECURITY
(10) CATHOLIC SOCIAL SERVICES SOUTHWEST PHILADEL 6214 GRAYS AVENUE PHILADELPHIA, PA 19142	23-1352063	501C(3)		54,377.	OTHER	FOOD	FOOD INSECURITY
(11) GRACE TABERNACLE CHRISTIAN CHURCH 1519 SOUTH 52ND STREET	23-1970157	501C(3)	9,063.				ELECTRICAL UPGRADE
(12) OPEN DOOR MINISTRIES 3373 FRANKFORD AVE PHILADELPHIA, PA 19134	44-0577787	501C(3)		93,580.	OTHER	FOOD	FOOD INSECURITY

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(1) BRAND NEW LIFE CHRISTIAN CENTER 6301 GERMANTOWN AVENUE	35-6064030	501C(3)		75,620.	OTHER	FOOD	FOOD INSECURITY
(2) NORTH 10 PHILADELPHIA 3890 N 10TH ST PHILADELPHIA, PA 19140	20-5105110	501C(3)		19,605.	OTHER	FOOD	FOOD INSECURITY
(3) TURNING POINTS FRANKFORD 5000 OXFORD AVE. PHILADELPHIA, PA 19124	23-1352272	501C(3)		68,219.	OTHER	FOOD	FOOD INSECURITY
(4) BUCKS COUNTY HOUSING GROUP DOYLESTOWN 470 OLD DUBLIN PIKE DOYLESTOWN, PA 18901	23-1878791	501C(3)		92,176.	OTHER	FOOD	FOOD INSECURITY
(5) SAINT MARK'S FOOD CUPBOARD 1625 LOCUST STREET PHILADELPHIA, PA 19103	23-1352108	501C(3)		136,112.	OTHER	FOOD	FOOD INSECURITY
(6) HONEY BROOK FOOD PANTRY 5064 HORSESHOE PIKE HONEY BROOK, PA 19344	23-3092880	501C(3)		105,340.	OTHER	FOOD	FOOD INSECURITY
(7) MURRELL DOBBINS HIGH SCHOOL 2150 WEST LEHIGH AVENUE	99-9999999	501C(3)		103,443.	OTHER	FOOD	FOOD INSECURITY
(8) NO LONGER BOUND 1230 NORTON AVENUE BRISTOL, PA 19007	23-2737398	501C(3)		63,072.	OTHER	FOOD	FOOD INSECURITY
(9) UPLAND BAPTIST CHURCH 325 MAIN STREET UPLAND, PA 19015	99-9999999	501C(3)		52,311.	OTHER	FOOD	FOOD INSECURITY
(10) CECIL AND GRACE BEAN'S SOUP KITCHEN INC. 23 E. AIRY STREET NORRISTOWN, PA 19401	22-2505101	501C(3)		126,520.	OTHER	FOOD	FOOD INSECURITY
(11) INTERFAITH FOOD CUPBOARD 3600 BARING STREET PHILADELPHIA, PA 19104	23-1352108	501C(3)		97,111.	OTHER	FOOD	FOOD INSECURITY
(12) EPISCOPAL COMMUNITY SERVICES 6006 WEST GIRARD AVENUE	23-1352108	501C(3)		187,704.	OTHER	FOOD	FOOD INSECURITY

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(1) LIFEWAY BAPTIST CHURCH 9554 BUSTLETON AVENUE	62-0535346	501C(3)		89,322.	OTHER	FOOD	FOOD INSECURITY
(2) NEW BEGINNINGS PENTECOSTAL 502 EAST HAINES STREET	23-2958634	501C(3)		98,688.	OTHER	FOOD	FOOD INSECURITY
(3) SAINT KATHARINE DREXEL 1408 W. 2ND STREET CHESTER, PA 19013	23-1429850	501C(3)		84,296.	OTHER	FOOD	FOOD INSECURITY
(4) CHURCH OF THE REDEEMER BAPTIST 1440 SOUTH 24TH STREET	23-2108543	501C(3)		68,935.	OTHER	FOOD	FOOD INSECURITY
(5) GRACE COMMUNITY CHRISTIAN CENTER 29 W JOHNSON ST PHILADELPHIA, PA 19144	23-1688629	501C(3)		87,119.	OTHER	FOOD	FOOD INSECURITY
(6) MULTICULTURAL COMMUNITY FAMILY SERVICES 7016 TERMINAL SQUARE STE 3A	45-0523976	501C(3)		29,547.	OTHER	FOOD	FOOD INSECURITY
(7) BETTER TOMORROWS 1836 N 20TH ST PHILADELPHIA, PA 19121	45-3199958	501C(3)		29,881.	OTHER	FOOD	FOOD INSECURITY
(8) BETTER TOMORROWS - WEST POPLAR APARTMENTS 637 N 13TH ST PHILADELPHIA, PA 19123	45-3199958	501C(3)		8,480.	OTHER	FOOD	FOOD INSECURITY
(9) RHD PROGRESS HAVEN 2260-2262 NORTH 20TH STREET	23-1727133	501C(3)		61,633.	OTHER	FOOD	FOOD INSECURITY
(10) SALVATION ARMY TEMPLE 1340 BROWN STREET PHILADELPHIA, PA 19123	13-5562351	501C(3)		55,246.	OTHER	FOOD	FOOD INSECURITY
(11) HELPING HANDS FOR THE HUNGRY 525 S. COBBS CREEK PARKWAY	23-3044958	501C(3)		46,893.	OTHER	FOOD	FOOD INSECURITY
(12) NEIGHBOR TO NEIGHBOR COMMUNITY DEVELOPMENT 814 CLIFTON AVENUE SHARON HILL, PA 19079	23-2806109	501C(3)		67,304.	OTHER	FOOD	FOOD INSECURITY

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(1) SAINT BENEDICT CATHOLIC CHURCH 1940 CHELTEN AVENUE PHILADELPHIA, PA 19138	23-2140993	501C(3)		95,827.	OTHER	FOOD	FOOD INSECURITY
(2) OPEN LINK INC. 452 PENN STREET PENNSBURG, PA 18073	23-2003150	501C(3)		76,681.	OTHER	FOOD	FOOD INSECURITY
(3) OLD PINE COMMUNITY CENTER 401 LOMBARD STREET PHILADELPHIA, PA 19147	23-2164110	501C(3)		60,338.	OTHER	FOOD	FOOD INSECURITY
(4) SAINT JOHN LORD'S PANTRY 4050 DURHAM ROAD OTTSVILLE, PA 18942	53-0196617	501C(3)		73,922.	OTHER	FOOD	FOOD INSECURITY
(5) SALVATION ARMY TABERNACLE 3150 N. MASCHER STREET	13-5562351	501C(3)		209,433.	OTHER	FOOD	FOOD INSECURITY
(6) GERMANTOWN AVENUE CRISIS MINISTRY 35 W. CHELTEN AVE. PHILADELPHIA, PA 19144	26-0157586	501C(3)		78,545.	OTHER	FOOD	FOOD INSECURITY
(7) BUCKS COUNTY HOUSING GROUP PENNDEL 349 DURHAM ROAD PENNDEL, PA 19047	23-1878791	501C(3)		37,533.	OTHER	FOOD	FOOD INSECURITY
(8) PRAYER CHAPEL COGIC 7099 LOCUST ST. UPPER DARBY, PA 19082	23-2636147	501C(3)		26,348.	OTHER	FOOD	FOOD INSECURITY
(9) SHORTER AME CHURCH 111 PENNINGTON AVENUE MORTON, PA 19070	53-0204696	501C(3)		128,421.	OTHER	FOOD	FOOD INSECURITY
(10) CAMPBELL AME CHURCH 1657 KINSEY STREET PHILADELPHIA, PA 19124	53-0204696	501C(3)		43,838.	OTHER	FOOD	FOOD INSECURITY
(11) ROWAN UNIVERSITY 651 CARPENTER STREET GLASSBORO, NJ 08028	99-9999999	501C(3)		116,792.	OTHER	FOOD	FOOD INSECURITY
(12) EINSTEIN MEDICAL CENTER 5501 OLD YORK RD PHILADELPHIA, PA 19120	23-1396794	501C(3)		20,928.	OTHER	FOOD	FOOD INSECURITY

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(1) ASCENSION MANOR APARTMENTS 917 N. FRANKLIN ST PHILADELPHIA, PA 19123	53-0196617	501C(3)		81,268.	OTHER	FOOD	FOOD INSECURITY
(2) MOUNT TABOR CEED CORPORATION 961-971 N. 7TH ST. PHILADELPHIA, PA 19123	23-2936870	501C(3)		110,424.	OTHER	FOOD	FOOD INSECURITY
(3) TRUTH BAPTIST CHURCH 4666-4668 NORTH 15TH STREET	62-0535346	501C(3)		85,084.	OTHER	FOOD	FOOD INSECURITY
(4) ONE DAY AT A TIME HAVEN I 1712 POINT BREEZE AVE	23-7046393	501C(3)		122,590.	OTHER	FOOD	FOOD INSECURITY
(5) SAINT KATHARINE BURLINGTON 502 HIGH STREET BURLINGTON, NJ 08016	53-0196617	501C(3)		26,634.	OTHER	FOOD	FOOD INSECURITY
(6) BIBLE WAY BAPTIST CHURCH 1323-1325 NORTH 52ND STREET	99-9999999	501C(3)		56,683.	OTHER	FOOD	FOOD INSECURITY
(7) WEST PHILADELPHIA SDA 4527 HAVERFORD AVENUE	52-0643036	501C(3)		24,827.	OTHER	FOOD	FOOD INSECURITY
(8) SISTERHOOD INC. 402 YORK ST BURLINGTON, NJ 08016	22-3514447	501C(3)		60,219.	OTHER	FOOD	FOOD INSECURITY
(9) CASA DEL CARMEN 4400 N. REESE STREET PHILADELPHIA, PA 19140	23-1352063	501C(3)		33,560.	OTHER	FODO	FOOD INSECURITY
(10) ST. ANNE'S COMMUNITY FOOD CUPBOARD 2119 OLD WELSH ROAD ABINGTON, PA 19001	99-9999999	501C(3)		64,889.	OTHER	FOOD	FOOD INSECURITY
(11) CATHOLIC SOCIAL SERVICES DELAWARE COUNTY 130 E 7TH STREET CHESTER, PA 19013	23-1352063	501C(3)		53,592.	OTHER	FOOD	FOOD INSECURITY
(12) MORRISVILLE PRESBYTERIAN CHURCH 771 N PENNSYLVANIA AVE	23-1352515	501C(3)		28,737.	OTHER	FOOD	FOOD INSECURITY

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- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY NORRISTOWN 533 SWEDE STREET NORRISTOWN, PA 19401	13-5562351	501C(3)		33,561.	OTHER	FOOD	FOOD INSECURITY
(2) THANKFUL LEARNING CENTER 3200-3202 N. 17TH STREET	23-2584322	501C(3)		50,091.	OTHER	FOOD	FOOD INSECURITY
(3) SOCIETY OF SAINT VINCENT DE PAUL 1101 MAIN ST DARBY, PA 19023	23-1352549	501C(3)		26,066.	OTHER	FOOD	FOOD INSECURITY
(4) SAINT HELENA FOOD CUPBOARD 6161 NORTH 5TH STREET	53-0196617	501C(3)		27,482.	OTHER	FOOD	FOOD INSECURITY
(5) PROVISION OF GRACE WORLD MISSION CHURCH 1950 W. ROCKLAND STREET	25-1826888	501C(3)		23,564.	OTHER	FOOD	FOOD INSECURITY
(6) CORNERSTONE COMMUNITY CHURCH 3167 FRANKFORD AVENUE	23-3057681	501C(3)		199,116.	OTHER	FOOD	FOOD INSECURITY
(7) PATRICIAN SOCIETY 703 GREEN STREET NORRISTOWN, PA 19401	23-2199889	501C(3)		61,856.	OTHER	FOOD	FOOD INSECURITY
(8) SAINT JOSEPH BAPTIST CHURCH 224 N. 54TH ST. PHILADELPHIA, PA 19139	23-2427811	501C(3)		20,489.	OTHER	FOOD	FOOD INSECURITY
(9) SOMERTON FOOD BANK 510 SOMERTON AVENUE PHILADELPHIA, PA 19116	23-1520306	501C(3)		33,864.	OTHER	FOOD	FOOD INSECURITY
(10) ONE DAY AT A TIME HAVEN II 2532 NORTH BROAD STREET	23-7046393	501C(3)		79,401.	OTHER	FOOD	FOOD INSECURITY
(11) NEW LIFE PRESBYTERIAN CHURCH 467 N. EASTON ROAD GLENSIDE, PA 19038	23-7366967	501C(3)		25,959.	OTHER	FOOD	FOOD INSECURITY
(12) FERRY AVENUE UNITED METHODIST CHURCH 768 FERRY AVE. CAMDEN, NJ 08104	31-1813333	501C(3)		108,217.	OTHER	FOOD	FOOD INSECURITY

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
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Department of the Treasury
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Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

Part I General Information on Grants and Assistance

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(1) BARCLAY ELEMENTARY 2015 PALOMINO DRIVE WARRINGTON, PA 18976	99-9999999	GOVT		57,635.	OTHER	FOOD	FOOD INSECURITY
(2) WATERS MEMORIAL COMMUNITY CENTER 1016-1018 SOUTH STREET	23-1023691	501C(3)		16,292.	OTHER	FOOD	FOOD INSECURITY
(3) ABIDING TRUTH MINISTRIES 846 SOUTH 57TH STREET	99-9999999	501C(3)		52,314.	OTHER	FOOD	FOOD INSECURITY
(4) ENON TABERNACLE 230 WEST COULTER ST PHILADELPHIA, PA 19144	99-9999999	501C(3)		10,681.	OTHER	FOOD	FOOD INSECURITY
(5) REDEEMING LOVE WORSHIP CENTER 5617 WALNUT STREET PHILADELPHIA, PA 19139	46-4129886	501C(3)		61,212.	OTHER	FOOD	FOOD INSECURITY
(6) CHURCH OF NEW HOPE AND FAITH 662 NORTH 39TH STREET	23-7274252	501C(3)		9,363.	OTHER	FOOD	FOOD INSECURITY
(7) JESUS IS THE LIGHT MINISTRIES 2945 WHARTON STREET PHILADELPHIA, PA 19146	73-6109354	501C(3)		17,972.	OTHER	FOOD	FOOD INSECURITY
(8) SALVATION ARMY POTTSTOWN 137 KING STREET POTTSTOWN, PA 19464	13-5562351	501C(3)		29,810.	OTHER	FOOD	FOOD INSECURITY
(9) HOLSEY TEMPLE CME CHURCH 5305-5315 GERMANTOWN AVENUE	23-2288806	501C(3)		35,454.	OTHER	FOOD	FOOD INSECURITY
(10) DELAWARE COUNTY COMMUNITY COLLEGE 901 S. MEDIA LINE RD., MEDIA, PA 19063	23-2143790	501C(3)		30,073.	OTHER	FOOD	FOOD INSECURITY
(11) GAUDENZIA WAREHOUSE 110 WESTTOWN RD STE 115	23-1706895	501C(3)		24,398.	OTHER	FOOD	FOOD INSECURITY
(12) MAYOR'S OFFICE OF COMM EMPOWERMENT AND OPPO 1234 MARKET ST, 16TH FL	23-6003047	501C(3)		13,401.	OTHER	FOOD	FOOD INSECURITY

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(1) DEDICATED SENIOR MEDICAL CENTER 6431 SACKETT STREET PHILADELPHIA, PA 19149	82-3536893	501C(3)		43,118.	OTHER	FOOD	FOOD INSECURITY
(2) IGLESIA DE DIOS RENACER 310 MANOR AVENUE PLYMOUTH MEETING, PA 19462	23-2956881	501C(3)		95,228.	OTHER	FOOD	FOOD INSECURITY
(3) SAINT JOSEPH BAPTIST CHURCH 5412 VINE ST PHILADELPHIA, PA 19139	23-2427811	501C(3)		20,489.	OTHER	FOOD	FOOD INSECURITY
(4) LAMB FOUNDATION SOUTH 149 NORTH MAIN STREET NORTH WALES, PA 19454	23-2482780	501C(3)		28,807.	OTHER	FOOD	FOOD INSECURITY
(5) NATIONALITIES SERVICE CENTER 1216 ARCH STREET 4TH FLOOR	23-1352336	501C(3)		49,154.	OTHER	FOOD	FOOD INSECURITY
(6) DISSTON ELEMENTARY SCHOOL 6801 COTTAGE ST PHILADELPHIA, PA 19135	23-6004102	501C(3)		14,565.	OTHER	FOOD	FOOD INSECURITY
(7) MAZZONI CENTER PCHA 1348 BAINBRIDGE ST PHILADELPHIA, PA 19147	23-2176338	501C(3)		30,910.	OTHER	FOOD	FOOD INSECURITY
(8) SAFE HARBOR OF CHESTER COUNTY 20 NORTH MATLACK STREET	23-2734615	501C(3)		179,119.	OTHER	FOOD	FOOD INSECURITY
(9) FAITH CHAPEL CHURCH FCDC 108 E PRICE ST PHILADELPHIA, PA 19144	99-9999999	501C(3)		20,576.	OTHER	FOOD	FOOD INSECURITY
(10) CROSSROADS COMMUNITY CENTER 2918 NORTH 6TH STREET	23-1685193	501C(3)		23,299.	OTHER	FOOD	FOOD INSECURITY
(11) HOLY TEMPLE LORD AND SAVIOR 5116 MARKET STREET PHILADELPHIA, PA 19139	23-2924075	501C(3)		32,149.	OTHER	FOOD	FOOD INSECURITY
(12) THE BRIDGE FOOD PANTRY 240 STATE ROAD WEST GROVE, PA 19390	23-7366924	501C(3)		50,159.	OTHER	FOOD	FOOD INSECURITY

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(1) STAR OF HOPE BAPTIST CHURCH 7212 KEYSTONE STREET PHILADELPHIA, PA 19135	23-2955210	501C(3)		22,254.	OTHER	FOOD	FOOD INSECURITY
(2) DRUEDING CENTER 1321 NORTH LAWRENCE STREET	23-1532883	501C(3)		38,121.	OTHER	FOOD	FOOD INSECURITY
(3) HATFIELD CHURCH OF THE BRETHREN 1333 COWPATH ROAD HATFIELD, PA 19440	99-9999999	C-		49,198.	OTHER	FOOD	FOOD INSECURITY
(4) PENTE CHURCH OF GOD 3027 NORTH 5TH STREET	99-9999999	501C(3)		17,044.	OTHER	FOOD	FOOD INSECURITY
(5) MURPHY'S GIVING MARKET 7408 WEST CHESTER PIKE	83-3176958	501C(3)	76,809.				PROPERTY LEASE
(6) CHELTEN CHRISTIAN CRUSADE 605 EAST CHELTEN AVENUE	23-2250833	501C(3)		28,410.	OTHER	FOOD	FOOD INSECURITY
(7) SCOTTISH RITE TOWER 1530 FITZWATER ST PHILADELPHIA, PA 19146	23-2741112	501C(3)		30,917.	OTHER	FOOD	FOOD INSECURITY
(8) CHELTEN BAPTIST CHURCH 1601 NORTH LIMEKILN PIKE DRESHER, PA 19025	36-2154972	501C(3)		41,395.	OTHER	FOOD	FOOD INSECURITY
(9) SAINT MICHAEL'S LUTHERAN CHURCH 2139 E. CUMBERLAND STREET	41-1568278	501C(3)		9,984.	OTHER	FOOD	FOOD INSECURITY
(10) UNICO VILLAGE 7199 BRANT PLACE PHILADELPHIA, PA 19153	46-4185022	501C(3)		20,625.	OTHER	FOOD	FOOD INSECURITY
(11) MITZVAH FOOD PROGRAM MAINLINE 345 MONTGOMERY AVE. BALA CYNWYD, PA 19004	23-1500085	501C(3)		15,645.	OTHER	FOOD	FOOD INSECURITY
(12) EBENEZER FULL GOSPEL BAPTIST CHURCH 199 WALLACE AVE., DOWNINGTOWN, PA 19335	11-3842949	501C(3)		8,782.	OTHER	FOOD	FOOD INSECURITY

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(1) HOLY TEMPLE COMMUNITY CENTER 363 N. 60TH STREET PHILADELPHIA, PA 19139	23-7355458	501C(3)		5,071.	OTHER	FOOD	FOOD INSECURITY
(2) DELAWARE COUNTY HOUSING AUTHORITY 1855 CONSTITUTION AVE WOODLYN, PA 19094	23-2969308	501C(3)		28,858.	OTHER	FOOD	FOOD INSECURITY
(3) TRUE VINE COMMUNITY CHURCH 4610 DEVEREAUX STREET	23-2849675	501C(3)		11,396.	OTHER	FOOD	FOOD INSECURITY
(4) BETHEL PRESBYTERIAN CHURCH 1900 WEST YORK STREET	23-6393377	501C(3)		33,656.	OTHER	FOOD	FOOD INSECURITY
(5) CHRISTIAN CARE MINISTRIES - CHURCH OF LIVIN 1271 EAST MAPLE AVENUE LANGHORNE, PA 19047	23-1946407	501C(3)		26,314.	OTHER	FOOD	FOOD INSECURITY
(6) PHILADELPHIA SENIOR CENTER AT ALLEGHENY 1900 W. ALLEGHENY AVE	23-1619019	501C(3)		10,329.	OTHER	FOOD	FOOD INSECURITY
(7) SALVATION ARMY CHESTER CORPS 151 WEST 15TH STREET CHESTER, PA 19013	13-5562351	501C(3)		16,355.	OTHER	FOOD	FOOD INSECURITY
(8) MITZVAH FOOD PROGRAM LOWER BUCKS 2909 BRISTOL ROAD BENSALEM, PA 19020	23-1500085	501C(3)		9,162.	OTHER	FOOD	FOOD INSECURITY
(9) SALVATION ARMY BOOTH MANOR 5522 ARCH ST PHILADELPHIA, PA 19139	13-5562351	501C(3)		11,934.	OTHER	FOOD	FOOD INSECURITY
(10) SALVATION ARMY IVY RESIDENCE 4051 FORD ROAD PHILADELPHIA, PA 19131	13-5562351	501C(3)		19,884.	OTHER	FOOD	FOOD INSECURITY
(11) HARWOOD HOUSE 9200 W. CHESTER PIKE UPPER DARBY, PA 19082	23-2124666	501C(3)		7,822.	OTHER	FOOD	FOOD INSECURITY
(12) MARY'S CUPBOARD 100 LEVITTOWN PARKWAY LEVITTOWN, PA 19054	53-0196617	501C(3)		21,380.	OTHER	FOOD	FOOD INSECURITY

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(1) FAMILY PROMISE MONTCO PA 2801 WOODLAND ROAD ROSLYN, PA 19001	22-2708420	501C(3)	100,000.	1,028.	OTHER	CANOPY AND WEIGHTS	BUILDING INFRASTRUCT
(2) GERMANTOWN SDA CHURCH 200 EAST CLIVEDEN STREET	36-4518413	501C(3)		15,426.	OTHER	FOOD	FOOD INSECURITY
(3) RIVER OF LIFE PHILADELPHIA 701 E. CORNWALL STREET	26-1939684	501C(3)		8,245.	OTHER	FOOD	FOOD INSECURITY
(4) LA SALLE UNIVERSITY 1900 W OLNEY AVE PHILADELPHIA, PA 19141	23-1352654	501C(3)		17,536.	OTHER	FOOD	FOOD INSECURITY
(5) SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS 501 JACKSON STREET PHILADELPHIA, PA 19148	46-0477271	501C(3)		49,371.	OTHER	FOOD	FOOD INSECURITY
(6) CATHOLIC SOCIAL SERVICES PHILADELPHIA 7340 JACKSON STREET PHILADELPHIA, PA 19136	23-1352063	501C(3)		18,550.	OTHER	FOOD	FOOD INSECURITY
(7) 48TH STREET MOUNT PLEASANT BAPTIST CHURCH 5539 VINE STREET PHILADELPHIA, PA 19139	23-2618282	501C(3)		10,873.	OTHER	FOOD	FOOD INSECURITY
(8) LUTHERAN CHURCH OF HOLY COMMUNION 2111 SANSOM STREET PHILADELPHIA, PA 19103	41-1568278	501C(3)		6,608.	OTHER	FOOD	FOOD INSECURITY
(9) ST. JOHN MEMORIAL BAPTIST CHURCH 2853 GERMANTOWN AVE PHILADELPHIA, PA 19133	99-9999999	501C(3)		88,661.	OTHER	FOOD	FOOD INSECURITY
(10) WHARTON WESLEY HELPING HANDS 5341 CATHARINE STREET	36-2167731	501C(3)		13,560.	OTHER	FOOD	FOOD INSECURITY
(11) JOHN FOX TOWERS/CSFP 22 SOUTH 22ND STREET PHILADELPHIA, PA 19103	23-1654651	501C(3)		162,690.	OTHER	FOOD	FOOD INSECURITY
(12) YWCA TRI-COUNTY AREA 315 KING STREET POTTSTOWN, PA 19464	23-1360867	501C(3)		19,221.	OTHER	FOOD	FOOD INSECURITY

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(1) TRINITY UNITED METHODIST CHURCH 1814 WHARTON STREET PHILADELPHIA, PA 19146	14-6014121	501C(3)		14,858.	OTHER	FOOD	FOOD INSECURITY
(2) FIRST BAPTIST CHURCH OF CLAYTON 110 SOUTH DELSEA DRIVE CLAYTON, NJ 08312	22-2392026	501C(3)		15,836.	OTHER	FOOD	FOOD INSECURITY
(3) MANN OLDER ADULT CENTER 3201 NORTH 5TH STREET	23-1905649	501C(3)		10,306.	OTHER	FOOD	FOOD INSECURITY
(4) EMMANUEL EVANGELICAL CONGREGATIONAL CHURCH 100 SOUTH MAIN STREET HATFIELD, PA 19440	23-6407863	501C(3)		16,548.	OTHER	FOOD	FOOD INSECURITY
(5) IMPACT SERVICES CORPORATION VETERANS PROGRA 124 EAST INDIANA AVENUE	23-2087348	501C(3)		22,499.	OTHER	FOOD	FOOD INSECURITY
(6) EPISCOPAL PLACE PARK ROW 421 W 24TH ST CHESTER, PA 19013	20-1994131	501C(3)		8,830.	OTHER	FOOD	FOOD INSECURITY
(7) MY BROTHER'S HOUSE 609 S. 15TH ST. PHILADELPHIA, PA 19146	23-2209338	501C(3)		18,994.	OTHER	FOOD	FOOD INSECURITY
(8) JOURNEY'S WAY 403 RECTOR STREET PHILADELPHIA, PA 19128	23-1875249	501C(3)		16,054.	OTHER	FOOD	FOOD INSECURITY
(9) TRUE VINE FGB 701 MORTON AVENUE CHESTER, PA 19013	02-0616072	501C(3)		8,654.	OTHER	FOOD	FOOD INSECURITY
(10) PHILADELPHIA RONALD MCDONALD HOUSE 3920 LUDLOW ST. PHILADELPHIA, PA 19104	23-7377505	501C(3)		114,502.	OTHER	FOOD	FOOD INSECURITY
(11) NEW HOPE BAPTIST CHURCH INC. 204-206 EAST OAK STREET	23-7437691	501C(3)		8,624.	OTHER	FOOD	FOOD INSECURITY
(12) NEW HOPE BAPTIST CHURCH INC. 204-206 EAST OAK STREET	23-7437691	501C(3)		6,073.	OTHER	DISTRIBUTION EQUIPME	FOOD INSECURITY

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23-2290505

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UPPER MERION AREA COMMUNITY CUPBOARD 227 INDEPENDENCE RD.	83-2432151	501C(3)		35,991.	OTHER	FOOD	FOOD INSECURITY
(2) REBA BROWN APARTMENTS 1450 SOUTH 50TH STREET	20-4552620	501C(3)		7,214.	OTHER	FOOD	FOOD INSECURITY
(3) SOUTHWEST SENIOR CENTER 6916-23 ELMWOOD AVE PHILADELPHIA, PA 19142	23-1905649	501C(3)		12,332.	OTHER	FOOD	FOOD INSECURITY
(4) NARBERTH COMMUNITY FOOD BANK 201 SABINE AVE. 2FL. NARBERTH, PA 19072	45-3476968	501C(3)		20,081.	OTHER	FOOD	FOOD INSECURITY
(5) WOMEN AGAINST ABUSE 5250 NORTH 13TH STREET	23-1984838	501C(3)		14,383.	OTHER	FOOD	FOOD INSECURITY
(6) BETHANY INDONESIAN CHURCH 1709 SOUTH BROAD ST PHILADELPHIA, PA 19148	99-9999999	501C(3)		46,442.	OTHER	FOOD	FOOD INSECURITY
(7) READY WILLING AND ABLE PHILADELPHIA 1221 BAINBRIDGE STREET	26-2150260	501C(3)		7,024.	OTHER	FOOD	FOOD INSECURITY
(8) DORADO VILLAGE 2642 NORTH MARSHALL STREET	99-9999999	501C(3)		8,690.	OTHER	FOOD	FOOD INSECURITY
(9) THE WORD IN ACTION INTL MIN 1539 W. COURTLAND STREET	23-2901636	501C(3)		354,109.	OTHER	FOOD	FOOD INSECURITY
(10) UPPER DARBY CDC 7240 WALNUT ST UPPER DARBY, PA 19082	03-0421571	501C(3)		153,144.	OTHER	FOOD	FOOD INSECURITY
(11) TURNING POINTS FOR CHILDREN TILDEN MIDDLE 6601 ELMWOOD AVENUE PHILADELPHIA, PA 19142	23-1352272	501C(3)		13,418.	OTHER	FOOD	FOOD INSECURITY
(12) FAMILY PRACTICE AND COUNSELING NETWORK 4700 WISSAHICKON AVE STE 118	23-1727133	501C(3)		8,527.	OTHER	FOOD	FOOD INSECURITY

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INTERFAITH FOOD CUPBOARD 3600 BARING STREET PHILADELPHIA, PA 19104	23-1352108	501C(3)	5,945.				ELECTRICAL UPGRADE
(2) KEYSTONE OPPORTUNITY CENTER 104 NORTH MAIN STREET SOUDERTON, PA 18964	23-2602243	501C(3)		130,591.	OTHER	FOOD	FOOD INSECURITY
(3) RUTGERS CAMDEN UNIVERSITY 326 PENN STREET CAMDEN, NJ 08102	22-6001086	501C(3)		6,857.	OTHER	FOOD	FOOD INSECURITY
(4) CHRIST APOSTOLIC CHURCH OF AMERICA (WOSEM) 6438 VINE STREET PHILADELPHIA, PA 19139	99-9999999	501C(3)		38,762.	OTHER	FOOD	FOOD INSECURITY
(5) MAHN 1350 PAWLINGS RD PHOENIXVILLE, PA 19460	85-3356626	501C(3)		29,606.	OTHER	FOOD	FOOD INSECURITY
(6) BREAKING BREAD ON BROAD 615 N BROAD ST PHILADELPHIA, PA 19123	20-3862204	501C(3)		50,851.	OTHER	FOOD	FOOD INSECURITY
(7) TWO LADIES OF CHRIST 4125 LUDLOW STREET PHILADELPHIA, PA 19104	85-2529297	501C(3)		25,827.	OTHER	FOOD	FOOD INSECURITY
(8) FAITH TEMPLE PENTECOSTAL CHURCH 5618 KINGSESSING AVENUE	23-2669136	501C(3)		5,200.	OTHER	FOOD	FOOD INSECURITY
(9) ST. LUKE'S EPISCOPAL CHURCH 5421 GERMANTOWN AVENUE	23-1352462	501C(3)		30,327.	OTHER	FOOD	FOOD INSECURITY
(10) KIPP NORTH PHILADELPHIA ACADEMY SCHOOL 2539 N 16TH ST PHILADELPHIA, PA 19132	23-2290505	501C(3)		29,338.	OTHER	FOOD	FOOD INSECURITY
(11) CHEYNEY UNIVERSITY OF PENNSYLVANIA 1837 UNIVERSITY CIRCLE CHEYNEY, PA 19319	27-0887311	501C(3)		20,917.	OTHER	FOOD	FOOD INSECURITY
(12) FREEDOM DEVELOPMENT CORPORATION 6100 W. COLUMBIA AVENUE	23-2543198	501C(3)		27,543.	OTHER	FOOD	FOOD INSECURITY

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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23-2290505

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) W.D. KELLEY SCHOOL 1601 N 28TH ST PHILADELPHIA, PA 19121	23-6004102	501C(3)		24,945.	OTHER	FOOD	FOOD INSECURITY
(2) OPPORTUNITY TOWERS III 5524 HAVERFORD AVE PHILADELPHIA, PA 19139	23-2809543	501C(3)		6,460.	OTHER	FOOD	FOOD INSECURITY
(3) MID ATLANTIC REGIONAL COOPERATIVE 6700 ESSINGTON AVE PHILADELPHIA, PA 19153	27-0836767	501C(3)		17,276.	OTHER	FOOD	FOOD INSECURITY
(4) COMMUNITY FB OF NJ - SOUTH 6735 BLACK HORSE PIKE	22-2423882	501C(3)		22,671.	OTHER	FOOD	FOOD INSECURITY
(5) HEART OF CAMDEN, INC. 1840 BROADWAY CAMDEN, NJ 08104	22-2589999	501C(3)		50,285.	OTHER	FOOD	FOOD INSECURITY
(6) STEPHAN SMITH TOWERS 1030 BELMONT AVE PHILADELPHIA, PA 19104	23-6395751	501C(3)		24,907.	OTHER	FOOD	FOOD INSECURITY
(7) EDDIE'S HOUSE - THE CORNERSTONE 2321 N BROAD STREET PHILADELPHIA, PA 19132	26-1837490	501C(3)		24,264.	OTHER	FOOD	FOOD INSECURITY
(8) SAMUEL GOMPERS COMMUNITY SCHOOL 5701 WYNNFIELD AVE PHILADELPHIA, PA 19131	23-6004102	501C(3)		23,355.	OTHER	FOOD	FOOD INSECURITY
(9) AFRICAN FAMILY HEALTH ORGANIZATION 5400 GRAYS AVE PHILADELPHIA, PA 19143	73-1670436	501C(3)		9,094.	OTHER	FOOD	FOOD INSECURITY
(10) MARIO'S MARKET 30 N. 33RD ST. PHILADELPHIA, PA 19104	23-1352630	501C(3)		13,727.	OTHER	FOOD	FOOD INSECURITY
(11) NORTH CHESTER BAPTIST CHURCH 2331 PROVIDENCE AVENUE CHESTER, PA 19013	23-6407072	501C(3)		67,591.	OTHER	FOOD	FOOD INSECURITY
(12) PUENTES DE SALUD 1700 SOUTH ST PHILADELPHIA, PA 19147	26-1973303	501C(3)		6,176.	OTHER	FOOD	FOOD INSECURITY

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

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Schedule I (Form 990) 2021

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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PHILABUNDANCE

23-2290505

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LEHIGH VALLEY 2ND HARVEST FB 6969 SILVER CREST RD NAZARETH, PA 18064	23-1669589	501C(3)		23,760.	OTHER	FOOD	FOOD INSECURITY
(2) FIRST UNITED METHODIST CHURCH OF BRISTOL 201 MULBERRY STREET BRISTOL, PA 19007	36-2167731	501C(3)		5,609.	OTHER	FOOD	FOOD INSECURITY
(3) PHILABUNDANCE HOME DELIVERY 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501C(3)		236,530.	OTHER	FOOD	FOOD INSECURITY
(4) PHILABUNDANCE HOME DELIVERY 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501C(3)		236,530.	OTHER	FOOD	FOOD INSECURITY
(5) KEYSTONE OPPORTUNITY CENTER 423 MAIN ST SOUDERTON, PA 18964	23-2602243	501C(3)		130,591.	OTHER	FOOD	FOOD INSECURITY
(6) RIDLEY PARK UMC FOOD PANTRY 501 N. SWARTHMORE AVE.,	23-6005000	501C(3)		121,539.	OTHER	FOOD	FOOD INSECURITY
(7) ROWAN UNIVERSITY 100 REDMOND AVE BUILDING 5, ROOM 141	22-2482802	501C(3)		116,792.	OTHER	FOOD	FOOD INSECURITY
(8) ALLEGHENY WEST FOUNDATION 2330 W. ALLEGHENY AVE	23-1924667	501C(3)		106,217.	OTHER	FOOD	FOOD INSECURITY
(9) HACE MANAGEMENT COMPANY 3231 N 2ND STREET PHILADELPHIA, PA 19140	23-2142317	501C(3)		97,888.	OTHER	FOOD	FOOD INSECURITY
(10) HACE MANAGEMENT COMPANY 173 W ALLEGHENY AVENUE	23-2142317	501C(3)		97,888.	OTHER	FOOD	FOOD INSECURITY
(11) HACE MANAGEMENT COMPANY 2935 N 2ND STREET PHILADELPHIA, PA 19134	23-2142317	501C(3)		97,888.	OTHER	FOOD	FOOD INSECURITY
(12) HACE MANAGEMENT COMPANY 200 E SOMERSET STREET	23-2142317	501C(3)		97,888.	OTHER	FOOD	FOOD INSECURITY

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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23-2290505

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BLVD. PENNSAUKEN, NJ 08110	22-2623089	501C(3)		69,012.	OTHER	FOOD	FOOD INSECURITY
(2) SUMMERS HOMES FOR HOPE 814 N 41ST ST PHILADELPHIA, PA 19104	82-5439120	501C(3)		23,119.	OTHER	FOOD	FOOD INSECURITY
(3) EMERGENCY RELIEF ASSOCIATION OF LOWER BUCKS 1700 WOODBOURNE ROAD LEVITTOWN, PA 19057	23-7296756	501C(3)		17,006.	OTHER	FOOD	FOOD INSECURITY
(4) PUERTO RICAN UNITY FOR PROGRESS 818 BROADWAY CAMDEN, NJ 08103	22-2158431	501C(3)		13,556.	OTHER	FOOD	FOOD INSECURITY
(5) EDWARD GIDEON SCHOOL 2817 W GLENWOOD AVE PHILADELPHIA, PA 19121	23-6004102	501C(3)		12,938.	OTHER	FOOD	FOOD INSECURITY
(6) KIPP PHILADELPHIA ELEMENTARY ACADEMY 2409 W WESTMORELAND ST	23-2290505	501C(3)		12,887.	OTHER	FOOD	FOOD INSECURITY
(7) TOP CHOICE HOME CARE 622 N FRONT STREET PHILADELPHIA, PA 19123	46-4798715	501C(3)		12,716.	OTHER	FOOD	FOOD INSECURITY
(8) OLD CITY PRESBYTERIAN APARTMENTS 25 N 4TH ST PHILADELPHIA, PA 19106	23-2778769	501C(3)		12,302.	OTHER	FOOD	FOOD INSECURITY
(9) ELDERNET OF LOWER MERION AND NARBERTH 9 S BRYN MAWR AVE BRYN MAWR, PA 19010	23-2005485	501C(3)		7,379.	OTHER	FOOD	FOOD INSECURITY
(10) PHMC - SERENITY COURT 1221 N 19TH ST PHILADELPHIA, PA 19121	23-7221025	501C(3)		6,815.	OTHER	FOOD	FOOD INSECURITY
(11) OFFICE OF COUNCIL PRESIDENT DARRELL L. CLAR 1000 W POPLAR ST PHILADELPHIA, PA 19123	23-6003047	501C(3)		6,681.	OTHER	FOOD	FOOD INSECURITY
(12) MI SALUD WELLNESS CENTER 200 E. WYOMING AVE. PHILADELPHIA, PA 19120	86-1887093	501C(3)		5,910.	OTHER	FOOD	FOOD INSECURITY

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CATHOLIC SOCIAL SERVICES MONTGOMERY COUNTY 353 E JOHNSON HWY NORRISTOWN, PA 19401	23-1352063	501C(3)	7,200.				WALK-IN FREEZER RENT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PHILABUNDANCE

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

2021

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Employer identification number

23-2290505

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LOREE D. JONES 1 CHIEF EXECUTIVE OFFICER	(i)	205,046.	22,000.	NONE	4,633.	6,587.	238,266.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GINA HARLAN 2 FORMER CHIEF FINANCIAL OFFICER	(i)	171,743.	1,200.	NONE	2,563.	7,007.	182,513.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MELANIE J. CATALDI 3 CHIEF IMPACT OFFICER	(i)	162,626.	1,200.	NONE	4,632.	19,123.	187,581.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	X		4,977.	FMV
6 Cars and other vehicles.	X		20,000.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	54	308,668.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2,590,971	43,969,638.	INDUSTRY STUDY
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE SUPP PAGE)		37.	911,321.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

JSA

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN THIS COLUMN FOR LINE 19 REPRESENTS THE NUMBER OF POUNDS OF
FOODS RECEIVED. THE NUMBER IN THIS COLUMN FOR LINE 25 REPRESENTS THE
NUMBER OF CONTRIBUTIONS RECEIVED.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT CARDS	X	22	378,012.	FMV
OTHER MISC ITEM	X	13	356,309.	FMV
ADVERTISING	X	2	177,000.	FMV
TOTALS		37.	911,321.	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PHILABUNDANCE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO DRIVE HUNGER FROM OUR COMMUNITIES TODAY AND TO END HUNGER FOR GOOD. IN ADDITION TO FOOD DISTRIBUTION, WE REDUCE FOOD WASTE, INCREASE ACCESS TO NUTRITIOUS MEALS, AND TACKLE THE ROOT CAUSES OF HUNGER THROUGH PROGRAMS SUCH AS THE PHILABUNDANCE COMMUNITY KITCHEN.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS, THE IMMEDIATE PAST CHAIR (IF ANY), THE CHAIRS OF THE DEVELOPMENT COMMITTEE, THE GOVERNANCE COMMITTEE, THE OPERATIONS AND PROGRAM COMMITTEE, AND THE FOUNDER OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE BOARD IN THE ABSENCE OF A BOARD MEETING. THE EXECUTIVE COMMITTEE SHALL NOT HAVE ANY POWER AND AUTHORITY AS TO: (1) THE FILLING OF VACANCIES IN THE BOARD; (2) THE ADOPTION, AMENDMENT OR REPEAL OF THE BYLAWS OR ARTICLES OF INCORPORATION; (3) THE AMENDMENT OR REPEAL OF ANY RESOLUTION BY THE BOARD; AND, (4) ANY MATTERS REQUIRED BY THE BYLAWS OR A RESOLUTION OF THE BOARD TO BE ACTED UPON BY EITHER THE BOARD AS A WHOLE OR BY ANOTHER COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY APPLIES TO CURRENT AND PROSPECTIVE EMPLOYEES, INDEPENDENT CONTRACTORS, AND PERSONS ACTING ON BEHALF OF THE ORGANIZATION, I.E., BOARD MEMBERS. FOR NON-BOARD MEMBERS, ANY CONFLICT OF

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PHILABUNDANCE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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INTEREST, POTENTIAL CONFLICT OF INTEREST, OR THE APPEARANCE OF A CONFLICT OF INTEREST IS REPORTED TO THE EXECUTIVE DIRECTOR/CEO AND/OR THE HEAD OF HUMAN RESOURCES. SENIOR MANAGEMENT HAS THE FINAL RESPONSIBILITY OF RESOLVING NON-BOARD MEMBER CONFLICTS. FOR BOARD MEMBER CONFLICTS, THE MINUTES OF THE GOVERNING BOARD AND ALL COMMITTEES WITH SIGNATORY AUTHORITY SHALL CONTAIN: (1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE CONFLICT OF INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE GOVERNING BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED; AND (2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT THAT PRESENTS A POSSIBLE CONFLICT OF INTEREST, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS. AT A MINIMUM, ANNUAL DISCLOSURE OF ACTUAL OR POTENTIAL CONFLICTS IS REQUIRED.

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

COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL IS REVIEWED AND APPROVED BY THE BOARD. IN ADDITION, THE COMPENSATION REVIEW PROCESS INCLUDES THE USE OF COMPARABILITY DATA AND REQUIRES CONTEMPORANEOUS SUBSTANTIATION OF BOTH THE DELIBERATION AND THE FINAL DECISION. AT THIS TIME THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES THAT MEET THE INTERNAL REVENUE SERVICE DEFINITION OF KEY EMPLOYEE.

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE.

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO
THE PUBLIC UPON REQUEST.

FORM 990, PART XI LINE 9

CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST: (1,105)

ROUNDING: 1

Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

OUR MISSION IS TO DRIVE HUNGER FROM OUR COMMUNITIES TODAY AND TO END HUNGER FOR GOOD. IN ADDITION TO FOOD DISTRIBUTION, WE REDUCE FOOD WASTE, INCREASE ACCESS TO NUTRITIOUS MEALS, AND TACKLE THE ROOT CAUSES OF HUNGER THROUGH PROGRAMS SUCH AS THE PHILABUNDANCE COMMUNITY KITCHEN.

Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

FORM 990, PART III - PROGRAM SERVICE
=====

LINE 4A, PROGRAM SERVICE

TO FULFILL ITS MISSION TO RELIEVE HUNGER NOW, PHILABUNDANCE DIRECTLY DISTRIBUTES FOOD TO MORE THAN 360 COMMUNITY PARTNERS AND DISTRIBUTES ADDITIONAL FOOD TO ANOTHER 300 AGENCIES THROUGH OTHER INDIRECT PARTNERSHIPS, THROUGHOUT A 9-COUNTY SERVICE AREA COVERING SOUTHEASTERN PENNSYLVANIA AND SOUTHERN NEW JERSEY. THROUGH COLLABORATION WITH MANUFACTURERS, GROCERS, AND LOCAL PARTNERS, PHILABUNDANCE IS ABLE TO PURCHASE, COLLECT, AND DELIVER UPWARDS OF 50,000,000 POUNDS OF FOOD ANNUALLY TO FOOD PANTRIES, SOUP KITCHENS, FOOD CUPBOARDS, EMERGENCY SHELTERS, AND SCHOOLS, PROVIDING NUTRITIOUS OPTIONS TO MORE THAN 135,000 PEOPLE EACH WEEK, INCLUDING THE REGION'S MOST VULNERABLE GROUPS INCLUDING SENIORS AND CHILDREN.

LINE 4B, PROGRAM SERVICE

PHILABUNDANCE IS COMMITTED TO PROVIDING PEOPLE WITH THE FOOD THEY WANT AND NEED. TO HELP THIS PHILABUNDANCE LAUNCHED THE GOOD FOOD POLICY, WHICH OUTLINES OUR COMMITMENT TO ENSURING PEOPLE HAVE ACCESS TO NUTRIOUS AND CULTURALLY RESPONSIVE FOOD THAT IS PROCURED RESPONSIBLY. THIS EFFORTS BUILDS OFF OUR BELIEF TO PUT THE PEOPLE WE SERVE AT THE CENTER OF WHAT WE DO. WITH THAT IN MIND PHILABUNDANCE IS COMMITTEED TO NOT ONLY RELIEVING HUNGER TODAY BUT ALSO ENDING HUNGER FOR GOOD. THIS MEANS WE WILL FOCUS ON COLLABORATIVELY PAIRING HEALTHY FOOD AND OTHER CRITICAL SERVICES TO WORK TOWARD LONG-TERM SOLUTIONS TO FOOD INSECURITY. IN ADDITION, PHILABUNDANCE HAS A 16 WEEK CULINARY VOCATIONAL TRAINING PROGRAM WHICH HAS BEEN TRANSFORMING THE LIVES OF WOMEN AND MEN WITH LOW-TO-NO INCOME SINCE 2000.

Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AR, CA,
FL, GA, HI, IL, KS, KY, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, OR, PA,
RI, SC, TN, UT, VA, WV, WI,

Name of the organization

Employer identification number

PHILABUNDANCE23-2290505

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FEEDING AMERICA 1601 PAYSHERE CIRCLE CHICAGO, IL 60674	FOOD DISTRIBUTION	2,899,742.
MID-ATLANTIC REGIONAL COOP PO BOX 825879 PHILADELPHIA, PA 19182	FOOD DISTRIBUTION	1,663,963.
BENTLEY TRUCK SERVICES, INC. 307 HERON DRIVE LOGAN TOWNSHIP, NJ 08085-1773	TRANSPORTATION SERVI	1,618,659.
ALLEGIANCE FUNDRAISING, LLC PO BOX 9132 FARGO, ND 58106-9132	ADVERTISING	1,598,687.
NOVICK BROTHERS CORP. 3660 SOUTH LAWRENCE STREET PHILADELPHIA, PA 19148	FOOD DISTRIBUTION	1,369,593.

Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES: GENERAL	136,719.	546,699.
PREPAID EXPENSES: INSURANCE	15,265.	57,933.
DONATED SERVICES	294,310.	NONE
 TOTALS	 ----- 446,294. =====	 ----- 604,632. =====

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PHILABUNDANCE

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) F&S CHESTER RE, INC. 46-0842776 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148	HOLDING TITLE	PA	N/A	C CORP	NONE	NONE	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(10)													
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(15)													
(16)													