

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization PORTLAND UPPER MT BETHEL FOOD
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
111 STATE ST
 City or town State ZIP code
PORTLAND PA 18351-
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
45-3817436
E Telephone number
670-897-0457
G Gross receipts \$ 66152.

F Name and address of principal officer: MARJORIE BUSH
111 STATE ST PORTLAND PA 18351-

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ _____ **H(c)** Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____ **L** Year of formation: _____ **M** State of legal domicile: PA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>PROVIDING FREE FOOD FOR 125+ FAMILIES IN NORTHEASTERN NORTHAMPTON COUNTY PA</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)		66093.
	9 Program service revenue (Part VIII, line 2g)		59.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		66152.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		52580.
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		52580.	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		13572.	
19 Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 70824.	End of Year 83251.
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20	70824.	83251.

Part II Signature Block

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

Sign Here Signature of officer: Marjorie Bush Date: 02/10/2022
 Title: DIRECTOR TREASURER

Paid Preparer Use Only Print/Type preparer's name: RAYMOND DILIONE Preparer's signature: RAYMOND DILIONE Date: 02/14/2022 Check if self-employed PTIN: P00372646
 Firm's name ▶ CHIPS TAX SERVICE Firm's EIN ▶ 20-4030529
 Firm's address ▶ 6450 MARTINS CREEK H BANGOR PA 18013 Phone no. 610-730-1092

Part III

Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
PROVIDING FREE FOOD FOR 125+ FAMILIES IN NORTHEASTERN NORTHAMPTON
COUNTY PA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 66117. including grants of \$ _____) (Revenue \$ 61586.)
FOOD PANTRY

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)