

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023****Open to Public  
Inspection****A** For the **2023** calendar year, or tax year beginning **07/01/2023** and ending **06/30/2024****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization

PHILABUNDANCE

## Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

3616 SOUTH GALLOWAY STREET

City or town, state or province, country, and ZIP or foreign postal code

PHILADELPHIA, PA 19148

**F** Name and address of principal officer:

LOREE D JONES

3616 SOUTH GALLOWAY STREET, PHILADELPHIA, PA 19148

**D** Employer identification number

23-2290505

**E** Telephone number

(215) 339-0900

**G** Gross receipts \$ 109,116,345.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.PHILABUNDANCE.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1984 **M** State of legal domicile: PA**Part I** Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO DRIVE HUNGER FROM OUR COMMUNITIES TODAY AND END HUNGER FOR GOOD.
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 26
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 26
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>5</b> 231
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>6</b> 5,646
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>71,316,878.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>3,398,536.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>593,357.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>321,431.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>75,630,202.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>NONE</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>13,763,166.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>NONE</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>5,249,223.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>26,418,621.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>83,273,743.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 <b>-7,643,541.</b>
Net Assets or Fund Balances		<b>20</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>12,474,953.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20. <b>32,316,607.</b>

**COPY FOR  
PUBLIC INSPECTION****Part II** Signature Block

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

**Sign Here**

Signature of officer	Date
Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
ERIC M STRAUSS	ERIC M STRAUSS	05/12/2025		P00991844
Firm's name ▶	WITHUMSMITH+BROWN, PC			Firm's EIN ▶
Firm's address ▶	1835 MARKET STREET, SUITE 1710 PHILADELPHIA, PA 19103-2945			Phone no. 215-546-2140

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

**Part III** **Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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 \$ 96,975,287. including grants of \$ 74,117,489. ) (Revenue \$ 5,097,908. )

SEE SCHEDULE O

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

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 96,975,287.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	111
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	NONE
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 231		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
<b>4a</b> 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>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b> 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>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> 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? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	26													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .	26													
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .														X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .														X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .														X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .														X
<b>6</b> Did the organization have members or stockholders? . . . . .														X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .														X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .														X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body? . . . . .										X				
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .										X				
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .														X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .															X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .															
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .			X												
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.															
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .					X										
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .						X									
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .							X								
<b>13</b> Did the organization have a written whistleblower policy? . . . . .								X							
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .									X						
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .										X					
<b>b</b> Other officers or key employees of the organization . . . . .												X			
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .															X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .															

**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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ 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				272,593.	NONE	3,780.
(2) DARRELL K. GILES CHIEF FINANCIAL OFFICER	40.00 NONE			X				195,297.	NONE	24,564.
(3) JAMES MULLEN CHIEF LOGISTICS OFFICER	40.00 NONE					X		155,824.	NONE	2,582.
(4) MICHELE GILBERT CHIEF PEOPLE OFFICER	40.00 NONE					X		151,107.	NONE	6,320.
(5) DOROTHY WONG CHIEF PARTNERSHIP OFFICER	40.00 NONE					X		153,043.	NONE	3,130.
(6) JENNIFER FORD CONTROLLER	40.00 NONE					X		118,649.	NONE	11,608.
(7) KATHLEEN V SCULLY CHIEF EXTERNAL AFFAIRS OFFICER	40.00 NONE					X		116,433.	NONE	3,547.
(8) JOHN HOLLWAY VICE CHAIRPERSON	1.00 NONE	X		X				NONE	NONE	NONE
(9) NOEL EISENSTAT VICE CHAIRPERSON	1.00 NONE	X		X				NONE	NONE	NONE
(10) ELIZABETH IRELAND TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(11) NIKI HAWKINS SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(12) DIXIE JAMES CHAIRPERSON	1.00 NONE	X		X				NONE	NONE	NONE
(13) BASSAM AWADALLA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(14) MAYRA BERGMAN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE

Form **990** (2023)

**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 ) BJ CLARK DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 16 ) SCOTT JACKSON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 17 ) PAM RAINEY LAWLER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 18 ) DAVID LEONE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 19 ) ADELE LINDENMEYR, PHD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 20 ) MARISA MAGNATTA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 21 ) CHERYL MARTIN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 22 ) DAVID MILLER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 23 ) DESIREE MURPHY MORRISSEY DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 24 ) ALENI PAPPAS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 25 ) TODD PETERSON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								1,162,946.	NONE	55,531.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,162,946.	NONE	55,531.

**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 **8**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> 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> . . . . .		
<b>5</b> 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 ) MARTIN PHILLIPS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 27 ) MILTON PRATT, JR. DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 28 ) ESTELLE RICHMAN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 29 ) JOHN RUANE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 30 ) NORA SWIMM DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 31 ) NYEEMA WATSON, PHD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 32 ) ANGELA WURSTER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 33 ) ALAN E. CASNOFF TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 ►

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 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? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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 ► 6

**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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	100,432,374.			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 75,110,583.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		100,432,374.			
	<b>Program Service Revenue</b>				Business Code		
<b>2a</b>		AGENCY SERVICE FEES		561000	5,097,908.	5,097,908.	
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		5,097,908.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		537,086.			537,086.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		NONE			
	<b>5</b>	Royalties . . . . .		NONE			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE		
	<b>d</b>	Net rental income or (loss) . . . . .		NONE			
	<b>7a</b>	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
				2,852,481.	46,896.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	2,850,126.	152,805.		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	2,355.	-105,909.		
	<b>d</b>	Net gain or (loss) . . . . .		-103,554.			-103,554.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	NONE			
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	NONE			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		NONE			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	NONE			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	NONE				
<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	103,640.				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	123,115.				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		-19,475.	-19,475.			
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>	OTHER INCOME		900099	45,960.	45,960.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		45,960.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		105,990,299.	5,124,393.		433,532.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	74,117,489.	74,117,489.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
<b>4</b> Benefits paid to or for members . . . . .	NONE			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	526,744.	180,398.	286,214.	60,132.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
<b>7</b> Other salaries and wages . . . . .	8,995,909.	5,501,651.	1,789,027.	1,705,231.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	170,936.	103,847.	34,865.	32,224.
<b>9</b> Other employee benefits . . . . .	1,788,811.	1,083,223.	369,065.	336,523.
<b>10</b> Payroll taxes . . . . .	714,000.	427,137.	154,160.	132,703.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	NONE			
<b>b</b> Legal . . . . .	NONE			
<b>c</b> Accounting . . . . .	180,525.	21,376.	136,314.	22,835.
<b>d</b> Lobbying . . . . .	NONE			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
<b>f</b> Investment management fees . . . . .	NONE			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	1,369,034.	646,043.	593,019.	129,972.
<b>12</b> Advertising and promotion . . . . .	343,788.	1,031.	4,113.	338,644.
<b>13</b> Office expenses . . . . .	3,194,255.	1,180,233.	294,267.	1,719,755.
<b>14</b> Information technology . . . . .	213,148.	22,559.	167,126.	23,463.
<b>15</b> Royalties . . . . .	NONE			
<b>16</b> Occupancy . . . . .	3,074,658.	2,567,582.	331,564.	175,512.
<b>17</b> Travel . . . . .	1,000,139.	1,000,139.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
<b>19</b> Conferences, conventions, and meetings . . . . .	107,958.	11,354.	89,345.	7,259.
<b>20</b> Interest . . . . .	NONE			
<b>21</b> Payments to affiliates . . . . .	NONE			
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,358,719.	1,415,231.	495,331.	448,157.
<b>23</b> Insurance . . . . .	217,978.	119,514.	67,362.	31,102.
<b>24</b> 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.)				
<b>a</b> FOOD ACQUISITIONS . . . . .	8,579,224.	8,576,480.	2,744.	
<b>b</b> BAD DEBT EXPENSE . . . . .	116,595.		69,870.	46,725.
<b>c</b> AGENCY SUPPORT . . . . .	38,986.			38,986.
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	107,108,896.	96,975,287.	4,884,386.	5,249,223.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	495,299.	<b>1</b>	1,895,901.
	<b>2</b> Savings and temporary cash investments. . . . .	11,510,425.	<b>2</b>	9,238,891.
	<b>3</b> Pledges and grants receivable, net . . . . .	590,307.	<b>3</b>	369,556.
	<b>4</b> Accounts receivable, net . . . . .	1,524,451.	<b>4</b>	2,223,753.
	<b>5</b> 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	<b>5</b>	NONE
	<b>6</b> 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	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	3,454,211.	<b>8</b>	4,153,104.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	242,841.	<b>9</b>	212,151.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 27,790,944.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 9,615,667.		
		20,009,252.	<b>10c</b>	18,175,277.
	<b>11</b> Investments - publicly traded securities. . . . .	2,725,797.	<b>11</b>	3,190,730.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,238,977.	<b>15</b>	3,205,731.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	44,791,560.	<b>16</b>	42,665,094.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	2,115,405.	<b>17</b>	1,423,223.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	1,275,570.	<b>19</b>	1,552,132.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> 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	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	4,679,999.	<b>23</b>	4,679,999.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> 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 . . . . .	4,403,979.	<b>25</b>	3,333,136.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	12,474,953.	<b>26</b>	10,988,490.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	29,771,312.	<b>27</b>	28,695,099.
	<b>28</b> Net assets with donor restrictions. . . . .	2,545,295.	<b>28</b>	2,981,505.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	32,316,607.	<b>32</b>	31,676,604.
	<b>33</b> Total liabilities and net assets/fund balances. . . . .	44,791,560.	<b>33</b>	42,665,094.

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	105,990,299.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	107,108,896.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-1,118,597.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	32,316,607.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	478,594.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	31,676,604.

**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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2023)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**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) 2023

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**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	105,400,582.	104,884,406.	69,066,787.	71,316,878.	100,432,374.	451,101,027.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	105,400,582.	104,884,406.	69,066,787.	71,316,878.	100,432,374.	451,101,027.
<b>5</b> 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). . . . .						11,867,880.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						439,233,147.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	105,400,582.	104,884,406.	69,066,787.	71,316,878.	100,432,374.	451,101,027.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	52,952.	27,395.	61,290.	580,247.	537,086.	1,258,970.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	14,086.	222,018.	369,317.	321,431.	45,960.	972,812.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						453,332,809.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	23,882,796.
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	96.89 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	93.42 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2023.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2022.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> 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>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>5a</b> 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 <b>Part VI</b>, 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>b</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 <b>Part VI</b>.</i>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</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 VII*). 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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

  

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

  

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

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b>	Distributable amount for 2023 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2023			
<b>a</b>	From 2018 . . . . .			
<b>b</b>	From 2019 . . . . .			
<b>c</b>	From 2020 . . . . .			
<b>d</b>	From 2021 . . . . .			
<b>e</b>	From 2022 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2023 distributable amount			
<b>i</b>	Carryover from 2018 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2023 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2023 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2019 . . . .			
<b>b</b>	Excess from 2020 . . . .			
<b>c</b>	Excess from 2021 . . . .			
<b>d</b>	Excess from 2022 . . . .			
<b>e</b>	Excess from 2023 . . . .			

Schedule A (Form 990) 2023

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

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
OTHER INCOME	14,086.	222,018.	369,317.	321,431.	45,960.	972,812.
TOTALS	14,086.	222,018.	369,317.	321,431.	45,960.	972,812.

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

PHILABUNDANCE

23-2290505

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

PHILABUNDANCE

Employer identification number

23-2290505

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 3,814,351.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-2290505

[illegible]



Name of organization

PHILABUNDANCE

Employer identification number

23-2290505

**Part III** **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

Supplemental Financial Statements

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Employer identification number

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.

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1. . . . .	\$
(ii) Assets included in Form 990, Part X. . . . .	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1. . . . .	\$
b Assets included in Form 990, Part X. . . . .	\$

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

Schedule D (Form 990) 2023

**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 in 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 . . . . .                     | 2,070,291.       | 1,917,051.     | 2,209,661.         | 1,616,378.           | 1,494,539.          |
| b Contributions . . . . .                                  |                  |                | 25,000.            | 250,000.             |                     |
| c Net investment earnings, gains, and losses . . . . .     | 495,546.         | 372,859.       | 72,471.            | 439,611.             | 192,241.            |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        | 147,949.         | 219,619.       | 390,081.           | 96,328.              | 70,402.             |
| g End of year balance . . . . .                            | 2,417,888.       | 2,070,291.     | 1,917,051.         | 2,209,661.           | 1,616,378.          |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 44.9700 %
- b Permanent endowment 41.6300 %
- c Term endowment 13.4000 %
- 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:
- (i) Unrelated organizations? . . . . . ☐ Yes ☒ No
- (ii) Related organizations? . . . . . ☐ Yes ☒ No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . ☐ Yes ☒ No
- 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 . . . . .		1,222,831.		1,222,831.
b Buildings . . . . .		16,335,155.	3,721,121.	12,614,034.
c Leasehold improvements . . . . .		3,337,018.	995,127.	2,341,891.
d Equipment . . . . .		4,495,911.	3,350,147.	1,145,764.
e Other . . . . .		2,400,029.	1,549,272.	850,757.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . .				18,175,277.

Schedule D (Form 990) 2023

**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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

**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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

**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)REFUNDABLE DEPOSITS	94,542.
(2)RIGHT OF USE ASSET	2,982,036.
(3)SELF-INSURANCE	129,153.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	3,205,731.

**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)	OPERATING LEASE LIABILITIES	3,181,762.
(3)	SECURITY DEPOSIT	23,093.
(4)	SELF INSURANCE LIABILITY	128,281.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).		3,333,136.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	106,592,008.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	478,594.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	123,115.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	601,709.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	105,990,299.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	105,990,299.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	107,232,011.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	123,115.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	123,115.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	107,108,896.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	107,108,896.

**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.

MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AT PHILABUNDANCE AS OF JUNE 30, 2024 AND 2023. PHILABUNDANCE HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI &amp; XII, LINE 2D:

COST OF GOODS SOLD	123,115.
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SCHEDULE G  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Employer identification number

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

- 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					1,667,962.	

- 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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
<b>11</b> 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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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, INC.

## ADDRESS:

PO BOX 9132

FARGO, ND 58106

## ACTIVITY :

DIRECT MAIL

## CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 1,667,962.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SMALL THINGS							FEED FOOD
401 DOMINO LN PHILADELPHIA, PA 19128	85-3741798	501C3		2,796,511.	OTHER	FOOD	INSECURE INDIVIDUALS
(2) CORNWELLS UNITED METHODIST CHURCH HARVEST M							FEED FOOD
2284 BRISTOL PK BENSLEM, PA 19020	31-1813333	501C3		2,093,805.	OTHER	FOOD	INSECURE INDIVIDUALS
(3) MID ATLANTIC REGIONAL COOPERATIVE							FEED FOOD
6700 ESSINGTON AVE PHILADELPHIA, PA 19153	45-4793238	501C3		2,088,086.	OTHER	FOOD	INSECURE INDIVIDUALS
(4) BUCKS COUNTY OPPORTUNITY COUNCIL							FEED FOOD
100 DOYLE ST DOYLESTOWN, PA 18901	23-6406222	501C3		1,968,456.	OTHER	FOOD	INSECURE INDIVIDUALS
(5) KEEP IT REAL CDC							FEED FOOD
5900 LANSLOWNE AVE PHILADELPHIA, PA 19151	37-1644664	501C3		1,940,192.	OTHER	FOOD	INSECURE INDIVIDUALS
(6) FAITH BAPTIST CHURCH							FEED FOOD
1515 WISTAR RD FAIRLESS HILLS, PA 19030	23-1940068	501C3		1,566,070.	OTHER	FOOD	INSECURE INDIVIDUALS
(7) IGLESIA CRISTIANA AVIVAMIENTO							FEED FOOD
5500 TABOR AVE PHILADELPHIA, PA 19120	27-3609504	501C3		1,478,332.	OTHER	FOOD	INSECURE INDIVIDUALS
(8) CITYTEAM MINISTRIES							FEED FOOD
634 SPROUL ST CHESTER, PA 19013	94-1501265	501C3		1,382,311.	OTHER	FOOD	INSECURE INDIVIDUALS
(9) MIGHTY WRITERS							FEED FOOD
1501 CHRISTIAN ST PHILADELPHIA, PA 19146	01-0920922	501C3		1,290,344.	OTHER	FOOD	INSECURE INDIVIDUALS
(10) WEST CHESTER FOOD CUPBOARD							FEED FOOD
431 S BOLMAR ST WEST CHESTER, PA 19382	23-7046393	501C3		1,113,906.	OTHER	FOOD	INSECURE INDIVIDUALS
(11) CHESTER COUNTY FOOD BANK							FEED FOOD
650 PENNSYLVANIA DR EXTON, PA 19341	27-0887311	501C3		1,081,766.	OTHER	FOOD	INSECURE INDIVIDUALS
(12) KITCHEN OF LOVE							FEED FOOD
8034 FORREST AVE PHILADELPHIA, PA 19150	35-2310553	501C3		1,048,924.	OTHER	FOOD	INSECURE INDIVIDUALS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 353

3 Enter total number of other organizations listed in the line 1 table . . . . . NONE

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE WORD IN ACTION INTERNATIONAL MINISTRIES P.O. BOX 1074 GLENSIDE, PA 19038	23-2901636	501C3		991,152.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) UPPER ROOM MISSIONARY BAPTIST 7236 OGONTZ AVE PHILADELPHIA, PA 19138	23-2322209	501C3		949,268.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) MEMORIAL CHURCH OF GOD IN CHRIST OF HAVERFO 747 BUCK LN HAVERFORD, PA 19041	37-1589875	501C3		944,518.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) MANNA ON MAIN STREET 606 E MAIN ST LANSDALE, PA 19446	23-2287252	501C3		934,028.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) FAITH ASSEMBLY OF GOD PO BOX 23072 PHILADELPHIA, PA 19124	44-0577787	501C3		926,690.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) FEAST OF JUSTICE 3101 TYSON AVE PHILADELPHIA, PA 19149	26-0392596	501C3		912,270.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) CYWA COATESVILLE LINCOLN HIGHWAY 423 E LINCOLN HWY COATESVILLE, PA 19320	23-1365995	501C3		825,290.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) CATHOLIC SOCIAL SERVICES MONTGOMERY COUNTY 353 E JOHNSON HWY NORRISTOWN, PA 19401	23-1352063	501C3		759,411.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) GRACE TABERNACLE CHRISTIAN CHURCH 1519 S 52ND ST PHILADELPHIA, PA 19143	23-1970157	501C3		732,635.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) THE DAILY BREAD PANTRY PO BOX 131 SCHWENKSVILLE, PA 19473	47-1481813	501C3		679,682.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) MOUNT ZION UNITED HOLY CHURCH P.O. BOX 28872 PHILADELPHIA, PA 19151	23-2902503	501C3		623,750.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) MID-ATLANTIC STATES CAREER AND EDUCATION CE 111 S BROADWAY PENNSVILLE, NJ 8070	27-0836767	501C3		605,670.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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 . . . . .

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

Schedule I (Form 990) 2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GIVING OF SELF PARTNERSHIP							FEED FOOD
6101 LIMEKILN PK PHILADELPHIA, PA 19141	22-3032060	501C3		598,001.	OTHER	FOOD	INSECURE INDIVIDUALS
(2) MIZPAH SDA CHURCH							FEED FOOD
PO BOX 45382 PHILADELPHIA, PA 19124	52-0643036	501C3		587,288.	OTHER	FOOD	INSECURE INDIVIDUALS
(3) CONNECTICUT FOOD BANK							FEED FOOD
2 RESEARCH PARKWAY NEW HAVEN, CT 6531	06-1063025	501C3		578,199.	OTHER	FOOD	INSECURE INDIVIDUALS
(4) BRIDESBURG UNITED METHODIST CHURCH							FEED FOOD
2717-2719 KIRKBRIDE ST	31-1813333	501C3		551,831.	OTHER	FOOD	INSECURE INDIVIDUALS
(5) JERUSALEM FRENCH CHURCH							FEED FOOD
537 E WYOMING AVE PHILADELPHIA, PA 19120	23-6000040	501C3		544,964.	OTHER	FOOD	INSECURE INDIVIDUALS
(6) PENNRIDGE FISH ORGANIZATION							FEED FOOD
P.O. BOX 9 PERKASIE, PA 18944	23-2729559	501C3		529,810.	OTHER	FOOD	INSECURE INDIVIDUALS
(7) MURPHY'S GIVING MARKET							FEED FOOD
7116 SELLERS AVE UPPER DARBY, PA 19082	85-3176958	501C3		527,230.	OTHER	FOOD	INSECURE INDIVIDUALS
(8) REMNANT CHURCH OF GOD							FEED FOOD
7708-7712 OGONTZ AVE PHILADELPHIA, PA 19150	23-2085525	501C3		524,296.	OTHER	FOOD	INSECURE INDIVIDUALS
(9) SALVATION ARMY WEST PHILADELPHIA CORPS							FEED FOOD
PO BOX 16674 PHILADELPHIA, PA 19139	13-5562351	501C3		497,106.	OTHER	FOOD	INSECURE INDIVIDUALS
(10) POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES							FEED FOOD
57 N FRANKLIN ST POTTSTOWN, PA 19464	23-1977722	501C3		475,967.	OTHER	FOOD	INSECURE INDIVIDUALS
(11) MOUNT ZION CME CHURCH							FEED FOOD
1933 DELMAR DR FOLCROFT, PA 19032	23-2003640	501C3		467,606.	OTHER	FOOD	INSECURE INDIVIDUALS
(12) SAINT PAUL CME CHURCH							FEED FOOD
1009 W 3RD ST CHESTER, PA 19013	23-1370471	501C3		465,815.	OTHER	FOOD	INSECURE INDIVIDUALS

- 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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE SIMPLE WAY P.O. BOX 14751 PHILADELPHIA, PA 19134	23-2936437	501C3		457,321.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) DIVINE PROVIDENCE VILLAGE 686 OLD MARPLE RD SPRINGFIELD, PA 19064	53-0196617	501C3		450,591.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) LUTHERAN SETTLEMENT HOUSE SENIOR CENTER 1340 FRANKFORD AVE PHILADELPHIA, PA 19125	23-1352365	501C3		440,510.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) MI SALUD WELLNESS CENTER 200 E WYOMING AVE PHILADELPHIA, PA 19120	86-1887093	501C3		432,839.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) CHERRY HILL FOOD AND OUTREACH 1463 BRACE RD CHERRY HILL, NJ 8034	26-1956252	501C3		420,033.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) EPISCOPAL COMMUNITY SERVICES 6006 W GIRARD AVE PHILADELPHIA, PA 19151	23-1352290	501C3		419,889.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) LORD'S PANTRY OF DOWNINGTOWN 141 E LANCASTER AVE DOWNINGTOWN, PA 19335	23-3092880	501C3		416,096.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) HAITIAN EVANGELICAL BAPTIST CHURCH 814 E CHELTEN AVE PHILADELPHIA, PA 19138	23-2369515	501C3		414,335.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) LOAVES AND FISHES 703 LINCOLN AVE PROSPECT PARK, PA 19076	13-5563018	501C3		408,025.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) BETHANY INDONESIAN CHURCH 1709 S BROAD ST PHILADELPHIA, PA 19148	32-0003343	501C3		396,160.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) PHILABUNDANCE HOME DELIVERY 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501C3		378,498.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) SISTERHOOD INC. 132-136 E BROAD ST BURLINGTON, NJ 8016	22-3514447	501C3		376,676.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

- 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 . . . . .

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRUE VINE FGB 701 MORTON AVE CHESTER, PA 19013	02-0616072	501C3		371,273.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) CALVARY AGAPE OUTREACH SERVICE 6114 HAVERFORD AVE PHILADELPHIA, PA 19151	23-3033087	501C3		370,451.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) BRYN MAWR AVENUE NEW TESTAMENT CHURCH OF GO 2227 BRYN MAWR AVE PHILADELPHIA, PA 19131	11-3768794	501C3		362,592.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) BRAND NEW LIFE CHRISTIAN CENTER 6301 GERMANTOWN AVE PHILADELPHIA, PA 19144	35-6064030	501C3		362,503.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) BRISTOL BOROUGH COMMUNITY ACTION 567 LINDEN ST BRISTOL, PA 19007	22-2584361	501C3		359,858.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) QUAKERTOWN FOOD PANTRY PO BOX 278 QUAKERTOWN, PA 18951	26-2583129	501C3		346,634.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) HOLY REDEEMER FOOD CUPBOARD 12265 TOWNSEND RD PHILADELPHIA, PA 19154	23-1534300	501C3		345,983.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) CATHEDRAL KITCHEN 1514 FEDERAL ST CAMDEN, NJ 8105	22-3114500	501C3		342,806.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) SAINT BENEDICT CATHOLIC CHURCH 2050 E WALNUT LN PHILADELPHIA, PA 19138	53-0196617	501C3		338,092.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) WILLOW GROVE SDA CHURCH 1731 ARNOLD AVE WILLOW GROVE, PA 19090	52-0643036	501C3		326,894.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) MONTCO ANTI-HUNGER NETWORK (MAHN) 2056 SUSQUEHANNA RD ABINGTON, PA 19001	85-3356626	501C3		325,524.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) IGLESIA DE DIOS PENTECOSTAL 516 W BUTLER ST PHILADELPHIA, PA 19140	66-0497143	501C3		324,314.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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 . . . . .

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

Schedule I (Form 990) 2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)KENNETT AREA COMMUNITY SERVICE							FEED FOOD
136 W CEDAR ST KENNETT SQUARE, PA 19348	23-2215441	501C3		322,336.	OTHER	FOOD	INSECURE INDIVIDUALS
(2)MUSLIMS SERVE INC.							FEED FOOD
1444 RTE 73 PENNSAUKEN, NJ 8110	47-5170613	501C3		320,332.	OTHER	FOOD	INSECURE INDIVIDUALS
(3)RICHARD AND FRIENDS UNITED IN THE COMMUNITY							FEED FOOD
1921 E VENANGO ST PHILADELPHIA, PA 19134	56-2646057	501C3		315,132.	OTHER	FOOD	INSECURE INDIVIDUALS
(4)EZEKIEL BAPTIST CHURCH							FEED FOOD
5701 GRAYS AVE PHILADELPHIA, PA 19143	23-2144085	501C3		312,559.	OTHER	FOOD	INSECURE INDIVIDUALS
(5)OPEN DOOR MINISTRIES							FEED FOOD
3373 N FRANKFORD AVE PHILADELPHIA, PA 19134	44-0577787	501C3		309,671.	OTHER	FOOD	INSECURE INDIVIDUALS
(6)FEAST FOR FRIENDS							FEED FOOD
6001 COLGATE ST PHILADELPHIA, PA 19111	84-4154469	501C3		294,903.	OTHER	FOOD	INSECURE INDIVIDUALS
(7)RESURRECTION COMMUNITY CHURCH							FEED FOOD
P.O. BOX 42576 PHILADELPHIA, PA 19142	13-4298753	501C3		294,425.	OTHER	FOOD	INSECURE INDIVIDUALS
(8)VICTORY ASSEMBLY OF GOD							FEED FOOD
P.O. BOX 378 ELMER, NJ 8318	22-2976801	501C3		293,889.	OTHER	FOOD	INSECURE INDIVIDUALS
(9)LIFEWAY BAPTIST CHURCH							FEED FOOD
9554 BUSTLETON AVE PHILADELPHIA, PA 19115	62-0535346	501C3		291,180.	OTHER	FOOD	INSECURE INDIVIDUALS
(10)VERMONT FOODBANK							FEED FOOD
P.O. BOX 254 SOUTH BARRE, VT 5670	22-3021942	501C3		290,239.	OTHER	FOOD	INSECURE INDIVIDUALS
(11)MATTIE DIXON COMMUNITY CUPBOARD							FEED FOOD
150 N MAIN ST AMBLER, PA 19002	23-3061645	501C3		286,109.	OTHER	FOOD	INSECURE INDIVIDUALS
(12)NORTH CHESTER BAPTIST CHURCH							FEED FOOD
2331 PROVIDENCE AVE CHESTER, PA 19013	36-2310475	501C3		279,589.	OTHER	FOOD	INSECURE INDIVIDUALS

- 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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

**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.

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**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OLD PINE COMMUNITY CENTER 401 LOMBARD ST PHILADELPHIA, PA 19147	23-2164110	501C3		279,459.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) CHAMPLOST HOMES TENANT COUNCIL 1953 NEDRO AVE PHILADELPHIA, PA 19141	23-7040038	501C3		271,557.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) ISLAND HARVEST 199 SECOND ST MINEOLA, NY 11501	11-3136350	501C3		270,270.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) CORNERSTONE COMMUNITY CHURCH 3167 FRANKFORD AVE PHILADELPHIA, PA 19134	23-3057681	501C3		266,843.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) MITZVAH FOOD PROGRAM NORTHEAST 2001 MARKET ST PHILADELPHIA, PA 19103	23-1500085	501C3		254,145.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) CATHOLIC SOCIAL SERVICES SOUTHWEST PHILADEL 6214 GRAYS AVE PHILADELPHIA, PA 19142	23-1352063	501C3		252,795.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) SAINT JOHN MEMORIAL BAPTIST CHURCH 2853 GERMANTOWN AVE PHILADELPHIA, PA 19133	62-0535346	501C3		250,193.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) LAMB CORNUCOPIA CUPBOARD 499 E WALNUT ST NORTH WALES, PA 19454	23-2482780	501C3		248,550.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) PAGE ACADEMY CDC 1524 W CHAMPLOST AVE PHILADELPHIA, PA 19141	22-2650898	501C3		247,318.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) GOOD SAMARITAN BAPTIST CHURCH 6148-6150 LANSLOWNE AVE	23-7027286	501C3		244,854.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) CHRIST LUTHERAN CHURCH 7240 WALNUT ST UPPER DARBY, PA 19082	23-1365224	501C3		232,946.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) SHORTER AME CHURCH 111 PENNINGTON AVE MORTON, PA 19070	53-0204696	501C3		231,075.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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) 2023

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LONG ISLAND CARES, INC. 10 DAVIDS DR HAUPPAUGE, NY 11788	11-2524512	501C3		228,736.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) NEW TESTAMENT CHURCH OF GOD 935 S 53RD ST PHILADELPHIA, PA 19143	62-0484177	501C3		227,305.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) ROWAN UNIVERSITY FOUNDATION 651 CARPENTER ST GLASSBORO, NJ 8028	22-2482802	501C3		226,334.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) BRIGHT HOPE BAPTIST CHURCH 1601 N 12TH ST PHILADELPHIA, PA 19122	23-1522648	501C3		224,727.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) NEW JERUSALEM LAURA 2011 W NORRIS ST PHILADELPHIA, PA 19121	23-2576082	501C3		223,894.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) FERRY AVENUE UNITED METHODIST CHURCH 768 FERRY AVE CAMDEN, NJ 8104	31-1813333	501C3		223,435.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) MOUNT CALVARY BAPTIST CHURCH 1198 PENN ST CAMDEN, NJ 8102	22-2226195	501C3		207,379.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) GRACE LUTHERAN CHURCH 3529 HAVERFORD AVE PHILADELPHIA, PA 19104	41-1568278	501C3		205,896.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) MASJIDULLAH CENTER FOR HUMAN EXCELLENCE 7401 LIMEKILN PK PHILADELPHIA, PA 19138	22-2525050	501C3		202,203.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) MAZZONI CENTER PCHA 1348 BAINBRIDGE ST PHILADELPHIA, PA 19147	23-2176338	501C3		200,834.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) GRACE LUTHERAN NORRISTOWN 506 HAWS AVE NORRISTOWN, PA 19401	41-1568278	501C3		199,185.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) KEYSTONE OPPORTUNITY CENTER 104 N MAIN ST SOUDERTON, PA 18964	23-2602243	501C3		198,920.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

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<b>(1)</b> UPPER MERION AREA COMMUNITY CUPBOARD							FEED FOOD
191 TOWN CENTER RD	83-2432151	501C3		194,540.	OTHER	FOOD	INSECURE INDIVIDUALS
<b>(2)</b> CHURCH OF THE ADVOCATE							FEED FOOD
1801 W DIAMOND ST PHILADELPHIA, PA 19121	23-1352108	501C3		192,010.	OTHER	FOOD	INSECURE INDIVIDUALS
<b>(3)</b> SALVATION ARMY TABERNACLE							FEED FOOD
3150 N MASCHER ST PHILADELPHIA, PA 19133	13-5562351	501C3		191,357.	OTHER	FOOD	INSECURE INDIVIDUALS
<b>(4)</b> ALLEGHENY WEST FOUNDATION							FEED FOOD
2330 W ALLEGHENY AVE PHILADELPHIA, PA 19132	23-1924667	501C3		189,926.	OTHER	FOOD	INSECURE INDIVIDUALS
<b>(5)</b> MURRELL DOBBINS HIGH SCHOOL							FEED FOOD
2150 W LEHIGH AVE PHILADELPHIA, PA 19132	23-6004102	501C3		189,459.	OTHER	FOOD	INSECURE INDIVIDUALS
<b>(6)</b> JENKINTOWN FOOD CUPBOARD INC							FEED FOOD
328 SUMMIT AVE JENKINTOWN, PA 19046	85-0703311	501C3		189,396.	OTHER	FOOD	INSECURE INDIVIDUALS
<b>(7)</b> NEW BEGINNINGS PENTECOSTAL							FEED FOOD
502 E HAINES ST PHILADELPHIA, PA 19144	23-2958634	501C3		188,123.	OTHER	FOOD	INSECURE INDIVIDUALS
<b>(8)</b> THE SUNDAY LOVE PROJECT							FEED FOOD
2723 MERCER ST PHILADELPHIA, PA 19134	47-4383818	501C3		180,875.	OTHER	FOOD	INSECURE INDIVIDUALS
<b>(9)</b> COMMUNITY YMCA OF EASTERN DELAWARE COUNTY							FEED FOOD
2104 GARRETT RD LANSDOWNE, PA 19050	23-1614045	501C3		179,819.	OTHER	FOOD	INSECURE INDIVIDUALS
<b>(10)</b> CHOSEN 300 MINISTRIES INC.							FEED FOOD
P.O. BOX 95 ARDMORE, PA 19003	23-2858946	501C3		178,784.	OTHER	FOOD	INSECURE INDIVIDUALS
<b>(11)</b> BEBASHI							FEED FOOD
1235 SPRING GARDEN ST	23-2484046	501C3		178,692.	OTHER	FOOD	INSECURE INDIVIDUALS
<b>(12)</b> INTERFAITH FOOD CUPBOARD							FEED FOOD
1101 RAYMOND RD SWARTHMORE, PA 19081	23-1352108	501C3		176,635.	OTHER	FOOD	INSECURE INDIVIDUALS

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

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General Information on Grants and Assistance

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(1) SAINT KATHARINE DREXEL 226 NORRIS ST CHESTER, PA 19013	23-1429850	501C3		176,008.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) SAINT EDMOND SENIOR COMMUNITY CENTER 2130 S 21ST ST PHILADELPHIA, PA 19145	53-0196617	501C3		171,627.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) REFUGE EVANGELICAL BAPTIST CHURCH 1100 OAK LN PHILADELPHIA, PA 19126	36-2192827	501C3		171,126.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) UJIMA FRIENDS PEACE CENTER 1701 W LEHIGH AVE PHILADELPHIA, PA 19132	82-1735679	501C3		169,903.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) CHESTER EASTSIDE INC. P.O. BOX 36 CHESTER, PA 19016	46-5439442	501C3		169,003.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) MITZVAH FOOD PROGRAM MAINLINE 2001 MARKET ST PHILADELPHIA, PA 19103	23-1500085	501C3		168,205.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) SOMERTON FOOD BANK 510 SOMERTON AVE PHILADELPHIA, PA 19116	30-0806997	501C3		167,978.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) WEST PHILADELPHIA SDA 808 E PHIL ELLENA ST PHILADELPHIA, PA 19119	52-0643036	501C3		166,681.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) BUCKS COUNTY HOUSING GROUP DOYLESTOWN 626 JACKSONVILLE RD WARMINSTER, PA 18974	23-1878791	501C3		164,926.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) TURNING POINTS FOR CHILDREN TILDEN MIDDLE S 415 S 15TH ST PHILADELPHIA, PA 19146	23-1352272	501C3		164,740.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) SAMUEL GOMPERS COMMUNITY SCHOOL 5701 WYNNFIELD AVE PHILADELPHIA, PA 19131	23-6004102	501C3		164,436.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) BROTHERS OF STRAWBERRY MANSION 3218 W SUSQUEHANNA AVE	82-1813677	501C3		162,386.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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Department of the Treasury  
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(1) SAINT NORBERT PARISH 50 LEOPARD RD PAOLI, PA 19301	53-0196617	501C3		161,328.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) BVM 1101 MAIN ST DARBY, PA 19023	23-1583199	501C3		159,775.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) DEPAUL USA 5725 SPRAGUE ST PHILADELPHIA, PA 19138	35-2338110	501C3		159,500.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) CHESTER UPLAND FUND FOR EXCELLENCE 1350 EDMONT AVE CHESTER, PA 19013	47-1028271	501C3		158,678.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) WARMINSTER FOOD BANK 75 DOWNEY DR WARMINSTER, PA 18974	22-2450208	501C3		157,970.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) PHILADELPHIA RONALD MCDONALD HOUSE 3920 LUDLOW ST PHILADELPHIA, PA 19104	23-7377505	501C3		157,585.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) OPEN DOOR MINISTRY 350 MAIN ST ROYERSFORD, PA 19468	22-3866998	501C3		154,300.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) THE MVP FOUNDATION PO BOX 350 ELMER, NJ 8318	26-2169307	501C3		153,612.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) CHRIST APOSTOLIC CHURCH OF AMERICA (WOSEM) 6438 VINE ST PHILADELPHIA, PA 19139	82-4171354	501C3		153,149.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) EMERGENCY RELIEF ASSOCIATION OF LOWER BUCKS 1700 WOODBOURNE RD LEVITTOWN, PA 19057	23-7296756	501C3		152,388.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) MITZVAH FOOD PROGRAM OLD YORK ROAD 2001 MARKET ST PHILADELPHIA, PA 19103	23-1500085	501C3		150,890.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) SEAMAAC 1711 S BROAD ST PHILADELPHIA, PA 19148	22-2541120	501C3		150,680.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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 . . . . .

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

Schedule I (Form 990) 2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. CATHERINE OF SIENA-SOCIETY ST. VINCENT 321 WITMER RD HORSHAM, PA 19044	23-1352549	501C3		150,618.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) BREWERYTOWN SHARSWOOD NAC 3000 W MASTER ST PHILADELPHIA, PA 19121	02-0685211	501C3		149,798.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) HACE MANAGEMENT COMPANY 167 W ALLEGHENY AVE PHILADELPHIA, PA 19140	23-2142317	501C3		149,169.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) NATIONALITIES SERVICE CENTER 1216 ARCH ST PHILADELPHIA, PA 19107	23-1352336	501C3		147,995.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) MARIO'S MARKET 30 N 33RD ST PHILADELPHIA, PA 19104	23-1352630	501C3		147,450.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) FRANCES E. WILLARD ELEMENTARY SCHOOL 1930 E ELKHART ST PHILADELPHIA, PA 19134	23-6004102	501C3		143,197.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) PROJECT HOME 1845 N 23RD ST PHILADELPHIA, PA 19121	23-2555950	501C3		142,711.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) SALVATION ARMY TEMPLE 1340 BROWN ST PHILADELPHIA, PA 19123	13-5562351	501C3		142,625.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) THE FOOD CLOSET AT CHURCH OF THE GOOD SAMAR 212 W LANCASTER AVE PAOLI, PA 19301	23-1352382	501C3		142,442.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) ICNA RELIEF USA 718 SWEDE ST NORRISTOWN, PA 19401	04-3810161	501C3		141,883.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) CASA DEL CARMEN 4400 N REESE ST PHILADELPHIA, PA 19140	23-1352063	501C3		141,143.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) BETHEL PRESBYTERIAN CHURCH 1900 W YORK ST PHILADELPHIA, PA 19132	23-6393377	501C3		139,899.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

- 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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABIDING TRUTH MINISTRIES							FEED FOOD
846 S 57TH ST PHILADELPHIA, PA 19143	23-2701772	501C3		137,910.	OTHER	FOOD	INSECURE INDIVIDUALS
(2) TURNING POINTS - RISING SUN HEALTH CENTER							FEED FOOD
5675 N FRONT ST PHILADELPHIA, PA 19120	23-1352272	501C3		137,729.	OTHER	FOOD	INSECURE INDIVIDUALS
(3) RIDLEY PARK UMC FOOD PANTRY							FEED FOOD
501 N SWARTHMORE AVE RIDLEY PARK, PA 19078	23-6005000	501C3		136,197.	OTHER	FOOD	INSECURE INDIVIDUALS
(4) ALEXANDER K. MCCLURE ELEMENTARY SCHOOL							FEED FOOD
600 W HUNTING PARK AVE	23-6004102	501C3		134,592.	OTHER	FOOD	INSECURE INDIVIDUALS
(5) NEW ERA BAPTIST CHURCH							FEED FOOD
6618 WYNCOTE AVE PHILADELPHIA, PA 19138	62-0535346	501C3		131,179.	OTHER	FOOD	INSECURE INDIVIDUALS
(6) SECOND BAPTIST CHURCH							FEED FOOD
400 E STATE ST MEDIA, PA 19063	23-2290557	501C3		130,317.	OTHER	FOOD	INSECURE INDIVIDUALS
(7) BETTER TOMORROWS							FEED FOOD
2 COOPER ST CAMDEN, NJ 8101	45-3199958	501C3		129,475.	OTHER	FOOD	INSECURE INDIVIDUALS
(8) GERMANTOWN AVENUE CRISIS MINISTRY							FEED FOOD
35 W CHELTEN AVE PHILADELPHIA, PA 19144	26-0157586	501C3		128,268.	OTHER	FOOD	INSECURE INDIVIDUALS
(9) NEIGHBOR TO NEIGHBOR COMMUNITY DEVELOPMENT							FEED FOOD
814 CLIFTON AVE SHARON HILL, PA 19079	23-2806109	501C3		128,024.	OTHER	FOOD	INSECURE INDIVIDUALS
(10) CHELTEN BAPTIST CHURCH							FEED FOOD
1601 N LIMEKILN PK DRESHER, PA 19025	36-2154972	501C3		126,936.	OTHER	FOOD	INSECURE INDIVIDUALS
(11) UPLAND BAPTIST CHURCH							FEED FOOD
325 MAIN ST UPLAND, PA 19015	23-1386191	501C3		126,507.	OTHER	FOOD	INSECURE INDIVIDUALS
(12) ONE DAY AT A TIME HAVEN II							FEED FOOD
2532 N BROAD ST PHILADELPHIA, PA 19132	23-7046393	501C3		126,311.	OTHER	FOOD	INSECURE INDIVIDUALS

- 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)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

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 noncash 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	501C3		125,473.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) GOOD SHEPHERD FOOD BANK OF MAINE 3121 HOTEL RD AUBURN, ME 4211	22-2986809	501C3		124,783.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) NORTH LIGHT COMMUNITY CENTER 175 GREEN LN PHILADELPHIA, PA 19127	23-1365378	501C3		124,334.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) NARBERTH COMMUNITY FOOD BANK 201 SABINE AVE NARBERTH, PA 19072	45-3476968	501C3		124,057.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) MY BROTHER'S HOUSE 1630 SOUTH ST PHILADELPHIA, PA 19146	23-2209338	501C3		123,341.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) PATRICIAN SOCIETY 121 E CHESTNUT ST NORRISTOWN, PA 19401	23-2199889	501C3		121,561.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) SAINT MARK'S FOOD CUPBOARD 1625 LOCUST ST PHILADELPHIA, PA 19103	23-1352108	501C3		119,996.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) SAINT HELENA FOOD CUPBOARD 6161 N 5TH ST PHILADELPHIA, PA 19120	53-0196617	501C3		119,472.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) SALVATION ARMY POTTSTOWN P.O. BOX 378 POTTSTOWN, PA 19464	13-5562351	501C3		119,324.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) SAINT FRANCIS INN 2441 KENSINGTON AVE PHILADELPHIA, PA 19125	53-0196617	501C3		117,902.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) MORRISVILLE PRESBYTERIAN CHURCH 771 N PENNSYLVANIA AVE	23-1352515	501C3		117,344.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) CHURCH OF THE ANNUNCIATION 324 CARPENTER LN PHILADELPHIA, PA 19119	23-1352108	501C3		115,188.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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Schedule I (Form 990) 2023



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PUERTO RICAN UNITY FOR PROGRESS 818 BROADWAY CAMDEN, NJ 8103	22-2158431	501C3		114,722.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
<b>(2)</b> PROVISION OF GRACE WORLD MISSION CHURCH 1950 W ROCKLAND ST PHILADELPHIA, PA 19141	25-1826888	501C3		113,804.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
<b>(3)</b> PRINCE OF PEACE LUTHERAN CHURCH 61 E ROUTE 70 MARLTON, NJ 8053	22-2167113	501C3		112,689.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
<b>(4)</b> NEW LIFE SDA CHURCH 1171 WINDRIM AVE PHILADELPHIA, PA 19141	23-6000040	501C3		111,786.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
<b>(5)</b> EASTWICK UNITED METHODIST CHURCH 8325 LINDBERGH BLVD PHILADELPHIA, PA 19153	36-2167731	501C3		111,211.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
<b>(6)</b> NORTH 10 PHILADELPHIA 3890 N 10TH ST PHILADELPHIA, PA 19140	20-5105110	501C3		110,192.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
<b>(7)</b> BIBLE WAY BAPTIST CHURCH 1323-1325 N 52ND ST PHILADELPHIA, PA 19131	23-2292804	501C3		110,173.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
<b>(8)</b> SAINT MICHAEL'S LUTHERAN CHURCH 2139 E CUMBERLAND ST PHILADELPHIA, PA 19125	41-1568278	501C3		109,124.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
<b>(9)</b> UNIVERSITY OF PENNSYLVANIA HOSPITAL 35TH ST AND HAMILTON WALK	23-1352685	501C3		107,832.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
<b>(10)</b> HAYES MANOR RETIREMENT RESIDENCE 2210 BELMONT AVE PHILADELPHIA, PA 19131	23-1365343	501C3		107,309.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
<b>(11)</b> CHURCH OF THE REDEEMER BAPTIST 1440 S 24TH ST PHILADELPHIA, PA 19146	23-2108543	501C3		106,381.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
<b>(12)</b> GRACE COMMUNITY CHRISTIAN CENTER 29 W JOHNSON ST PHILADELPHIA, PA 19144	13-5563018	501C3		105,560.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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) 2023

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

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.

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OMB No. 1545-0047

2023

Open to Public  
Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) IGLESIA DE DIOS RENACER							FEED FOOD
310 MANOR AVE PLYMOUTH MEETING, PA 19462	23-2956881	501C3		103,193.	OTHER	FOOD	INSECURE INDIVIDUALS
(2) JACKSON PLACE APARTMENTS							FEED FOOD
501 JACKSON ST PHILADELPHIA, PA 19148	46-0477271	501C3		102,854.	OTHER	FOOD	INSECURE INDIVIDUALS
(3) SOUTH PHILADELPHIA HIGH SCHOOL							FEED FOOD
2101 S BROAD ST PHILADELPHIA, PA 19148	23-6004102	501C3		100,710.	OTHER	FOOD	INSECURE INDIVIDUALS
(4) PUENTES DE SALUD							FEED FOOD
1700 SOUTH ST PHILADELPHIA, PA 19147	26-1973303	501C3		100,500.	OTHER	FOOD	INSECURE INDIVIDUALS
(5) EDDIE'S HOUSE - THE CORNERSTONE							FEED FOOD
2321 N BROAD ST PHILADELPHIA, PA 19132	26-1837490	501C3		99,016.	OTHER	FOOD	INSECURE INDIVIDUALS
(6) FAITH CHAPEL CHURCH FCDC							FEED FOOD
108 E PRICE ST PHILADELPHIA, PA 19144	23-2216142	501C3		97,897.	OTHER	FOOD	INSECURE INDIVIDUALS
(7) BREAKING BREAD ON BROAD							FEED FOOD
615 N BROAD ST PHILADELPHIA, PA 19123	23-1365228	501C3		97,146.	OTHER	FOOD	INSECURE INDIVIDUALS
(8) POLICE ATHLETIC LEAGUE OF PHILADELPHIA							FEED FOOD
3068 BELGRADE ST PHILADELPHIA, PA 19134	23-1507837	501C3		95,329.	OTHER	FOOD	INSECURE INDIVIDUALS
(9) MOUNT TABOR CEED CORPORATION							FEED FOOD
961-971 N 7TH ST PHILADELPHIA, PA 19123	23-2936870	501C3		94,739.	OTHER	FOOD	INSECURE INDIVIDUALS
(10) SAINT LUKE'S EPISCOPAL CHURCH							FEED FOOD
5421 GERMANTOWN AVE PHILADELPHIA, PA 19144	23-1352462	501C3		93,967.	OTHER	FOOD	INSECURE INDIVIDUALS
(11) YWCA TRI-COUNTY AREA							FEED FOOD
315 KING ST POTTSTOWN, PA 19464	23-1360867	501C3		93,623.	OTHER	FOOD	INSECURE INDIVIDUALS
(12) BUCKS COUNTY HOUSING GROUP PENNDL							FEED FOOD
626 JACKSONVILLE RD WARNINSTER, PA 18974	23-1878791	501C3		91,785.	OTHER	FOOD	INSECURE INDIVIDUALS

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) 2023

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

23-2290505

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(1) HONEY BROOK FOOD PANTRY 5064 HORSESHOE PIKE HONEY BROOK, PA 19344	23-3092880	501C3		87,947.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) OPEN LINK INC. 452 PENN ST PENNSBURG, PA 18073	23-2003150	501C3		87,299.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) FAMILY PROMISE MONTCO PA 31 S SPRING GARDEN ST AMBLER, PA 19002	22-2708420	501C3		87,272.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) DRUEDING CENTER 413 W MASTER ST PHILADELPHIA, PA 19122	23-1532883	501C3		87,183.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) TWO LADIES OF CHRIST 4125 LUDLOW ST PHILADELPHIA, PA 19104	85-2529297	501C3		85,473.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) SAINT ANNE'S COMMUNITY FOOD CUPBOARD 2119 OLD WELSH RD ABINGTON, PA 19001	23-1646048	501C3		85,076.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) GAUDENZIA WEST CHESTER 110 WESTTOWN RD WEST CHESTER, PA 19382	23-1706895	501C3		81,715.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) CHELTEN CHRISTIAN CRUSADE 605 E CHELTEN AVE PHILADELPHIA, PA 19144	23-2250833	501C3		80,306.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) RHD PROGRESS HAVEN 2260-2262 N 20TH ST PHILADELPHIA, PA 19132	23-1727133	501C3		79,331.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) HOLY TEMPLE LORD AND SAVIOR 5116 MARKET ST PHILADELPHIA, PA 19139	23-2924075	501C3		78,411.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) CHILDREN'S MISSION INC. 2200 GERMANTOWN AVE PHILADELPHIA, PA 19133	23-6416572	501C3		78,074.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) GREATER PHILADELPHIA ALLIANCE SOCIALSERVICE 4943 N 5TH ST PHILADELPHIA, PA 19120	23-2216151	501C3		77,437.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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Schedule I (Form 990) 2023

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?

YesNo
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MITZVAH FOOD PROGRAM LOWER BUCKS 2001 MARKET ST PHILADELPHIA, PA 19103	23-1500085	501C3		77,231.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) OFFICE OF COUNCIL PRESIDENT DARRELL L. CLAR 313 CITY HALL PHILADELPHIA, PA 19107	23-6003047	501C3		76,820.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) PENTE CHURCH OF GOD 3027 N 5TH ST PHILADELPHIA, PA 19133	23-3020285	501C3		75,244.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) W.D. KELLEY SCHOOL 1601 N 28TH ST PHILADELPHIA, PA 19121	23-6004102	501C3		73,943.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) PHILADELPHIA DBHIDS - HOME DELIVERY 1101 MARKET ST PHILADELPHIA, PA 19107	22-2851379	501C3		72,814.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) SUMMERS HOMES FOR HOPE 814 N 41ST ST PHILADELPHIA, PA 19104	82-5439120	501C3		72,719.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) STAR OF HOPE BAPTIST CHURCH 7137 HEGERMAN ST PHILADELPHIA, PA 19135	23-2955210	501C3		72,483.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) JOHN H. WEBSTER ELEMENTARY SCHOOL 3400 FRANKFORD AVE PHILADELPHIA, PA 19134	23-6004102	501C3		71,148.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) CAST YOUR CARES PO BOX 29214 PHILADELPHIA, PA 19125	41-2097613	501C3		70,613.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) MARY'S CUPBOARD 100 LEVITTOWN PKWY LEVITTOWN, PA 19054	53-0196617	501C3		69,343.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) NEW LIFE PRESBYTERIAN CHURCH 467 N EASTON RD GLENSIDE, PA 19038	23-7366967	501C3		69,278.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) WAYNE FOOD PANTRY 210 S WAYNE AVE WAYNE, PA 19087	87-1194483	501C3		68,029.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

- 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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)AFRICAN FAMILY HEALTH ORGANIZATION							FEED FOOD
5400 GRAYS AVE PHILADELPHIA, PA 19143	73-1670436	501C3		67,447.	OTHER	FOOD	INSECURE INDIVIDUALS
(2)HEART OF CAMDEN, INC.							FEED FOOD
1840 BROADWAY CAMDEN, NJ 8104	22-2589999	501C3		67,313.	OTHER	FOOD	INSECURE INDIVIDUALS
(3)FIRST BAPTIST CHURCH OF CLAYTON							FEED FOOD
110 S DELSEA DR CLAYTON, NJ 8312	23-7042904	501C3		67,295.	OTHER	FOOD	INSECURE INDIVIDUALS
(4)ONE DAY AT A TIME HAVEN I							FEED FOOD
2532 N BROAD ST PHILADELPHIA, PA 19132	23-7046393	501C3		66,669.	OTHER	FOOD	INSECURE INDIVIDUALS
(5)FIRST CHURCH WORSHIP CENTER							FEED FOOD
2509 N 30TH ST PHILADELPHIA, PA 19132	02-0610992	501C3		66,649.	OTHER	FOOD	INSECURE INDIVIDUALS
(6)SAINT KATHARINE BURLINGTON							FEED FOOD
P.O. BOX 602 BURLINGTON, NJ 8016	53-0196617	501C3		66,421.	OTHER	FOOD	INSECURE INDIVIDUALS
(7)GOOD FRIENDS, INC.							FEED FOOD
868 W BRIDGE ST MORRISVILLE, PA 19067	23-2055761	501C3		64,508.	OTHER	FOOD	INSECURE INDIVIDUALS
(8)BETHEL COMMUNITY CHURCH OF POTTSTOWN							FEED FOOD
575 N KEIM ST POTTSTOWN, PA 19464	47-3757724	501C3		63,940.	OTHER	FOOD	INSECURE INDIVIDUALS
(9)LOVE WORKS RESOURCE CENTER							FEED FOOD
740 N HENDERSON RD	87-1663077	501C3		62,772.	OTHER	FOOD	INSECURE INDIVIDUALS
(10)GERMANTOWN SDA CHURCH							FEED FOOD
135 E CLIVEDEN ST PHILADELPHIA, PA 19119	52-0643036	501C3		62,480.	OTHER	FOOD	INSECURE INDIVIDUALS
(11)SAINT JOSEPH BAPTIST CHURCH							FEED FOOD
5412 VINE ST PHILADELPHIA, PA 19139	23-2427811	501C3		60,988.	OTHER	FOOD	INSECURE INDIVIDUALS
(12)DELAWARE COUNTY COMMUNITY COLLEGE							FEED FOOD
901 S MEDIA LINE RD MEDIA, PA 19063	23-2143790	501C3		58,501.	OTHER	FOOD	INSECURE INDIVIDUALS

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

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(1) THANKFUL LEARNING CENTER 3200-3202 N 17TH ST PHILADELPHIA, PA 19140	23-2584322	501C3		58,237.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) PHILADELPHIA EPISCOPAL CATHEDRAL 3717 CHESTNUT ST PHILADELPHIA, PA 19104	13-5562208	501C3		57,312.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) FAMILY PRACTICE AND COUNSELING NETWORK 4700 WISSAHICKON AVE PHILADELPHIA, PA 19144	23-1727133	501C3		56,580.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) CHRISTIAN CARE MINISTRIES - CHURCH OF LIVIN 1271 E MAPLE AVE LANGHORNE, PA 19047	23-1946407	501C3		55,984.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) FOOD BANK CENTRAL/EASTERN NC 3808 TARHEEL RD RALEIGH, NC 27609	56-1283426	501C3		55,859.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) TRUTH BAPTIST CHURCH 4666-4668 N 15TH ST PHILADELPHIA, PA 19140	62-0535346	501C3		54,855.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) LA SALLE UNIVERSITY 1900 W OLNEY AVE PHILADELPHIA, PA 19141	23-1352654	501C3		54,608.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) LAMB FOUNDATION SOUTH 114 N MAIN ST NORTH WALES, PA 19454	23-2482780	501C3		54,389.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) PHILABUNDANCE-HPP HOME DELIVERY 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501C3		53,692.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) OUR BROTHERS' PLACE 1630 SOUTH ST PHILADELPHIA, PA 19146	23-2209338	501C3		53,363.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) SHEPHERD'S SHELF 2211 MAINLAND RD HARLEYSVILLE, PA 19438	41-1568278	501C3		52,387.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) RIVER OF LIFE PHILADELPHIA 701 E CORNWALL ST PHILADELPHIA, PA 19134	26-1939684	501C3		52,381.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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

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(1) COMMUNITY CENTER AT VISITATION 2646 KENSINGTON AVE PHILADELPHIA, PA 19125	45-5089328	501C3		51,168.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) WATERS MEMORIAL COMMUNITY CENTER 609 S CLIFTON ST PHILADELPHIA, PA 19147	23-1023691	501C3		50,506.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) CECIL AND GRACE BEAN'S SOUP KITCHEN INC. P.O. BOX 6 NORRISTOWN, PA 19404	22-2505101	501C3		49,944.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) SAINT PETER'S FOOD CUPBOARD 313 PINE ST PHILADELPHIA, PA 19106	23-1352108	501C3		48,394.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) BETHANY AME CHURCH 8898 ASHTON RD PHILADELPHIA, PA 19136	45-3915087	501C3		48,187.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) PRAYER CHAPEL COGIC 7099 LOCUST ST UPPER DARBY, PA 19082	23-2636147	501C3		48,137.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) REDEEMING LOVE WORSHIP CENTER P.O. BOX 28218 PHILADELPHIA, PA 19131	46-4129886	501C3		48,049.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) BLESS PHILADELPHIA CORPORATION 4610 DEVEREAUX ST PHILADELPHIA, PA 19135	88-1151326	501C3		46,923.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) CATHOLIC SOCIAL SERVICES PHILADELPHIA 7340 JACKSON ST PHILADELPHIA, PA 19136	23-1352063	501C3		46,774.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) HOLSEY TEMPLE CME CHURCH 5305-5315 GERMANTOWN AVE	54-0678088	501C3		46,109.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK, DE 19713	51-0258984	501C3		45,603.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) EINSTEIN MEDICAL CENTER W TABOR RD AND PARK AVE	23-1396794	501C3		45,489.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

- 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)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Employer identification number

23-2290505

Part I General Information on Grants and Assistance

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(1) FREEDOM DEVELOPMENT CORPORATION 6100 W COLUMBIA AVE PHILADELPHIA, PA 19151	23-2543198	501C3		45,268.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) CARING CORNER FOOD PANTRY 200 MASONVILLE RD MT. LAUREL, NJ 8054	27-0649763	501C3		44,863.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) BUCKNER'S GIVING TREE 3012 W 3RD ST CHESTER, PA 19013	51-0317413	501C3		44,842.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) EMERGENCY MARKET - BERKS 302 W BERKS ST PHILADELPHIA, PA 19122	23-2290505	501C3		44,670.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) HELPING HANDS FOR THE HUNGRY 525 S COBBS CREEK PKWY	23-3044958	501C3		43,767.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) JESUS IS THE LIGHT MINISTRIES PO BOX 3865 PHILADELPHIA, PA 19146	73-6109354	501C3		43,483.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) HATFIELD CHURCH OF THE BRETHREN 1333 COWPATH RD HATFIELD, PA 19440	36-2167026	501C3		41,299.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) RUTGERS CAMDEN UNIVERSITY 326 PENN ST CAMDEN, NJ 8102	22-6001086	501C3		41,271.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) LUTHERAN CHURCH OF HOLY COMMUNION 2111 SANSOM ST PHILADELPHIA, PA 19103	41-1568278	501C3		40,104.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) CAMPBELL AME CHURCH 1657 KINSEY ST PHILADELPHIA, PA 19124	53-0204696	501C3		40,082.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) NEW MICKLE BAPTIST CHURCH 108 S 27TH ST CAMDEN, NJ 8105	22-3208458	501C3		39,641.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) ROXBOROUGH PRESBYTERIAN CHURCH 8230 RIDGE AVE PHILADELPHIA, PA 19128	23-6393377	501C3		39,322.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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

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

Schedule I (Form 990) 2023



Employer identification number  
23-2290505

**Part I General Information on Grants and Assistance**

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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(1) EBENEZER FULL GOSPEL BAPTIST CHURCH 199 WALLACE AVE DOWNINGTOWN, PA 19335	11-3842949	501C3		39,283.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) GEORGE WASHINGTON HIGH SCHOOL 10175 BUSTLETON AVE PHILADELPHIA, PA 19116	23-6004102	501C3		38,730.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) HOLY TEMPLE COMMUNITY CENTER 363 N 60TH ST PHILADELPHIA, PA 19139	23-7355458	501C3		37,699.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) LIFEWERKS 7 CEDAR RD WALLINGFORD, PA 19086	23-2939488	501C3		36,850.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) 48TH STREET MOUNT PLEASANT BAPTIST CHURCH 5537 VINE ST PHILADELPHIA, PA 19139	23-2618282	501C3		36,755.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) FRANKFORD HIGH SCHOOL 5000 OXFORD AVE PHILADELPHIA, PA 19124	23-6004102	501C3		36,707.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) ELDERNET OF LOWER MERION AND NARBERTH 9 S BRYN MAWR AVE BRYN MAWR, PA 19010	23-2005485	501C3		35,363.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) GAUDENZIA WAREHOUSE 110 WESTTOWN RD WEST CHESTER, PA 19382	23-1706895	501C3		35,361.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) USCHOOL 2000 N 7TH ST PHILADELPHIA, PA 19122	23-6004102	501C3		34,874.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) DELAWARE COUNTY HOUSING AUTHORITY 1855 CONSTITUTION AVE WOODLYN, PA 19094	23-2969308	501C3		34,837.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) SALVATION ARMY NORRISTOWN 533 SWEDE ST NORRISTOWN, PA 19401	13-5562351	501C3		34,683.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) SOLOMON TEMPLE 602 W ERIE AVE PHILADELPHIA, PA 19140	23-3097039	501C3		34,043.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

23-2290505

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(1) FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BLVD PENNSAUKEN, NJ 8110	22-2623089	501C3		33,067.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) KAIGHN AVENUE BAPTIST CHURCH 831 KAIGHN AVE CAMDEN, NJ 8103	20-0468915	501C3		32,913.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) ENON TABERNACLE 2800 W CHELTENHAM AVE	13-5563018	501C3		32,446.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) READY WILLING AND ABLE PHILADELPHIA 1221 BAINBRIDGE ST PHILADELPHIA, PA 19147	26-2150260	501C3		32,383.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) PHILABUNDANCE TEMPORARY DISTRIBUTIONS 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501C3		32,160.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) ASCENSION MANOR APARTMENTS 970 N 7TH ST PHILADELPHIA, PA 19123	53-0196617	501C3		32,052.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) KENSINGTON HEALTH SCIENCES ACADEMY SCHOOL 2463 EMERALD ST PHILADELPHIA, PA 19125	23-6004102	501C3		31,873.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) URBAN CREATORS 2316 N 11TH ST PHILADELPHIA, PA 19133	46-4004947	501C3		31,122.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) FAITH TEMPLE PENTECOSTAL CHURCH 5618 KINGSESSING AVE PHILADELPHIA, PA 19143	23-2669136	501C3		31,094.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) RICHARD R. WRIGHT ELEMENTARY SCHOOL 2700 W DAUPHIN ST PHILADELPHIA, PA 19132	23-6004102	501C3		30,678.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) SCOTTISH RITE TOWER 1530 FITZWATER ST PHILADELPHIA, PA 19146	23-2741112	501C3		29,317.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) EMMANUEL EVANGELICAL CONGREGATIONAL CHURCH 100 S MAIN ST HATFIELD, PA 19440	23-6407863	501C3		29,033.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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Schedule I (Form 990) 2023

Employer identification number  
23-2290505

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(1) SAINT PAUL'S BAPTIST CHURCH 1000 WALLACE ST PHILADELPHIA, PA 19123	23-1569938	501C3		28,874.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) SOUTHWARK SCHOOL 1835 S 9TH ST PHILADELPHIA, PA 19148	23-6004102	501C3		28,618.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) BROAD STREET LOVE (BROAD STREET MINISTRY) 315 S BROAD ST PHILADELPHIA, PA 19107	20-2760310	501C3		28,507.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) PENN ASIAN SENIOR SERVICES 6926 OLD YORK RD PHILADELPHIA, PA 19126	20-2643138	501C3		26,792.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) OVERBROOK EDUCATIONAL CENTER SCHOOL 6722 LANSDOWNE AVE PHILADELPHIA, PA 19151	23-6004102	501C3		26,199.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) FAIRWOLD ACADEMY SCHOOL 2101 PENNSYLVANIA AVE	23-7221025	501C3		26,000.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) SALVATION ARMY CHESTER CORPS 151 W 15TH ST CHESTER, PA 19013	13-5562351	501C3		25,673.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) ADD B. ANDERSON SCHOOL 1034 S 60TH ST PHILADELPHIA, PA 19143	23-6004102	501C3		25,126.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) MULTICULTURAL FAMILY SERVICES 7016 TERMINAL SQUARE UPPER DARBY, PA 19082	45-0523976	501C3		25,035.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) BETTER TOMORROWS - WEST POPLAR APARTMENTS 637 N 13TH ST PHILADELPHIA, PA 19123	45-3199958	501C3		23,685.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) BURLINGTON SENIORS RECREATION CENTER 522 WOOD ST BURLINGTON, NJ 8016	22-3798040	501C3		23,605.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) SAFE HARBOR OF CHESTER COUNTY 20 N MATLACK ST WEST CHESTER, PA 19380	23-2734615	501C3		23,398.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

- 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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)STEPHEN SMITH TOWERS 1030 BELMONT AVE PHILADELPHIA, PA 19104	23-6395751	501C3		22,797.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2)TRINITY UNITED METHODIST CHURCH 1814 WHARTON ST PHILADELPHIA, PA 19146	36-2167731	501C3		22,528.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3)CANAAN FAMILY LIFE CENTER, INC. 5430 PULASKI AVE PHILADELPHIA, PA 19144	51-0643740	501C3		22,192.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4)WAYLAND TEMPLE BAPTIST CHURCH 2500 W CECIL B. MOORE AVE	23-1670916	501C3		22,098.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5)PHILABUNDANCE COMMUNITY KITCHEN 2224 N 10TH ST PHILADELPHIA, PA 19133	23-2290505	501C3		21,492.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6)CHURCH OF THE HOLY APOSTLES 260 S 51ST ST PHILADELPHIA, PA 19139	23-1352384	501C3		21,444.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7)CROSSROADS COMMUNITY CENTER 2916-2918 N 6TH ST PHILADELPHIA, PA 19133	23-1685193	501C3		20,100.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8)KIPP PHILADELPHIA ELEMENTARY ACADEMY SCHOOL 2409 W WESTMORELAND ST	23-6004102	501C3		20,058.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9)SALVATION ARMY RISING SUN 5830 RISING SUN AVE PHILADELPHIA, PA 19120	13-5562351	501C3		18,600.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10)HAMILTON DISSTON SCHOOL 6801 COTTAGE ST PHILADELPHIA, PA 19135	23-6004102	501C3		18,455.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11)WHARTON WESLEY HELPING HANDS 5341 CATHARINE ST PHILADELPHIA, PA 19143	36-2167731	501C3		18,225.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12)SAINT PAUL'S OUTREACH 5900 N 5TH ST PHILADELPHIA, PA 19120	41-1568278	501C3		18,088.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

- 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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EDWARD GIDEON SCHOOL 2817 W GLENWOOD AVE PHILADELPHIA, PA 19121	23-6004102	501C3		18,013.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) PAUL L. DUNBAR SCHOOL 1750 N 12TH ST PHILADELPHIA, PA 19122	23-6004102	501C3		17,831.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) NEW HOPE BAPTIST CHURCH INC. 204-206 E OAK ST NORRISTOWN, PA 19401	23-7437691	501C3		17,512.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) MANN OLDER ADULT CENTER 3201 N 5TH ST PHILADELPHIA, PA 19140	23-1905649	501C3		17,238.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) SALVATION ARMY BOOTH MANOR 701 N BROAD ST PHILADELPHIA, PA 19123	23-2822333	501C3		17,117.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) SALVATION ARMY IVY RESIDENCE 701 N BROAD ST PHILADELPHIA, PA 19123	13-5562351	501C3		16,395.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) LEHIGH VALLEY 2ND HARVEST FOOD BANK 2045 HARVEST WAY ALLENTOWN, PA 18104	22-1669589	501C3		15,965.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) WEST CHESTER UNIVERSITY 701 MARKET ST PHILADELPHIA, PA 19106	23-2417773	501C3		15,833.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) SOUTHWEST SENIOR CENTER 6916-6923 ELMWOOD ST PHILADELPHIA, PA 19142	23-1905649	501C3		15,425.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) PRAISE THE LIVING GOD CHURCH 2440 N 19TH ST PHILADELPHIA, PA 19132	20-0264833	501C3		15,266.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) FIRST UNITED METHODIST CHURCH OF BRISTOL 201 MULBERRY ST BRISTOL, PA 19007	36-2167731	501C3		14,721.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) SAINT JOHN LORD'S PANTRY 4050 DURHAM RD OTTSVILLE, PA 18942	53-0196617	501C3		14,669.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

- 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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JOURNEY'S WAY 403 RECTOR ST PHILADELPHIA, PA 19128	23-1875249	501C3		14,058.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) UPMC FOR YOU, INC. 600 GRANT ST PITTSBURGH, PA 15219	90-0174238	501C3		13,294.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) ALAIN LOCKE SCHOOL 4550 HAVERFORD AVE PHILADELPHIA, PA 19104	23-6004102	501C3		12,861.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) PHILADELPHIA SENIOR CENTER AT ALLEGHENY 1900 W ALLEGHENY AVE PHILADELPHIA, PA 19132	23-1619019	501C3		12,402.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) SHEKINA SDA CHURCH 531 W CHEW AVE PHILADELPHIA, PA 19120	23-6000040	501C3		12,307.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) UNICO VILLAGE 7199 BRANT PL PHILADELPHIA, PA 19153	46-4185022	501C3		12,297.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) PUBLIC HEALTH MANAGEMENT CORPORATION 1500 MARKET ST PHILADELPHIA, PA 19102	23-7221025	501C3		12,069.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) PHILLY PEACE IN PROGRESS P.O. BOX 34069 PHILADELPHIA, PA 19101	84-2117685	501C3		11,872.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) PENN STATE ABINGTON 1600 WOODLAND RD ABINGTON, PA 19001	24-6000376	501C3		11,327.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) IMPACT SERVICES CORPORATION VETERANS PROGRA 1952 E ALLEGHENY AVE PHILADELPHIA, PA 19134	23-2087348	501C3		11,305.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) KIPP NORTH PHILADELPHIA ACADEMY SCHOOL 2539 N 16TH ST PHILADELPHIA, PA 19132	23-6004102	501C3		10,912.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) JAMES LOGAN ELEMENTARY SCHOOL 1700 LINDLEY AVE PHILADELPHIA, PA 19141	23-6004102	501C3		10,635.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

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 . . . . .

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

Schedule I (Form 990) 2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GREATER PHILADELPHIA COMMUNITY ALLIANCE 2029 S 8TH ST PHILADELPHIA, PA 19148	23-1719860	501C3		10,544.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) HARWOOD HOUSE 9200 W CHESTER PK UPPER DARBY, PA 19082	23-2124666	501C3		9,577.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) CHURCH OF CHRISTIAN COMPASSION 6121 CEDAR AVE PHILADELPHIA, PA 19143	23-2306281	501C3		9,472.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) JEWISH RELIEF AGENCY 225 E CITY AVE BALA CYNWYD, PA 19004	26-2578017	501C3		9,418.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) OLD CITY PRESBYTERIAN APARTMENTS 25 N 4TH ST PHILADELPHIA, PA 19106	23-2778769	501C3		9,413.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(6) F. S. EDMONDS ELEMENTARY SCHOOL 8025 THOURON AVE PHILADELPHIA, PA 19150	23-6004102	501C3		8,728.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(7) KEYSTONE FIRST 200 STEVENS DR PHILADELPHIA, PA 19113	30-0703311	501C3		8,668.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(8) OPPORTUNITY TOWERS III 5524 HAVERFORD AVE PHILADELPHIA, PA 19139	23-2809543	501C3		8,463.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(9) BETHLEHEM BAPTIST CHURCH 712 PENLLYN PK SPRINGHOUSE, PA 19477	81-2795819	501C3		7,528.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(10) COMMUNITY FOOD BANK OF NEW JERSEY - SOUTH 6735 BLACK HORSE PK	22-2423882	501C3		7,377.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(11) WHOSOEVER GOSPEL MISSION P.O. BOX 48308 PHILADELPHIA, PA 19144	23-1352579	501C3		7,009.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(12) REBA BROWN APARTMENTS 1450 S 50TH ST PHILADELPHIA, PA 19143	20-4552620	501C3		6,573.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS

- 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

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHILABUNDANCE

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EPISCOPAL PLACE PARK ROW 421 W 24TH ST UPLAND, PA 19013	20-1994131	501C3		6,493.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(2) HUMANITY FIRST USA 500 BRIDGE ST WILLINGBORO, NJ 8046	20-0464012	501C3		6,325.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(3) JFK BEHAVIORAL HEALTH CENTER 112 N BROAD ST PHILADELPHIA, PA 19102	23-2095511	501C3		6,138.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(4) BEULAH BAPTIST CHURCH 5001 SPRUCE ST PHILADELPHIA, PA 19139	23-2051583	501C3		5,895.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(5) METHODIST SERVICES 4300 MONUMENT RD PHILADELPHIA, PA 19131	23-2761039	501C3		5,483.	OTHER	FOOD	FEED FOOD INSECURE INDIVIDUALS
(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 . . . . .

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

Schedule I (Form 990) 2023



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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

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

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

**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)	272,593.	NONE	NONE	2,756.	1,024.	276,373.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DARRELL K. GILES 2 CHIEF FINANCIAL OFFICER	(i)	195,297.	NONE	NONE	2,661.	21,903.	219,861.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES MULLEN 3 CHIEF LOGISTICS OFFICER	(i)	155,824.	NONE	NONE	1,558.	1,024.	158,406.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHELE GILBERT 4 CHIEF PEOPLE OFFICER	(i)	151,107.	NONE	NONE	4,826.	1,494.	157,427.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DOROTHY WONG 5 CHIEF PARTNERSHIP OFFICER	(i)	153,043.	NONE	NONE	1,554.	1,576.	156,173.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

PHILABUNDANCE

Employer identification number

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		36,982.	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
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	8,660	74,609,053.	INDUSTRY STUDY
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( GIFT CARDS ) . . . . .	X	11	241,780.	FMV
26 Other ( OTHER ITEMS ) . . . . .	X	8	53,456.	FMV
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 3 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) 2023

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 LINES 5, 25 AND LINE 26 REPRESENTS THE  
NUMBER OF CONTRIBUTIONS RECEIVED. THE NUMBER IN THIS COLUMN FOR LINE 19  
REPRESENTS THE NUMBER OF POUNDS OF FOODS RECEIVED.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

23-2290505

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

PHILABUNDANCE WAS FOUNDED IN 1984 WITH THE SIMPLE BELIEF THAT NO ONE SHOULD GO HUNGRY WHILE HEALTHY FOOD GOES TO WASTE. 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 MADE AVAILABLE TO TH 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

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

23-2290505

EMPLOYEES, INDEPENDENT CONTRACTORS, AND PERSONS ACTING ON BEHALF OF THE ORGANIZATION, I.E., BOARD MEMBERS. FOR NON-BOARD MEMBERS, ANY CONFLICT OF 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.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

**23-2290505**

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE.

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO

THE PUBLIC UPON REQUEST.



Name of the organization

PHILABUNDANCE

Employer identification number

23-2290505

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

=====

PHILABUNDANCE WAS FOUNDED IN 1984 WITH THE SIMPLE BELIEF THAT NO ONE SHOULD GO HUNGRY WHILE HEALTHY FOOD GOES TO WASTE. 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

PHILABUNDANCE23-2290505

## 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. IN ADDITION, THE ORGANIZATION ACTIVATED OVER 5,600 VOLUNTEERS WHO SERVED MORE THAN 32,600 HOURS IN THE MOST RECENTLY COMPLETED FISCAL YEAR.

## LINE 4B, PROGRAM SERVICE

-----

PHILABUNDANCE IS COMMITTED TO PROVIDING PEOPLE WITH THE FOOD THEY WANT AND NEED. TO HELP ACCOMPLISH 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 EFFORT 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 IN NORTH PHILADELPHIA (KNOWN AS PHILABUNDANCE COMMUNITY KITCHEN) 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 -----
M FELLINGER COMPANY PO BOX 198 STATE COLLEGE, PA 16804	FOOD SERVICE	783,972.
RYECO, LLC 6700 ESSINGTON AVE C3-C7 PHILADELPHIA, PA 19153	FOOD SERVICE	749,557.
MCLANE GROUP INT'L, LP 1902 CYPRESS STATION DRIVE STE 200 HOUSTON, TX 77090	FOOD SERVICE	261,141.
THE TUSTIN GROUP, LLC 140 COMMERCE DRIVE MONTGOMERYVILLE, PA 18936	FOOD SERVICE	188,907.
ALLEGIANCE FUNDRAISING, INC. PO BOX 9132 FARGO, ND 58106	DIRECT MAIL	1,667,962.

Name of the organization

Employer identification number

PHILABUNDANCE23-2290505

## FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	242,841.	212,151.
 TOTALS	 ----- 242,841. =====	 ----- 212,151. =====

Name of the organization

Employer identification number

PHILABUNDANCE23-2290505

## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----	-----
CERTIFICATE OF DEPOSIT	8,686.	8,833.	FMV
EXCHANGE TRADED FUNDS	103,088.	122,637.	FMV
EQUITY MUTUAL FUNDS	2,158,537.	2,652,342.	FMV
FIXED INCOME	437,190.	387,293.	FMV
PREFERRED STOCK	1,000.	1,000.	FMV
MONEY MARKET	17,296.	18,625.	FMV
 TOTALS	 ----- 2,725,797. =====	 ----- 3,190,730. =====	

Name of the organization

PHILABUNDANCE

Employer identification number

23-2290505

## FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED INCOME	1,275,570.	1,552,132.
 TOTALS	 ----- 1,275,570. =====	 ----- 1,552,132. =====

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Employer identification number

23-2290505

**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) 2023



**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X
<b>2</b> 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)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII****Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.