990

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

OMB No. 1545-0047 2023 Open to Public Inspection

For the 2023 calendar year, or tax year beginning 12/01/23, and ending 11/30/24D Employer identification number HEBREW FREE LOAN SOCIETY OF GREATER C Name of organization Check if applicable: PHILADELPHIA Address change 23-2328233 Doing business as Name change Room/suite Number and street (or P.O. box if mail is not delivered to street address) 267-709-9652 8231 OLD YORK ROAD Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code 205,616 ELKINS PARK PA 19027 G Gross receipts \$ Amended return Name and address of principal officer X No Yes H(a) Is this a group return for subordinates? Application pending Amv Krulik 7025 GREENHILL RD H(b) Are all subordinates included? If "No," attach a list. See instructions PHILADELPHIA PA 19151 **X** 501(c)(3) 4947(a)(1) or 527 Tax-exempt status HFLPHILLY.ORG H(c) Group exemption number Website: Year of formation: 1984 M State of legal domicile: X Corporation Association Form of organization: Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 16 3 3 Number of voting members of the governing body (Part VI, line 1a) 15 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) 250 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** Prior Year 192,364 73,651 8 Contributions and grants (Part VIII, line 1h) 96,040 13,002 9 Program service revenue (Part VIII, line 2g) 250 157 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 205,616 169,848 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 97,568 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 24,008 b Total fundraising expenses (Part IX, column (D), line 25) 69,300 44,815 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 166,868 44,815 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 38,748 125,033 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 1,038,435 994,899 20 Total assets (Part X, line 16) 6,258 1,470 21 Total liabilities (Part X, line 26) 1,032,177 993,429 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II 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. Signature of officer Sign President Amy Krulik Here Type or print name and title Check Preparer's signature P00357144 self-employed 05/30/25 Paid Crang J. Firestone Craig J. Firestone, CPA 92-3748614 Craig J. Firestone CPA Firm's EIN Preparer Ste 5 Box11 2643 Huntingdon Pike Use Only 215-808-8163 Huntingdon Valley, PA Firm's address Yes No May the IRS discuss this return with the preparer shown above? See instructions

	990 (2023) HEBREW FREE LOAN SOCIETY OF GREATER 23-2328233	Page 2
Pa	rt III Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:  ee Schedule O	
3	ee schedule o	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X 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 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	
	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.	
	(Code: ) (Expenses \$ 109,385 including grants of \$ ) (Revenue \$	
4a	(Code: ) (Expenses \$ 109,385 including grants of \$ ) (Revenue \$ HE ORGANIZATION PROVIDED INTEREST FREE LOANS TO JEWISH INDIVIDUALS	AND TO
T	HE ORGANIZATION PROVIDED INTEREST FREE LOAMS TO DEWISH INDIVIDUALS	1110 10
I	NDIVIDUALS SRVING THE JEWISH COMMUNITY.	
	\(\text{\P}\)	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
N	/A	
	·	
	***************************************	
_	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4C	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
IN	/A	
	*	
	E	
4d	Other program services (Describe on Schedule O.)	
-	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 109,385	000
		Form 990 (2023

Checklist of Required Schedules Part IV Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 "Yes." complete Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 X 8 complete Schedule D. Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 10 or in guasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11c X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 If "Yes," complete Schedule G, Part III X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Form 990 (2023) HEBREW FREE LOAN SOCIETY OF GREATER 23-2328233

Pa	art 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	STATE OF THE PROPERTY OF THE P		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a				77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "Yes," complete Schedule L, Part I	25b	-	X
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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
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	27		х
	persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
	"Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in horicast contributions? If Yes, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30		30		X
24	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	2000		
	19? Note: All Form 990 filers are required to complete Schedule O.		X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		V	
			Yes	No
1a				1-8
b	Enter the number of Forms VV-2G included on line 1a. Enter 10 in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		x
_	reportable gaming (gambling) winnings to prize winners?		QQ	0 (2023)
		F		- (2020)

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Э				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods			- Sales	1121
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S		2000		
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			-	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 88	99 as required?	7g	-	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	-	-0.2
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne		-	NE.
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				-	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	_	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		1
10	Section 501(c)(7) organizations. Enter:		I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	11a	ĺ			
а	Gloss modification members of stratements	111		- 1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	11b				
	against amounts due or received from them.)		2	12a		
12a		12b	i			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		76.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which					
b	the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
C	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O		14b		
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or			
	excess parachute payment(s) during the year?			15		X
	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	incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.				-	
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activi	ities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	-3 - 10 337	
	If "Yes," complete Form 6069.				-	
_				E-0	rm QQ	0 /2023

Form 990 (2023) HEBREW FREE LOAN SOCIETY OF GREATER 23-2328233 Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 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. 15 1h Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 9 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe on Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO. Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. Anna Marx 8231 Old York Road

Form 990 (2023)

267-709-9652

PA 19027

Elkins Park

# 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

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

- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours	(dd	o not o	Posi check r	tion more	than one	e n	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	or director		a Officer	2011/2012/11	Highest compensated employee	_	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Justin Bell	F 00									
Director	5.00	x						0	0	0
(2) Marshal Granor	0.00	-				$\vdash$				
(2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5.00									
Director	0.00	X						0	0	0
(3) Tamar Granor										
	5.00								_	
Director	0.00	X				$\perp$		0	0	0
(4) Betta M. Kolansk										
	5.00							•	_	0
Director	0.00	X				$\vdash$	-	0	0	0
(5) Amy Krulik	F 00									
	5.00	x		х				0	0	0
President (6) Emily B. Landsbu		^	-	Λ		$\vdash$				
(6) EMILTY B. Landsbu	5.00									
Director	0.00	x						0	0	0
(7)Arielle Lechner	0.00	+				$\vdash$				
(//11110110 10011101	5.00									
Director	0.00	X						0	0	0
(8) Julie Rappoport										
	5.00									_
Secretary	0.00	X		X		$\vdash$		0	0	0
(9) Martin Roffman										
	5.00							0	0	0
Director	0.00	X				$\vdash$	_	U	0	0
(10) Evan Segal	5.00									
Simple Committee	0.00	x						0	0	0
Director (11) Neil Shupak	0.00	^				$\vdash$		·		
(11) Nett Shupak	5.00									
Director	0.00	x						0	0	
	2.00	1								Form 990 (2023)

26H2091 05/30/2025 7:58 AM Form 990 (2023) **HEBREW FREE LOAN SOCIETY OF GREATER 23-2328233** 

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

(A) Name and title	(B) Average hours per week	box	x, unle	check ess pe	rson i	than or s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ org		and ations
(12) Jessica Sluts												
(12)	5.00	x		x				0	0			0
Treasurer (13) Steven Stone	0.00	^		^	$\vdash$			0				
(13)	5.00											
Director	0.00	X						0	0			0
(14) Max Tabak												
(14)	5.00							_	0			0
Director	0.00	X	_			$\vdash$		0	0			
(15) Brandon Wind	5.00											
Director	0.00	x						0	0			0
(16) Darrell Yashi												
(16)	5.00											•
Director	0.00	X			_	$\vdash$		0	0	-		0
(17)												
(18)	***********											
(19)												
1b Subtotal												
c Total from continuation she	ets to Part VII,	Secti	ion A	١								
d Total (add lines 1b and 1c)  Total number of individuals (in	cluding but not	imite	d to	thos	e lie	ted a	hov	e) who received more than	\$100,000 of			
Total number of individuals (in reportable compensation from	the organization	1	0	1100	70 113	tou u		o) in a received mere than			ΤY	es No
3 Did the organization list any fo	ormer officer, dir	ecto	r, tru	stee	, key	emp	oloy	ee, or highest compensate	d		3	х
employee on line 1a? If "Yes,"  For any individual listed on line	complete Sche	dule of re	J for	SUC	h ind	dividu	al .	on and other compensation	from the		3	- 1
4 For any individual listed on line organization and related organ	nizations greater	than	\$15	0,00	0011	f "Ye	s," (	complete Schedule J for su	ch			v
individual											4	X
5 Did any person listed on line 1 for services rendered to the or	a receive or accordance of accordance accordance are accordance or accor	rue ( /es."	comp	pens plete	ation e Sc	n trott hedul	n ar le J	for such person			5	X
Section B. Independent Contracto	ors											
Complete this table for your five compensation from the organical compensation.	ve highest comp	ensa	ited i	inde tion	pend for t	lent c	ont	ractors that received more dar year ending with or with	than \$100,000 of nin the organization's tax y	ear.		
	(A) business address							Descrip	(B) otion of services		Comp	C) ensation
Hame and	basiness assists											
							_					
							-					
2 Total number of independent	contractors (incl	uding	g but	not	limit	ed to	tho	se listed above) who				
received more than \$100,000	of compensatio	n from	m the	e org	janiz	ation			0		Form	990 (2023)

Form 990 (2023) HEBREW FREE LOAN SOCIETY OF GREATER 23-2328233

Pa	rt V	III Stateme	ent o	f Revenue	ains a	respor	nse or note t	o any line in this	Part VIII		
		Official	0011	caule o conta	21110	теорог	loc of flote t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	0-	Federated camp Membership due Fundraising eve Related organiza Government grants (co All other contributions, and similar amounts no Noncash contributions lines 1a-1f Total. Add lines  Program Se	es nts ations ontribution gifts, graph of included included	ons) ants, ed above	1a 1b 1c 1d 1e 1f		192,364  Business Code	192,364			13,002
Prod	e			vice revenue							
		All other program  Total. Add lines						13,002	· 有数数据数据 中		
	3	Investment inco	me (in	ncluding dividend			· · · · · · · · · · · · · · · · · · ·	250		250	
	5	Royalties		(i) Real		(ii)	Personal				
		Gross rents Less: rental expenses	6a 6b								
		Rental inc. or (loss)	6c								
		Net rental incom Gross amount from sales of assets other than inventory	ne or (	(i) Securities		(i	) Other				
her Revenue		Less: cost or other basis and sales exps.  Gain or (loss)	7b 7c								
Other	8a	Net gain or (loss Gross income from (not including \$ of contributions rep 1c). See Part IV, lin	n fundra ported on ne 18	on line	8a						
		Less: direct exp			8b						
		Net income or (I Gross income fr activities. See F	om ga	aming	9a						
		Less: direct exp			9b						
		Net income or (			vities .	i					
	10a	Gross sales of i			10a						
	b	returns and allow Less: cost of go			10b						
	С	Net income or (	loss) f	from sales of inve	entory		Business Code		Yes Called Street		
Miscellaneous	11a b c										
ž		All other revenu									
_	_	Total revenue		55 75990				205,616	C	250	13,002

Form **990** (2023)

m 990 (2023) HEBREW FREE LOAN SOCIETY OF GREATER 23-2328233

	rt IX Statement of Functional Expe		MATER 25 252	.0233	r age 10
_	on 501(c)(3) and 501(c)(4) organizations must con		r organizations must com	plete column (A).	
0000	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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		1		
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,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	02 001	67,610	15,160	10,451
7	Other salaries and wages	93,221	67,610	15,100	10,431
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,347	2,947	933	467
10	Payroll taxes	4,347	2,341	333	
11	Fees for services (nonemployees):				
а	Management	7,500	3,750	3,750	
b	Legal	5,250	3,730	5,250	
С	Accounting	3,230		0,200	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			ENGLISHED WOOD CONTRACTOR	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
42	(A) amount, list line 11g expenses on Schedule O.)	1,695	1,394	301	
12		3,215	1,537	1,678	
13 14	Office expenses Information technology	5/225		,	
15	Royalties				
16	Occupancy				
17	T1				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,696	2,777	919	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			- 105	
23	Insurance	3,107		3,107	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	00.000	26 012	2,377	648
а	Software Subscriptions	29,838	26,813	2,311	12,442
b	Fundraising Expenses	12,442	1 717		12, 112
С	Credit Reports	1,717	1,717		
d	Dues and Subscriptions	840	040		
е	All other expenses	166,868	109,385	33,475	24,008
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	100,000	109,303	55/2/5	
26	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)				
	10110WILING SOF 30-2 (MSC 300-120)				Earm 990 (202

# Form 990 (2023) HEBREW FREE LOAN SOCIETY OF GREATER 23-2328233

Part	X	Balance Sheet Check if Schedule O contains a response or note	to any line in this Part Y			
		Check it Schedule O Contains a response of note	to any line in this rate A	(A) Beginning of year		(B) End of year
1	Cas	sh—non-interest-bearing		309,873	1	221,993
2		vings and temporary cash investments			2	122,000
3		dges and grants receivable, net			3	
4		counts receivable, net		4		
5		ans and other receivables from any current or former	officer, director,			
"		stee, key employee, creator or founder, substantial c				
		ntrolled entity or family member of any of these person			5	
6		ans and other receivables from other disqualified per				
		der section 4958(f)(1)), and persons described in sec			6	
7		e de la companya de l		685,026	7	694,442
8 8		entories for sale or use			8	
9		epaid expenses and deferred charges			9	
-		nd, buildings, and equipment: cost or other				
10		sis. Complete Part VI of Schedule D	10a	92329230		
		ss: accumulated depreciation	10b		10c	
		to the state of the standard appropriate			11	
11		estments—other securities. See Part IV, line 11			12	
12		estments—program-related. See Part IV, line 11			13	
13					14	
14					15	
15		tal assets. Add lines 1 through 15 (must equal line 3		994,899	16	1,038,435
16				1 470		6,258
17				*******	18	
18		ants payable		19		
19	_	ferred revenue			20	
20		x-exempt bond liabilities	of Cohodulo D		21	
21		crow or custodial account liability. Complete Part IV			9 1	
22		ans and other payables to any current or former offic				
		stee, key employee, creator or founder, substantial of			22	
8		ntrolled entity or family member of any of these person			23	
23		cured mortgages and notes payable to unrelated thir		***	24	
24		secured notes and loans payable to unrelated third p			24	
25		her liabilities (including federal income tax, payables				
		rties, and other liabilities not included on lines 17-24)	). Complete Part X		25	
				1,470		6,258
26		tal liabilities. Add lines 17 through 25	re X		20	0/200
		ganizations that follow FASB ASC 958, check her	re A			
		d complete lines 27, 28, 32, and 33.		839,777	27	878,525
27		t assets without donor restrictions		153,652		153,652
28	8 Ne	t assets with donor restrictions		100,002	20	
<u> </u>		ganizations that do not follow FASB ASC 958, ch	eck nere			
27 28 29 30 29 31 32 32 32 32 32 32 32 32 32 32 32 32 32		d complete lines 29 through 33.			29	
29		pital stock or trust principal, or current funds		30		
30	0 Pa	id-in or capital surplus, or land, building, or equipme		31		
2 31		stained earnings, endowment, accumulated income,	or other tunds	993,429		1,032,177
<u>5</u> 32		tal net assets or fund balances tal liabilities and net assets/fund balances		994,899		1,038,435

Schedule O

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3a

3b

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HEBREW FREE LOAN SOCIETY OF GREATER PHILADELPHIA

Employer identification number 23-2328233

P	art I	Reaso	on for Public Charity	Status. (All organizations	must co	omplete	this part.) See instruction	ns.				
Γhe	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	heck only	one box.	)					
1		A church, cor	nvention of churches, or asso	ociation of churches described i	n section	170(b)(1	)(A)(i).					
2	П	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	990).)							
3	П	A hospital or	a cooperative hospital service	e organization described in sec	tion 170(	b)(1)(A)(i	ii).					
4	П			in conjunction with a hospital of				ospital's name,				
		city, and state					Q11					
5		An organizati	on operated for the benefit o	f a college or university owned	or operate	ed by a go	overnmental unit described in					
			b)(1)(A)(iv). (Complete Part									
6		A federal, sta	te, or local government or go	overnmental unit described in se	ection 17	0(b)(1)(A	)(v).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8				70(b)(1)(A)(vi). (Complete Part	II.)							
9	H					ed in conj	unction with a land-grant colleg	је				
		An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:										
10	X	and the state of t										
11		An organizati	on organized and operated	exclusively to test for public safe	ety. See s	ection 50	)9(a)(4).					
12	Н	An organizati	on organized and operated e	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carry out the purpor	ses of				
_		one or more	publicly supported organizati	ons described in section 509(a	)(1) or se	ction 509	(a)(2). See section 509(a)(3).	Check				
				cribes the type of supporting or								
	а	The state of the second state of the state o										
	b	control or	A supporting organization sur r management of the supportion(s). You must complete	pervised or controlled in connecting organization vested in the s  Part IV, Sections A and C.	ction with same pers	its supportions that	rted organization(s), by having control or manage the supporte	ed				
	С	Type III f	functionally integrated. A sorted organization(s) (see ins	upporting organization operated tructions). You must complete	in conne	ction with Sections	<ul> <li>and functionally integrated w</li> <li>A, D, and E.</li> </ul>	ith,				
	d	Type III r	non-functionally integrated	I. A supporting organization ope	rated in c	onnection	n with its supported organization	n(s)				
		that is no	t functionally integrated. The	e organization generally must sa	atisfy a dis	tribution	requirement and an attentivene	ess				
		requirem	ent (see instructions). You n	nust complete Part IV, Section	ns A and	D, and P	art V.					
	е	Check th	is box if the organization rec	eived a written determination fron- n-functionally integrated support	om the IR	5 that it is ization	s a Type I, Type II, Type III					
			mber of supported organizati		ing organ							
	f			e supported organization(s).				naturalisti				
	i) Nam	ne of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of				
- 8		ganization	(11) 2.11	(described on lines 1–10		ur governing	support (see	other support (see				
				above (see instructions))		ment?	instructions)	instructions)				
					Yes	No						
(A)												
(B	)											
(C	)											
(D	)											
<b>/</b> E	`											
(E	'					PARTIES I						
Tot	al											

Page 2

Schedule A (Form 990) 2023

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	tion A. Public Support	•							
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	_	(f) Total	_
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								_
2	Tax revenues levied for the organization'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						+		-
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)	and year		anty of a salone (201) a remain in th	onember 20 (1)(A)(V) and	-232823 170(b); (k) failed to tu	3 XV		
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								_
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total	_
7	Amounts from line 4						_		_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								_
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	Total support. Add lines 7 through 10						40		-
12	Gross receipts from related activities, etc.	(see instructions)					12		_
13	First 5 years. If the Form 990 is for the or		econd, third, fourt	h, or fifth tax year	as a section 501(c	3)(3)		Г	$\neg$
	organization, check this box and stop her	e							_
Sec	tion C. Computation of Public St	ipport Percen	tage				14	%	-
14	Public support percentage for 2023 (line 6						15	%	_
15	Public support percentage from 2022 Sch	edule A, Part II, lin	e 14	- 40	- 22 1/20/ or more		10	70	-
16a	33 1/3% support test — 2023. If the orga	inization did not ch	eck the box on line	e 13, and line 14 i	\$ 33 1/3% of filore	, check this		Γ	٦
	box and stop here. The organization qual	ifies as a publicly s	supported organiza	ation	15 ie 33 1/3% or	more check			_
b	33 1/3% support test — 2022. If the orga	inization did not ch	eck a box on line	nization					
0.22	this box and <b>stop here</b> . The organization	qualifies as a publi	tion did not shock	a hov on line 13	16a or 16b and li	ne 14 is			_
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee	123. If the organiza	courstances test	check this hov an	d stop here. Expla	in in			
	Part VI how the organization meets the fa	ets and circumstar	constances test,	anization qualifies	as a publicly supp	orted			
	organization  10%-facts-and-circumstances test — 20	022 If the organiza	ation did not check	a box on line 13.	16a, 16b, or 17a,	and line			
b	15 is 10% or more, and if the organization	meets the facts-a	nd-circumstances	test, check this b	ox and stop here.	Explain			
	in Part VI how the organization meets the	facts-and-circums	tances test. The o	rganization qualifi	es as a publicly su	pported			
								[	
19	organization  Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	neck this box and s	see			
18	instructions								
									_

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.)

Sec	tion A. Public Support	•					
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	175,945	213,277		73,651	192,364	655,237
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11,975	13,429		96,040		121,444
3	Gross receipts from activities that are not an unrelated trade or business under section 513					13,002	13,002
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	187,920	226,706		169,691	205,366	789,683
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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	~					
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						789,683
	line 6.)						7037003
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		- ' '	226,706	(0) 2021	169,691	205,366	789,683
9	Amounts from line 6	187,920	226,706		103,031	200/000	
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	187,920	226,706		169,691	205,366	789,683
14	First 5 years. If the Form 990 is for the org		econd, third, fourth	n, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percent	age	(0)		15	100.00%
15	Public support percentage for 2023 (line 8,			nn (f))		16	100.00%
16	Public support percentage from 2022 Sche	edule A, Part III, lin	e 15				100.00 %
Sec	tion D. Computation of Investme	nt Income Per	centage			17	%
17	Investment income percentage for 2023 (li	ne 10c, column (f)	divided by line 13	3, column (f))		18	%
18	Investment income percentage from 2022 S	Schedule A, Part III	, line 17	. 44 10 45	is more than 22 4/2		
19a	33 1/3% support tests — 2023. If the orga	anization did not ch	neck the box on lir	ne 14, and line 15	lich supported organ	nization	X
	17 is not more than 33 1/3%, check this bo	ox and stop here.	ne organization	qualifies as a pub	nd line 16 is more th	an 33 1/3% and	
b	33 1/3% support tests — 2022. If the organization	anization did not ch	neck a box on line	ion qualifies as a	nublicly supported	organization	
	line 18 is not more than 33 1/3%, check th Private foundation. If the organization did	is box and stop he	ere. The organizat	10h check this h	publicly supported to	ons	
20	Private foundation. If the organization did	not check a box of	in line 14, 19a, or	190, CHECK THIS D	ox and see manden		

Page 4

Schedule A (Form 990) 2023

### Part IV Supporting Organizations

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

Castian	Α.	AII	Cupporting	<b>Organizations</b>
Section	A.	ΑII	Supporting	Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.
- 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 line 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		
3c		1
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		-
9с		
10a		
ioa	-	

Schedule A (Form 990) 2023

Par	t IV Supporting Organizations (continued)			
	,	$\overline{}$	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	1		
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		.,	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the	1		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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	3-	1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
5001	on or type it capperaing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1981		
	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		
Sect	on D. All Type III Supporting Organizations			
		$\overline{}$	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	2		Conditions.
	how the organization maintained a close and continuous working relationship with the supported organization(s).	-		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
C4	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,			
1	The organization satisfied the Activities Test. Complete line 2 below.			
a b	The organization satisfied the reduction restriction and a second restriction of the supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	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 on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	25		
	have engaged in these activities but for the organization's involvement.	2b		15745
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		1
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		/Form	990) 202

	le A (Form 990) 2023 HEBREW FREE LOAN SOCIETY OF			233 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			
	instructions. All other Type III non-functionally integrated supporting organizations mus	st comp	olete Sections 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):		1020/830	
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		
	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type II	II supporting organization	
•	(see instructions).			Sahadula A (Earm 990) 2022

Schedule A (Form 990) 2023

HEBREW FREE LOAN SOCIETY OF GREATER 23-2328233

Part	V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organizat	ions (continued)			
Secti	on D – Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported	d organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required—provide details	in <b>Part VI</b> )		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the organization	is responsive		8		
	(provide details in Part VI). See instructions.			-		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	s	(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				Current 14.15	
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
	From 2019					
	From 2020					
	From 2021					
	From 2022					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years			_		
	Applied to 2023 distributable amount					
	Carryover from 2018 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from					
	Section D, line 7:	Spart of Control of the Control	Sinolegist (bouch		Comment of	
а	Applied to underdistributions of prior years				from Attenued that Art Street	
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019				43.10-2 3.562	
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023		Sahadula A (Farm 000) 2022			
				,	Schedule A (Form 990) 2023	

Schedule A (For	rm 990) 2023	HEBREW	FREE LOA	N SOCIETY	OF GREATER	23-2328233	Page 8
Part VI	Supplemental I III, line 12; Part I B, lines 1 and 2; 3a. and 3b; Part	V, Section A, lin Part IV, Section V, line 1; Part V	nes 1, 2, 3b, 3d n C, line 1; Par /, Section B, lir	s, 4b, 4c, 5a, 6, t IV, Section D, ne 1e; Part V, S	9a, 9b, 9c, 11a, 1 lines 2 and 3; Pa	0; Part II, line 17a or 1 1b, and 11c; Part IV, S rt IV, Section E, lines 1 6, and 8; and Part V, S structions.)	Section c, 2a, 2b,
,							
						**	
						***************************************	
							4 - 4 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6
		anno de en mario de la propieda de la composició de la composició de la composició de la composició de la comp					

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

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

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

HEBREW FREE LOAN SOCIETY OF GREATER 23-2328233 PHILADELPHIA Organization type (check one): Section: Filers of: 3 ) (enter number) organization **X** 501(c)( Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule |X| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

HEBREW FREE LOAN SOCIETY OF GREATER 23-2328233 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Jewish Federation of Greater Philade Person 1 Payroll 2001 Market Street 33,333 Suite 2300 Noncash PA 19103 (Complete Part II for Philadelphia noncash contributions.) (d) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (b) (a) Type of contribution Name, address, and ZIP + 4 Total contributions No. Person Payroll Noncash (Complete Part II for noncash contributions.)

## SCHEDULE O (Form 990)

# 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.

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization HEBREW FREE LOAN SOCIETY OF GREATER PHILADELPHIA

Employer identification number 23-2328233

Form 990 - Organization's Mission THE HEBREW FREE LOAN SOCIETY PROVIDES INTEREST-FREE LOANS TO JEWISH INDIVIDUALS AND TO INDIVIDUALS SERVING THE LOCAL JEWISH COMMUNITY, IN PHILADELPHIA AND ITS NEIGHBORING PENNSYLVANIA AND NEW JERSEY COUNTIES, TO ENABLE THEM AND THEIR FAMILIES TO IMPROVE THEIR LIVES AND ACHIEVE GREATER FINANCIAL STABILITY WHILE PRESERVING THEIR DIGNITY. Form 990, Part VI, Line 7a - Election of Members and Their Rights THE ELECTION OF MEMBERS ARE SCREENED BY THE EXECUTIVE COMMITTEE AND VOTED ON BY THE GENERAL BOARD AT THE LAST QUARTERLY MEETING OF EACH FISCAL YEAR. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE ORGANIZATION'S TREASURER REVIEWS THE FORM 990. Form 990, Part VI, Line 15a - Compensation Process for Top Official THE EXECUTIVE COMMITTEE OVERSEES ALL COMPENSATON AND ANNUAL APPROVAL BY THE BOARD IS REQUIRED FOR THE BUDGET WHICH INCLUDES SUCH MATTERS. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.