EXTENDED TO MAY 17, 2021

(Rev. January 2020) 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.

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, and ending JUN 30, 2020 Open to Public

OMB No. 1545-0047

Inspection

B (heck if	C Name of organization		D Employer identifi	cation number
	⊤Addre				
	_Jchang ⊐Name	SUNDAY BREAKFAST RESCUE MISSION		23-13525	E 0
H	_ chang ∏Initial	<u>_</u>	D = = == /= : :t-	+	
	_ return ∏Final	302 NODEL 13EL CEDEEL	Room/suite	E Telephone numbe 215-922-	
	⊐return termir				3,477,682.
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19107		G Gross receipts \$	
	⊒return ∏Applio	-		H(a) Is this a group re	
	tion pendi	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	
	-2× 0×	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) €	or 52	_	list. (see instructions)
		te: NWW · SUNDAYBREAKFAST · ORG	01 32	H(c) Group exemptio	·
		organization: X Corporation Trust Association Other	I Yea		State of legal domicile: PA
		Summary	L 100	r or formation.	VI Otate of legal dofficile. 2 22
		Briefly describe the organization's mission or most significant activities: TO M.	INSTE	R IN THE NAM	E OF JESUS
Activities & Governance	'	CHRIST TO THE DISADVANTAGED IN THE PHILA	DELPH	IA AREA	
'n	2	Check this box if the organization discontinued its operations or dispose			ssets
) Ve	l .			3	10
Ğ	ı	Number of independent voting members of the governing body (Part VI, line 1b)			10
8		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			64
/itie		Total number of volunteers (estimate if necessary)			5896
cţi		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		2,138,533.	3,037,406.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		384,393.	9,883.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		55,626.	31,532.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,578,552.	3,078,821.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,284,137.	1,079,546.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 391,86		0.	0.
χĎ				1 100 101	1 240 150
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,489,404.	
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,773,541.	2,428,704.
S	19	Revenue less expenses. Subtract line 18 from line 12		-194,989.	650,117.
Net Assets or Fund Balances			<u> B</u>	eginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)	·····	3,112,379.	3,464,841.
let A	21	Total liabilities (Part X, line 26)		374,425. 2,737,954.	3,361,867.
	ırt II	Net assets or fund balances. Subtract line 21 from line 20		2,737,334.	3,301,007.
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	e and etater	ments, and to the hest of m	v knowledge and helief it is
	-	st, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is
ii uo,	001100	A and complete. Declaration of property (other than officer) is based on an information of wi	non propart	4/6/2021	
Sig	1	Signature of officer		Date	
Her		JEREMY MONTGOMERY, PRESIDENT & CEO			
1101		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	ı	EDWARD W. DORAN, CPA	h_	03/18/21 if self-employ	P00841330
	arer	Firm's name ISDANER & COMPANY, LLC		Firm's EIN	23-6410283
	Only	Firm's address THREE BALA PLAZA, SUITE 501 WES'	T	o Ent	
	-	BALA CYNWYD, PA 19004-3484		Phone no. (6	10) 668-4200
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: THE SUNDAY BREAKFAST RESCUE MISSION EXISTS TO MINISTER IN THE 1	NAME OF
	JESUS CHRIST TO THE SPIRITUAL AND PRACTICAL NEEDS OF THE DISADV	/ANTAGED
	IN THE PHILADELPHIA AREA.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3		Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organization of the section 501(c)(4) organization 501(c)(4) organization 501(c)(4) organization 501(c)(4) organization 501(c)(4) organization 501(c)(4) organization 501(c)(4	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,824,310. including grants of \$) (Revenue \$ FOOD SERVICES: THE ONLY FOOD PROVIDER OF THREE MEALS A DAY, 365	DAYS OF
	THE YEAR TO ANYONE IN NEED IN PHILADELPHIA - PROVIDING 100,504	
	MEALS. HOMELESS SERVICES: HOMELESS DAY SERVICES AND CLINICS	
	AND WOMEN; SERVING AS PHILADELPHIA'S LARGEST HOMELESS SHELTER H	
	PROVIDING 47,347 TOTAL NIGHTS OF SHELTER; OFFERS A 12-MONTH	
	TRANSITIONAL HOUSING PROGRAM TO MEN AND A PERMANENT SUPPORTIVE	HOUSING
	PROGRAM FOR MEN 65 YEARS OF AGE AND OLDER.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$	
	(Code:) (Expenses #	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$})
<u>4e</u>	Total program service expenses ▶ 1,824,310.	- 000
		Form 990 (2019)

SUNDAY BREAKFAST RESCUE MISSION

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			3,7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		- V
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		Α_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Α.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	-25	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	64		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Δ.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
0.4	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Α
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Α.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38		38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Form **990** (2019)

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

2a Set from the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, Bod for the calednary vaer arding with or within they ware covered by this rutum. b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 50,00 um give required to effect eigenistructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "has it filed a Form 990-T for this year? If Ye? to film 3b, provide an explanation on Schedule O. 3c If Yes, "has the filed a Form 990-T for this year? If Ye? to film 3b, provide an explanation on Schedule O. 3c If Yes, "has the filed a Form 990-T for this year? If Ye? to film 3b, provide an explanation on Schedule O. 3c If Yes, "has the the name of the foreign country." 4c If Yes, "If yes the the name of the foreign country is greater than 100,000 and did the organization and yes the provided of the year of year of year year year of year year year of year year year year year year year year				Yes	No					
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a ID if the organization have unrelated business goes income of \$1,000 or more during the year? 3b ID if Yes, Thas I filed a form 950°F for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3b If Yes, Thas I filed a form 950°F for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas I filed a form 950°F for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas I filed a form 950°F for the year? If Yo'r to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas I filed a form 950°F for 150°F fo	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 64								
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 9907 for this year of "Wo" to file as 3,0 proviside an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (PBAF). 5b If "Yes," inter the name of the foreign country (such as a bank account, securities account, or other financial accounts (PBAF). 5c In the security of the organization of the foreign country (such as a bank account, or other financial accounts (PBAF). 5c In If "Yes" to line Sar o5 Bi, did the organization file Form 88817. 6c In It "Yes" to line Sar o5 Bi, did the organization file Form 88817. 6d 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? 6c In "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In "Yes," inclinate the number of forms 8882 filed during the year organization seal, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? 6c If Wes," indicate the number of forms 8882 filed during the year. 6c In the organization received a contribution of qualified intellectual property, did the organization file a form 1986 organization received a contribution of a pushflex to pay a push of the organization file a form 1986 organization received a contribution of an organization and pay and the pay and a pa	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X						
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account? A b If "Yes," enter the name of the foreign country 5b If "Yes," enter the name of the foreign country 5c en instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b If "Yes" to line Sa or Sb, did the organization file Form 888877. 6b Did any taxable party notify the organization file Form 888877. 6c 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? 6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization several payment in excess of S75 made party as a contribution and party for goods and services provided? 7 to Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization neceive a payment mexes of S75 made party as a contribution of any approximation to the payment and the payment and to file Form 8282? 7 to Wash to repair the service of the second payment of the variety of the organization received a contribution of qualified intelectual property of the organization file form 8282? 7 to Wash organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file of Porms 8282? 7 to Wash organization received a contribution of a spite of the foreign second fund maintained by the sponsoring organization makes a dist		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
4a A any time during the calendary year, dot 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 accounts (FBAP). b If "Yes," enter the name of the foreign country ▶ 5a Was the organization party to a prohibet dat was whether transaction at any time during the tax year? 5b Was the organization to a prohibet dat was whether transaction at any time during the tax year? 5c Was 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? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when cotta deductible is calentable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a Did the organization start may receive deductible contributions under section 170(c). a Did the organization start may receive deductible contributions under section 170(c). b If "Yes," fidd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Uff "Yes," inclinate the number of Forms 822? Ifted during the year to the Form 822? 6c Did the organization start party funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization, during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1989 or Forms 822 filed during the year 1 Did the organization and party for year pay premiums of included to pay and year? 8 Sponsoring organizations make any taxosh, bo	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
the infrancial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 1'Yes, 'retret the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization shall may receive deductible as charitable contributions? 6d I 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive appropent in excess of \$75 made party as a contribution of party for goods and services provided to the payor? 7 b I'Yes', did the organization notify the donor of the value of the goods or services provided? 7 c Did the organization received appropent in excess of \$75 made party as a contribution of the value of the goods or services provided? 8 b I'Yes', did the organization notify the donor of the value of the goods or services provided? 9 b If I'Yes', did the organization feeting any premiums, directly or indirectly, on a personal benefit contract? 7 c X 7 d I'Yes', did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fee Form 8898 as required?, If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization feeting the payor and payor and properly did the organization feeting the payor and p	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			00							
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organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule O.								
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15									
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X					
If "Yes," complete Form 4720, Schedule O.										
	16		16		X					
		If "Yes," complete Form 4720, Schedule O.	_	000	100:11					

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.

_	Creck if Scriedule O contains a response or note to any line in this Part VI			22
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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			
	JEREMY MONTGOMERY - 215-922-6400			
	302 NORTH 13TH STREET, PHILADELPHIA, PA 19107			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rsoni	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	_			T	1 1		from the	from related organizations	other compensation
	hours for	Individual trustee or director				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	altrus	nal tr		loyee	o mp				and related
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEFF HARVEY	line) 1.50	프	Ĕ	₽	- A	ijĘ.	훈			
CHAIR	1.30	X		x				0.	0.	0.
(2) SAM HWANG	1.00	^		^				0.	0.	0.
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(3) JEREMIAH MARKS	1.00	22		22				0.	0.	
TREASURER	1.00	Х		Х				0.	0.	0.
(4) JAMES MUMMA	1.00						\vdash	0.	0.	
SECRETARY	1100	x		x				0.	0.	0.
(5) KEVIN MICHALS	1.00						\vdash			
MEMBER		x						0.	0.	0.
(6) JOHN MYERS	1.00									
MEMBER		Х						0.	0.	0.
(7) TOM SCHIED	1.00									
MEMBER		Х						0.	0.	0.
(8) REBECCA VANDYKE	1.00									
MEMBER		Х						0.	0.	0.
(9) REGGIE WILKES	1.00									
MEMBER		Х						0.	0.	0.
(10) ELOISE YOUNG	1.00									
MEMBER		Х						0.	0.	0.
(11) JEREMY MONTGOMERY	40.00								_	
PRESIDENT/CEO				Х				•	0.	•
		-								
		<u> </u>	\vdash	_	_	\vdash	<u> </u>			
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		1								
	1									- 000

Form **990** (2019)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>a Hi</u>	ıgne	st C	compensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount o	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	าร	com fr orga	pensate om the anization d relate anization	e ion ed
	line)	Indi	Insti	Officer	Key 6	High	Former						
		\square											
		-											
		\square											
		H	\vdash			\vdash							
		\square											
		-											
		П											
		H											
dh Cubastal							L			0.	1		
1b Subtotal c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							D	• encired more than \$100	000 of roportal	0.			•
compensation from the organization	ot inflited to ti		11310	ou ai		C) WI	10 11	eceived more than \$100	,,000 or reportat	ле ——			1
3 Did the organization list any former officer,	director, trust	ee, k	cey (emp	love	e, o	r hio	nhest compensated emp	oloyee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					for such individual	the organization	I	4		X
5 Did any person listed on line 1a receive or a					-		relat	ed organization or indiv	idual for services	s	_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaui	e J T	or st	ucn	pers	son .					5		
1 Complete this table for your five highest co the organization. Report compensation for	-	-								npens	ation f	rom	
(A)					VILII	Or w	101111	(B)			(C		
Name and business	address	NC	ONE	3			\dashv	Description of s	ervices	C	omper	nsatior	1
2 Total number of independent contractors (i		ot lir	 mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organic	zation >				(U						000 (6	

Form **990** (2019)

Form 990 (2019) SUNDAY :
Part VIII Statement of Revenue

_			Check if Schedule O contains a response	or note to any li	ne in this Part VIII			
			Officer if Correcting Contrains a response	of flote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè éxcluded
						function revenue	business revenue	from tax under
10.10								sections 512 - 514
nts			Federated campaigns 1a					
Sra ou		b	Membership dues 1b					
s, (С	Fundraising events1c					
a it		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	209,796.				
ö			All other contributions, gifts, grants, and					
he				,827,610.				
들턴		a	Noncash contributions included in lines 1a-1f	255,560.	•			
S E		_	Total. Add lines 1a-1f		3,037,406.			
		<u>'''</u>	Total: Add lilles 1a-11	Business Code	3703771000			
σ.	_			Business Code				
<u>i</u>	2							
le G		b						
n S		С						
Program Service Revenue		d						
0 P		е						
ه ا		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte	rest, and				
			other similar amounts)		2,124.			2,124.
	4		Income from investment of tax-exempt bond					
	5		Royalties	-				
	•		(i) Real	(ii) Personal				
	6	2	- 24 016		•			
	_		4 100					
			'					
			` ' -	•	19,846.			19,846.
			Net rental income or (loss)		13,040.			19,040.
	7	а	Gross amount from sales of (i) Securities					
			assets other than inventory 7a	402,450.				
		b	Less: cost or other basis					
ng			and sales expenses	394,691.				
Revenue		С	Gain or (loss) 7c	7,759.				
		d	Net gain or (loss)	<u>.</u>	7,759.			7,759.
ther	8	а	Gross income from fundraising events (not					
ŏ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b	Less: direct expenses	0				
			Net income or (loss) from fundraising events	•				
			Gross income from gaming activities. See					
		_	Part IV, line 19					
		h	Less: direct expenses 9	+	•			
			Net income or (loss) from gaming activities	<u>, </u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold10					
-		С	Net income or (loss) from sales of inventory					
2				Business Code	11 606	11 10		
90 E	11	а	MISCELLANEOUS INCOME	900099	11,686.	11,686.		
an		b						
Miscellaneous Revenue		С						
Ais.		d	All other revenue					
_			Total. Add lines 11a-11d	•	11,686.			
	12		Total revenue. See instructions		3,078,821.	11,686.	0.	29,729.

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 respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	125 066	60 201	25 102	21 402
_	trustees, and key employees	125,966.	69,281.	25,193.	31,492
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	724 000	C10 F0F	20 414	02 061
7	Other salaries and wages	734,900.	618,525.	32,414.	83,961
8	Pension plan accruals and contributions (include	4 274	007	2 746	701
	section 401(k) and 403(b) employer contributions)	4,374.	907.	2,746.	721
9	Other employee benefits	87,471.	67,248.	9,027.	11,196
10	Payroll taxes	126,835.	94,205.	23,975.	8,655
11	Fees for services (nonemployees):				
а	Management	1 000		1 000	
b		1,000.		1,000.	
С	Accounting	43,209.		43,209.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	0.4.0.4.0		4 004	- 4-0
	column (A) amount, list line 11g expenses on Sch 0.)	34,843.	23,389.	4,001.	7,453
12	Advertising and promotion	201,949.	14,088.	4,217.	183,644
13	Office expenses	68,161.	41,583.	5,680.	20,898
14	Information technology	65,032.	18,337.	13,457.	33,238
15	Royalties		100.00	0= 404	
16	Occupancy	209,770.	180,270.	27,684.	1,816
17	Travel	9,049.	7,823.	470.	756
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,999.	3,997.	73.	1,929
20	Interest	17,496.	12,151.	5,298.	47
21	Payments to affiliates	464 100	456.000		4 000
22	Depreciation, depletion, and amortization	164,422.	156,822.	6,218.	1,382
23	Insurance	100,741.	89,681.	7,265.	3,795
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	2.1= :=:			
а	FOOD	317,474.	317,474.		
b	REPAIRS AND MAINTENANCE	73,327.	72,150.	495.	682
С	HOUSE EXPENSE	36,686.	36,379.	132.	175
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,428,704.	1,824,310.	212,554.	391,840
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Ра	rt X	Balance Sheet						
		Check if Schedule O contains a response or note	to an	y line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			223,788.	1	879,473.	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net			4	146,096.		
	5	Loans and other receivables from any current or f						
		trustee, key employee, creator or founder, substa	ntial c	contributor, or 35%				
		controlled entity or family member of any of these	perso	ons		5		
	6	Loans and other receivables from other disqualified	ed pei	rsons (as defined				
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
⋖	9	Prepaid expenses and deferred charges			4,783.	9	17,755.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	4,681,564.	2,327,832.			
	b	Less: accumulated depreciation	ess: accumulated depreciation 10b 2,789,038					
	11	Investments - publicly traded securities			7,423.	-	1,892,526. 6,642.	
	12	Investments - other securities. See Part IV, line 11		540,328.	12	514,124.		
	13	Investments - program-related. See Part IV, line 1		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	8,225.	15	8,225			
	16	Total assets. Add lines 1 through 15 (must equal	3)	3,112,379.	16	3,464,841		
	17	Accounts payable and accrued expenses	78,181.	17	102,580.			
	18	Grants payable		18				
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D		21		
es	22	Loans and other payables to any current or former	er offic	er, director,				
Liabilities		trustee, key employee, creator or founder, substa						
jab		controlled entity or family member of any of these	pers	ons		22		
_	23	Secured mortgages and notes payable to unrelate	ed thi	rd parties	283,159.	23		
	24	Unsecured notes and loans payable to unrelated	third	oarties		24		
	25	Other liabilities (including federal income tax, paya	ables	to related third				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	12 005		204	
		of Schedule D			13,085.	25	394.	
	26	Total liabilities. Add lines 17 through 25			374,425.	26	102,974.	
Ø		Organizations that follow FASB ASC 958, chec	k her	e ▶ X				
nce		and complete lines 27, 28, 32, and 33.			0 150 004		0 (50 001	
ala	27	Net assets without donor restrictions			2,159,904.	27	2,650,021.	
d B	28	Net assets with donor restrictions			578,050.	28	711,846.	
Ë		Organizations that do not follow FASB ASC 95	8, che	eck here 🕨 📖				
Ϋ́		and complete lines 29 through 33.						
ts	29	Capital stock or trust principal, or current funds				29		
SSE	30	Paid-in or capital surplus, or land, building, or equ				30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			0 000 004	31	2 264 265	
N	32	Total net assets or fund balances		l l	2,737,954.	32	3,361,867.	
	33	Total liabilities and net assets/fund balances			3,112,379.	33	3,464,841.	

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,07		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,42		
3	Revenue less expenses. Subtract line 2 from line 1	3				17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,73		
5	Net unrealized gains (losses) on investments	5		-2	6,2	04.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3	,36	1,8	67.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

SUNDAY BREAKFAST RESCUE MISSION

Employer identification number 23-1352558

Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) S	ee instructions.	
he.	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck 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 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	ın 33 1/3% of its suppor	t from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Н	An organization organized a	-	•	-			
12		An organization organized a		•	•		•	
		more publicly supported or						Check the box in
		lines 12a through 12d that				-	•	
а			· · · · · · · · · · · · · · · · · · ·	•	•			
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o						
b		☐ Type II. A supporting org						
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus				41		- 4 94-
С		☐ Type III functionally inte						ed with,
٨		its supported organization Type III non-functionally		•				zation(a)
d		that is not functionally int						` '
		requirement (see instruct		,	•		•	iveriess
_		Check this box if the orga						
·		functionally integrated, or					а турст, турст, турст	
f	Fnte	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	ing organi	Lation.		
a		vide the following information						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
ota	al						I	

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2420940.	2498875.	2735091.	2138533.	3037406.	12830845.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2420940.	2498875.	2735091.	2138533.	3037406.	12830845.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6							12830845.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	2420940.	2498875.	2735091.	2138533.	3037406.	12830845.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	28,344.	29,266.	27,173.	22,120.	26,140.	133,043.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)					11,686.	11,686.		
11	Total support. Add lines 7 through 10						12975574.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
_	organization, check this box and stor						>		
	ction C. Computation of Publ						00 00		
14	Public support percentage for 2019 (14	98.88 %		
15	Public support percentage from 2018					15	98.44 %		
16a	33 1/3% support test - 2019. If the o	•		•		•			
	stop here. The organization qualifies								
b	33 1/3% support test - 2018. If the c								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes	•					ŕ		
	and if the organization meets the "fac				-	-			
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances tes	-							
	more, and if the organization meets the		·						
	organization meets the "facts-and-circ								
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
an armanala di an Na la ala alƙ						
······						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				_		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>			<u> </u>
14 First five years. If the Form 990 is for	-			•		
check this box and stop here						<u></u>
Section C. Computation of Public					T .= T	
15 Public support percentage for 2019 (lin					15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves						
17 Investment income percentage for 201					17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2019. If the o	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						. .
b 33 1/3% support tests - 2018. If the o						and
line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organization	
20 Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
- 55		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
	, it is a second of the second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		Ja		
S	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	g trust on l	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V Type III Non-Functionally Integrated 5	09(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	n the organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
_	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information Devide the evaluations required by Dot II, line 10: Dot II, line 17: or 17h; Dot III, line 19:
i dit 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,
	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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SUNDAY BREAKFAST RESCUE MISSION

Employer identification number 23-1352558

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin								
		(a) Donor advise	d 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	-							
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$								
6	Did the organization inform all grantees, donors, and donor a								
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring								
Day	impermissible private benefit?								
Pai		-		art IV, line 7.					
1	Purpose(s) of conservation easements held by the organization		1						
	Preservation of land for public use (for example, recrea	ation or education)	7	a historically important land area					
	Protection of natural habitat		Preservation of a	a certified historic structure					
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form o						
	day of the tax year.			Held at the End of the Tax Year					
а	Total number of conservation easements								
b	Total acreage restricted by conservation easements								
	Number of conservation easements on a certified historic str								
d	Number of conservation easements included in (c) acquired			I I					
_	listed in the National Register			2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization during the tax					
	year >								
4	Number of states where property subject to conservation ea								
5	Does the organization have a written policy regarding the per			□, □.,					
•	violations, and enforcement of the conservation easements i								
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	na entorcing conse	ervation easements during the year					
7	Amount of our areas in a weed in month wine, in an action, how	dline of cialetians and a							
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	aling of violations, and er	nording conservati	on easements during the year					
8	Does each conservation easement reported on line 2(d) above	vo satisfy the requiremen	ts of soction 170/k	a)(4)(P)(i)					
0									
9	and section 170(h)(4)(B)(ii)?								
9	balance sheet, and include, if applicable, the text of the foot		•						
	organization's accounting for conservation easements.	note to the organization.	s ili ai loiai statei lie	Tits that describes the					
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tro	easures, or Ot	her Similar Assets.					
	Complete if the organization answered "Yes" on Form	· ·							
	If the organization elected, as permitted under FASB ASC 95		enue statement ar	nd balance sheet works					
	of art, historical treasures, or other similar assets held for pul	•							
	service, provide in Part XIII the text of the footnote to its final	·	•	•					
b	If the organization elected, as permitted under FASB ASC 95								
_	art, historical treasures, or other similar assets held for public								
	provide the following amounts relating to these items:	oranion, caacanen, c							
	(i) Revenue included on Form 990, Part VIII, line 1			> \$					
				. .					
2	If the organization received or held works of art, historical tre								
_	the following amounts required to be reported under FASB A			J /1					
а	Revenue included on Form 990, Part VIII, line 1			> \$					
	Assets included in Form 990, Part X								

932051 10-02-19

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, d	or Oth	er Sim	ilar Asse	≥ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following tha	t make	significa	nt use of its	3	
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research	е	. 🗆 c	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further tl	ne organizati	on's exe	empt pu	rpose in Pa	rt XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran								, line 9, or	
	reported an amount on Form 990, Par	t 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 fo	llowing ta	able:						
									Amount	
С	Beginning balance						10	;		
	Additions during the year							ı		
	Distributions during the year							,		
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has been	provided on	Part XII	l			
Pai	t V Endowment Funds. Complete if	the organization an	nswered "	Yes" on Fo	rm 990, Part	IV, line	10.			
	·	(a) Current year	(b) Pr	ior year	(c) Two year	s back	(d) Thre	e years back	(e) Four	years back
1a	Beginning of year balance			201,669.	171	1,717.		305,325		242,059.
b	Contributions				19	9,756.				
С	Net investment earnings, gains, and losses			-13,442.	10	7,196.		-29,618		4,486.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs			188,227.				103,990		47,000.
f	Administrative expenses									
	End of year balance				201	1,669.		171,717		199,545.
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g	ı, column (a	ı)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Term endowment	/ 6								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are held a	nd administe	red for t	the orga	nization		
	by:								Γ	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the	organization's endo	owment fo	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990), Part X	, line 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumul	ated	(d) Book	value
	,	basis (investr		basis			preciati		` '	
1a	Land			43	0,050.				430	0,050.
	Buildings				3,192.	2,	546,	314.		5,878.
	Leasehold improvements									
	Equipment			34	8,322.		242,	724.	10!	5,598.
	Other									
	Add lines 1a through 1e (Column (d) must e		X colum	n (R) line 1	00)				1.892	2,526.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 SUNDAY BREA	KFAST RESCUE	MISSION	23-1352558 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) SPLIT AND BENEFICIAL			
(B) INTEREST IN TRUSTS	514,124.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	514,124.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	5.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			224
(2) DEPOSITS			394
(3)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEPOSITS	394.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	394.

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

Schedule D (Form 990) 2019

4c

2,428,704.

Part XI	Recond	iliation	of Revenue	per Audite	d Financial	Statements	With Reven	ue per Return.

	ρου ο ισουσιατίου ο του				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,056,787.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-26,204.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	4,170.		
е	Add lines 2a through 2d			2e	-22,034.
3	Subtract line 2e from line 1			3	3,078,821.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,078,821.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	2,432,874.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,170.		
е	Add lines 2a through 2d			2e	4,170.
3	Subtract line 2e from line 1			3	2,428,704.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

PART X, LINE 2:

c Add lines 4a and 4b

THE MISSION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES. PURSUANT TO FASB ASC TOPIC 740, INCOME TAXES, THE MISSION RECOGNIZES TAX BENEFITS ONLY IF IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION.NO LIABILITY FOR UNCERTAIN TAX POSITIONS WAS RECORDED AS OF JUNE 30, 2020 AND 2019. IN ADDITION, THE MISSION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS NOT BEEN CLASSIFIED AS A PRIVATE FOUNDATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE

4,170.

28

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization SUNDAY BREAKFAST RESCUE MISSION Employer identification number 23-1352558

ı aı	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		-	s
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	25,582.	STOCK MARKE	T VA	YLU:	E
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							-
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles Food inventory	X	102,212	229.978.	COST (\$2.25	/MEA	\T,)	
20	Drugs and medical supplies		202,222	223 / 3 / 3 /	(72 12 0	,		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	045							
26	Other ()							
27								
28	Other () Other ()							
29	Number of Forms 8283 received by the organiz	zation durin	n the tax vear for c	contributions				
	for which the organization completed Form 828							
	To Whom the organization completed from oze	30,1 4111,	Donee / totale wied,	gomone		,	Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rer	oorted in Part I lines 1 throu	nh 28 that it		100	110
000	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		•	•		30a		Х
h	If "Yes," describe the arrangement in Part II.	'				000		
31	Does the organization have a gift acceptance p	oolicy that n	equires the review	of any nonstandard contribu	itions?	31		Х
	Does the organization have a girt acceptance p							_
02a	contributions?		-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization

DDEAKEYCH DECCILE MICCION

Employer identification number 23-1352558

23-1352558
E OF THE BOARD OF
REST POLICY ON A
YEARLY BASIS. THE
DATA AND SUBMITS
VIA MISSION'S

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

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OMB No. 1545-0047

Schedule R (Form 990) 2019 (g) Section 512(b)(13) Employer identification number 23-1352558Š × controlled entity? Direct controlling Yes 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. entity Direct controlling entity End-of-year assets N/A <u>e</u> status (if section Public charity 501(c)(3)) Total income Exempt Code ਰ section 501(C)(3) ਉ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) PENNSYLVANIA SUNDAY BREAKFAST RESCUE MISSION Primary activity Primary activity 9 FUNDRAISING Name, address, and EIN (if applicable) SUNDAY B FOUNDATION - 73-1646711 Name, address, and EIN of related organization of disregarded entity PHILADELPHIA, PA 19105 302 NORTH 13TH STREET Name of the organization Part I Part II

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SUNDAY BREAKFAST RESCUE MISSION Schedule R (Form 990) 2019

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. Part III

General or Percentage managing ownership 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. 3 Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ **Disproportionate** Yes No allocations? Œ Share of end-of-year assets <u>(g</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **(e)** (d) | Direct controlling entity Legal domicile (state or foreign country) Primary activity **Q** Name, address, and EIN of related organization Part IV

(a)	(q)	(c)	(p)	(e)	(L)	(6)	(h)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Typ (Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	- (g, b, c,
		country)		or trusty		dosels		Yes No	့
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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	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	₽			1		×
b Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				9		×
d Loans or loan quarantees to or for related organization(s)				무		×
				4	T	×
				<u> </u>		1
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				두		×
				F		×
related organization(s)				÷		×
0,				¥		×
	ted organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	Janization(s)			12		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			두		×
o Sharing of paid employees with related organization(s)				9		×
8				£		×
				- 5		×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				-1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is 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	nvolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
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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.

(k) ercentage wnership				
(j) General or Primanaging partner? Ves No				
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No				
Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) For orgs.?				
Predominant income (related, unrelated, sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				