Form 990
(Rev. January 2020)
Department of the Treasury

Return of Organization Exempt From Income Tax

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



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514,

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353.

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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.

AF	or the	2019 calendar year, or tax year beginning and end	ding		
B	Check if pplicable:	C Name of organization		D Employer identific	ation number
<u> </u>	Address	GREATER BERKS FOOD BANK			
	Name	Doing business as HELPING HARVEST	22-245623	38	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	
	Final return/	117 MORGAN DRIVE		610-926-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,841,320.
	Amende			H(a) Is this a group re	turn
	Applica-	F Name and address of principal officer OA1 WORRADD		for subordinates	?
	pending	117 MORGAN DRIVE, READING, PA 19608		H(b) Are all subordinates in	cluded? Yes No
1 7	ax-exer	mpt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or [527	lf "No," attach a	list. (see instructions)
J١	Vebsite	e:▶ WWW.HELPINGHARVEST.ORG		H(c) Group exemption	
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year c	f formation: 1983 N	State of legal domicile: PA
Pa	00200709488.4022	Summary			
	1 E	Briefly describe the organization's mission or most significant activities: ${{ m TO}}{ m FEE}$	D THE	E HUNGRY BY	ACQUIRING
nce	7	AND DISTRIBUTING FOOD TO PEOPLE IN NEED			······
rna	2 0	Check this box 🕨 🥅 if the organization discontinued its operations or disposed	of more t	han 25% of its net ass	ets.
ove	3 N	Number of voting members of the governing body (Part VI, line 1a)		3	16
Ğ	4 N	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
es es	5 T	otal number of individuals employed in calendar year 2019 (Part V, line 2a)		5	28
viti	6 ⊺	otal number of volunteers (estimate if necessary)			1380
Activities & Governance	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b N	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
¢	8 C	Contributions and grants (Part VIII, line 1h)		10,395,153.	11,123,088.
nue	9 F	Program service revenue (Part VIII, line 2g)		659,307.	712,848.
Revenue	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		109,801.	5,384.
Ē	11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,746.	0.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,188,007.	11,841,320.
	13 🤆	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,951,175.	8,669,690.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,222,113.	1,252,020.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	1.11	0.	0.
dx	b T	otal fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,365,564.	1,443,184.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,538,852.	11,364,894.
		Revenue less expenses. Subtract line 18 from line 12		-350,845.	476,426.
0 C C			Beg	inning of Current Year	End of Year
ets	20 T	otal assets (Part X, line 16)		6,116,603.	6,544,103.

22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

21 Total liabilities (Part X, line 26)

Bal

Vet.

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 JAY WORRALL, PRESIDENT Type or print name and title			Date
Paid	Print/Type preparer's name GARY J. DUBAS	Preparer's signature	Date	Check X PTIN if self-employed P00252339
Preparer	Firm's name MCKONLY & ASBURY	, LLP		Firm's EIN > 23-1909723
Use Only	Firm's address 415 FALLOWFIELD	ROAD		
	CAMP HILL, PA 17		Phone no. 717-761-7910	
May the I	RS discuss this return with the preparer shown abc	ve? (see instructions)		X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2019)

Forn	n 990 (2019) GREATER BERKS FOOD BANK	22-2456238	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF THE GREATER BERKS FOOD BANK (GBFB) IS TO	FEED THE	
	HUNGRY. GBFB IS A NON-PROFIT, HUNGER RELIEF ORGANIZATION	FOUNDED IN	
	1983 AND SERVES BERKS AND SCHUYLKILL COUNTIES. GBFB ACCE	PTS GOVERNMEN	1T
	COMMODITIES, PRODUCE, FOOD AND NON FOOD GROCERY PRODUCTS	DONATED BY	
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 other	rs, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 10,008,417. including grants of \$ 7,981,573.) (Reven		348.)
	GBFB DISTRIBUTES FOOD AND GROCERY PRODUCTS THROUGH A NET		
	300 GRASSROOTS AND COMMUNITY PROGRAMS THAT ARE EXEMPT UN		
	(C)(3), THAT OFFER A BROAD VARIETY OF SERVICES INCLUDING		
	SHELTERS, SOUP KITCHENS, FOOD CUPBOARDS, AFTER SCHOOL PR		
	DIRECT SERVICE PROGRAMS FOOD SUPPLIED BY THE GBFB PROVID		
	1,473,899 MEALS AT SOUP KITCHENS AND SHELTERS AN AVERAGE	·····	
	INDIVIDUALS RECEIVED FOOD PACKAGES MONTHLY FROM A FOOD P.		<u>RD</u>
	GBFB OPERATES A WAREHOUSE AND FLEET OF DISTRIBUTION VEHI	CLES, AND	
	EMPLOYS 22 INDIVIDUALS PLUS 1 TEMPORARY WORKERS.		
4b	(Code:) (Expenses \$ 526,619. including grants of \$ 460,234.) (Reven)
	THROUGH GBFB'S MANAGEMENT OF THE COMMODITY SUPPLEMENTAL		<u> </u>
	1,732 LOW INCOME SENIOR CITIZENS LIVING IN BERKS AND SCH		~
	COUNTIES RECEIVE A TOTE FILLED WITH NUTRITIONAL FOOD EVER		
	PACKAGE CONTAINS FOOD OF HIGH NUTRITIONAL VALUE AND IS A		
	THE SENIOR CITIZENS DIETS EACH MONTH THE GBFB DELIVERS T		עב
	TOTES TO MORE THAN 73 DISTRIBUTION LOCATIONS INCLUDING L' SENIOR HIGH RISES.	OW INCOME	
	SENIOR HIGH RISES.		
		Man	
4c	(Code:) (Expenses \$ 278,793. including grants of \$ 227,883.) (Reven		<u>`</u>
40	(Code:) (Expenses \$2/8, /93. including grants of \$22/, 883. (Reven THE GBFB DEVELOPS AND SUPPLIES THE RESOURCES NEEDED FOR		/
	THE WEEKENDER PROGRAM. THIS PROGRAM PROVIDES A BACKPACK	and the second	
		E SCHOOL DAY	
		HOOL NURSE WI	HO F
		PPORTS 17	
	BACKPACK PROGRAM SITES THROUGHOUT BERKS COUNTY BY PROVID	Contraction of the second s	
	AND GROCERY PRODUCTS NEEDED TO FILL A TOTAL OF ALMOST 1,		S
	WEEKLY GBFB IS ACTIVELY WORKING TO EXPAND THIS PROGRAM TO		
	CHILDREN.		
		<u></u>	
		••• ••••••••••••••••••••••••••••••••••	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
_4e	Total program service expenses 10,813,829.		
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			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			*7
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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,		v	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		
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	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a	x	
Ь	Schedule D, Parts XI and XII	120		
b		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	<u> </u>		1
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	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			
	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,			
	column (A), lines 6 and 11e? // "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			
	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, "	1		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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		r	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 organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		<u>x</u>
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			x
	Schedule K. If "No," go to line 25a	24a		
	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	24c		
	any tax-exempt bonds?	240 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	200		<u> </u>
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, or IV, and		ļ	
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		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?			v
	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	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	+	+
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	1 30		L
1026Silensi	Check if Schedule O contains a response or note to any line in this Part V			
<u></u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>)</u>		
b		<u>]</u>	1	
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Part V Statements	Regarding Ot	her IRS F	ilings ar	nd Tax Compliance	(continued)		

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	NACES AND
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		<u>X</u>
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	-				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		<u>4a</u>	a an	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	ccounts (FBAR)).			77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		x
b	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributivity were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to	the navor?	7a	and a second state of the	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	noca provided to	ino payor i	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required				
•	to file Form 8282?	• •		7c		Х
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	ontract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as rec	uired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form	1098-C?	7h	10.000 A. A. A. A.	10500-0000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8	112694440	line se deve
9	Sponsoring organizations maintaining donor advised funds.					
а				<u>9a</u>		
				9b		- Constant
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	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				
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
b		11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	01000000000000	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) gualified nonprofit health insurance issuers.	<u></u>				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b	 	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		<u> X</u>
	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?		16		X
	If "Yes," complete Form 4720, Schedule O.					1

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organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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Pa	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2	through 7b below	w, and for a "No" r	respons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule				
	Check if Schedule O contains a response or note to any line in this Part VI		· · · · · · · · · · · · · · · · · · ·		X
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	1a	16		
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with any othe	۶r		
	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?

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	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	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			

	ies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a Did the organi	ation have local chapters, branches, or affiliates?	10a		X
	e organization have written policies and procedures governing the activities of such chapters, affiliates,			
	o ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organ	zation provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	nedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organi	ation have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	rectors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	ation regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
in Schedule O	how this was done	12c	X	
	ation have a written whistleblower policy?	13	X	
	ation have a written document retention and destruction policy?	14	X	
15 Did the proces	s for determining compensation of the following persons include a review and approval by independent			
	arability data, and contemporaneous substantiation of the deliberation and decision?			
a The organizati	on's CEO, Executive Director, or top management official	15a	X	
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 organi	ation invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
taxable entity	Juring the year?	16a		X
b If "Yes," did th	e 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		
Section C. Disc	osure			

17 List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$

Section 6104 requires	s an organization to make its Fo	orms 1023 (1024 or 1024-A	A, if applicable), 990, and 990-T (Section	501(c)(3)s only) available
for public inspection.	Indicate how you made these a	available. Check all that ap	pply.	
Own website	Another's website	X Upon request	Other (explain on Schedule O)	
	for public inspection.	for public inspection. Indicate how you made these a	for public inspection. Indicate how you made these available. Check all that ap	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply.

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
	the second se

20	State t	he name, addi	ress, and tele	phone number of t	he pers	on who posse	sses the organization's books and records
	\mathbf{THE}	ORGANIZ	ZATION	- 610-926	-580	2	
	117	MORGAN	DRIVE,	READING,	PA	19608	

		1 1100000	- ugo
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ted	
	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."

CREATER BERKS FOOD BANK

• 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.

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

F-----

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

(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>	cer ar		recto	n/trus	tee)	. from	from related	other
	(list any	individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ruste	l trus		/ee	шреп		(00-271035-0030)		and related
	below	dual t	Institutional trustee	5	Key employee	Highest compensated employee	e			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) BRYAN GEIGER	1.00								**************************************	
BOARD MEMBER (UNTIL APRIL 10TH, 2019		X						0.	0.	0.
(2) JOSH WEISS	1.00									
CHAIR		X		X				0.	0.	0.
(3) BOB BARTO	1.00									
BOARD MEMBER		X				1		0.	0.	0.
(4) TASHA ISAAC	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) BRIAN LAWRENCE	1.00									
BOARD MEMBER (UNTIL JANUARY 2019)		Х						0.	0.	0.
(6) PETE MOLINARO	1.00									
BOARD MEMBER		X				L		0.	0.	0.
(7) NICOLE PEASE	1.00								_	_
SECRETARY		X		X				0.	0.	0.
(8) SUSAN ROHN	1.00								_	
BOARD MEMBER		X	ļ					0.	0.	0.
(9) DON SCHALK	1.00							_		
BOARD MEMBER		X				ļ		0.	0.	0.
(10) MARIANNE PESSOGNELLI	1.00	l							•	
TREASURER		X		X				0.	0.	0.
(11) JOHN FLICKINGER	1.00								•	
VICE PRESIDENT		X		X				0.	0.	0.
(12) KEN BORKEY	1.00								0	
BOARD MEMBER		X				1		0.	0.	0.
(13) COURTNEY DIXON	1.00								0	
BOARD MEMBER		X				ļ		0.	0.	0.
(14) RYAN HASSLER	1.00								0	
BOARD MEMBER	1 00	X						0.	0.	0.
(15) LOLLY LESHER	1.00								0.	0.
BOARD MEMBER	1 00	X						0.	<u> </u>	<u> </u>
(16) DAVE LIPTOK	1.00	v							0.	0.
BOARD MEMBER	1 00	X		$\left \right $		 		0.	<u> </u>	0.
(17) KIM SCAFFIDI	1.00	x						ο.	0.	0.
BOARD MEMBER	L	Δ				L		U.	0.	G arm 990 (2010)

22-2456238

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Form 990 (2019) GREATER	BERKS FC	DOE) <u>B</u>	BAN	К				22-2	456	238	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	t Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		((F)
Name and title	Average	(do	not c	Pos heck	itior more	than (one	Reportable	Reportable			mated
	hours per week	box	, unle	ss per nd a di	rson i	is botł	h an	compensation	compensatio			unt of ther
	(list any	το					T	- from the	from related organization			ensation
	hours for	or director				ed		organization	(W-2/1099-MIS		•	n the
	related	stee o	rustee			ensat		(W-2/1099-MISC)			•	nization
	lorganizations below	ial tru:	onal ti		oloyee	comp						related izations
	line)	individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	1240015
(18) WILLIAM WIDING	1.00	E	<u> </u>	0	×.	<u> </u>	<u> </u>					
BOARD MEMBER	<u>+</u>	x						0.		ο.		0.
(19) PAM WITMER	1.00		-			1	t					
BOARD MEMBER		x						0.		Ο.		0.
(20) MARGARET BIANCA	40.00						1					
EXECUTIVE DIRECTOR]		X				113,817.		0.	14	<u>,671.</u>
(21) JAY WORRALL	40.00					1						-
PRESIDENT (FROM OCTOBER 14TH, 2019)		ļ		Х		_	ļ	28,558.		0.		0.
		Į										
	1											
				\mathbf{N}								
1b Subtotal								142,375.		0.	14	,671.
c Total from continuation sheets to Part V								0.		0.	1 /	<u>0.</u> ,671.
d Total (add lines 1b and 1c)		<u></u>	<u></u>		·····			142,375.		0.	14	,0/1.
2 Total number of individuals (including but r	lot limited to th	ose	liste	d ab	ove	e) wn	o re	ceived more than \$100,	000 of reportable	9		1
compensation from the organization				<u> </u>							1	res No
3 Did the organization list any former officer.	director trust	an k	<u> </u>	mnl	ove	e or	hia	hest compensated empl				
line 1a? If "Yes," complete Schedule J for s											3	X
 For any individual listed on line 1a, is the su 												
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ich r	bers	on .					5	<u> </u>
Section B. Independent Contractors								·····				
1 Complete this table for your five highest co	-									pensa	tion fron	n
the organization. Report compensation for	the calendar ye	ear e	ndir	ng wi	ith c	or wi	thin T		ear.			
(A) Name and business	address	NC	ONE	7				(B) Description of s	ervices	c	(C) Compens	
		INC										
<u></u>								· · · · · · · · · · · · · · · · · · ·				
								·····				
							Ţ					

2 Total number of independent contractors (including but not limited to those listed above) who received more than 0 \$100,000 of compensation from the organization

Page 8

Forn	n 990 ((2019) GREATER BERKS FOO	D BAN	K		22-2456	238 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response or note	to any line				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts tts	1 a	Federated campaigns 1a	11 PM				
Contributions, Gifts, Grants and Other Similar Amounts	b						
S, C	c	u					
Gift	d	Related organizations 1d					
ns,	e		17,581.				
erS	f	All other contributions, gifts, grants, and					
di Di Di Di Di Di Di Di Di Di Di Di Di Di			05,507.				
out	9		01,067.	11,123,088.			
00		Total. Add lines 1a-1f	ess Code	11,125,000.			
¢,	2 a			712,848.	712,848.		
vice	b			,	·,•		
Ser	c						
am	d						
Program Service Revenue	е						
å	f	All other program service revenue					
	g	Total. Add lines 2a-2f		712,848.			
	3	Investment income (including dividends, interest, and					
		other similar amounts)		5,384.	-		5,384.
	4	Income from investment of tax-exempt bond proceeds	s 🕨 _				
	5	Royalties					
	•	-	ersonal				
	6a						
	b c	Less: rental expenses 6b Rental income or (loss) 6c					
		Net rental income or (loss)					
			Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
an		and sales expenses					
evenue	с	Gain or (loss) 7c					
		Net gain or (loss)	►				
Other R	8 a	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Net income or (loss) from fundraising events Gross income from gaming activities. See					
	. a	Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	►				
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	c	Net income or (loss) from sales of inventory					
S			ess Code				
leor	11 a						3
scellaneo Bevenue	b						
Miscellaneous Bevenue	c h	All other revenue					
Σ		Total. Add lines 11a-11d					-
1	12			11,841,320.	712,848.	0.	5,384.

Form 990 (2019)

GREATER BERKS FOOD BANK Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a reason				
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and general expenses	Fundraising
/b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,669,690.	8,669,690.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ũ	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,				10 000
	trustees, and key employees	157,046.	128,558.	15,268.	13,220.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	840,664.	687,852.	82,351.	70,461.
, 8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	18,036.	14,374.	2,516.	1.146.
~		169,517.	135,102.	23,643.	1,146. 10,772.
9	Other employee benefits				4,242.
10	Payroll taxes	66,757.	53,204.	9,311.	4,444.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с					
d					
е					
f	Investment management fees				
, a					
y		37,549.	7,509.	30,040.	
	column (A) amount, list line 11g expenses on Sch 0.)	57,545.	1,309.	50,040.	
12	Advertising and promotion	01 012		11 077	6,318.
13	Office expenses	81,213.	63,618.	11,277.	0,310.
14	Information technology				
15	Royalties				
16	Occupancy	96,093.	67,265.	16,336.	12,492.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	,			
19	Conferences, conventions, and meetings	2,351.		1,317.	1,034.
		28,962.		28,962.	
20	Interest	40,704.		20,702.	
21	Payments to affiliates	150 714	112 740	27 660	10 000
22	Depreciation, depletion, and amortization	153,714.	113,748.	27,668.	12,298.
23	Insurance	31,293.	25,036.	6,257.	
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.)				
а	FOOD PURCHASES	415,065.	415,065.		
b	TRUCK EXPENSE	164,530.	164,530.		
c	OTHER FUNDRAISING EXPEN	113,964.			113,964.
d	EQUIPMENT RENT AND MAIN	100,002.	92,003.	7,999.	
				40,524.	1,649.
	All other expenses	218,448.	176,275.		
25	Total functional expenses. Add lines 1 through 24e	11,364,894.	10,813,829.	303,469.	247,596.
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 I if following SOP 98-2 (ASC 958-720)				
					Eorm 990 (2019)

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Total liabilities and net assets/fund balances

GREATER BERKS FOOD BANK

907.4995.000		Chook if School do Coostaina a raananaa ar act	o to any line i	n this Part V				
		Check if Schedule O contains a response or note	e to any line li	n unis fait A	<u> </u>	(A)	T	(B)
						Beginning of year		End of year
	1	Cash - non-interest-bearing				400.	1	400.
	2	Savings and temporary cash investments		1,031,182.	2	973,543.		
	3	Pledges and grants receivable, net			r	116,680.	3	131,409.
	4	Accounts receivable, net		14,407.	4	18,449.		
	5	Loans and other receivables from any current or		•				
		trustee, key employee, creator or founder, substa						
		controlled entity or family member of any of thes			5			
	6	Loans and other receivables from other disqualifi						
		under section 4958(f)(1)), and persons described		6				
s	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use				936,051.	8	1,541,446.
As	9					17,879.	9	9,953.
	10a							
		basis. Complete Part VI of Schedule D		4,695,5		A		
	b	Less: accumulated depreciation	10b	884,7	06.	3,954,996.	10c	3,810,833.
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, line 1	1				12	
	13	Investments - program-related. See Part IV, line 1		19,914.	13	26,506.		
	14	Intangible assets					14	21 564
	15	Other assets. See Part IV, line 11				25,094.	15	31,564.
	16	Total assets. Add lines 1 through 15 (must equa				6,116,603.	16	6,544,103.
	17	Accounts payable and accrued expenses		78,802.	17	80,606.		
	18	Grants payable					18	116 420
	19	Deferred revenue				35,887.	1	116,438.
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete F					21	
es	22	Loans and other payables to any current or form						
i liti		trustee, key employee, creator or founder, substa						
Liabilities		controlled entity or family member of any of thes		·····		487,561.	22 23	349,684.
-	23	Secured mortgages and notes payable to unrelat				407,301.	23	545,0041
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay						
	25	parties, and other liabilities not included on lines						
							25	
	26	of Schedule D Total liabilities. Add lines 17 through 25				602,250.		546,728.
	20	Organizations that follow FASB ASC 958, chee	ck here 🕨	X				
es		and complete lines 27, 28, 32, and 33.						
anc.	27				ľ	5,514,353.	27	5,997,375.
Bal	28	Net assets with donor restrictions	ſ		28			
l pu		Organizations that do not follow FASB ASC 95						
Ъ		and complete lines 29 through 33.						
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			Ì		29	
sets	30	Paid-in or capital surplus, or land, building, or eq					30	
As	31	Retained earnings, endowment, accumulated inc					31	
Vet	32	Total net assets or fund balances			[5,514,353.	32	5,997,375.
-	22	Total lighilities and not exects/fund balances			ſ	6 116 603	33	6,544,103.

6,544,103. Form 990 (2019)

6,116,603.

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Part X | Balance Sheet

Form 990	(2019)

0 (2019) GREATER BERKS FOOD BANK	22-	-2456238	3	Page	e 12
Reconciliation of Net Assets				ſ	
Check if Schedule O contains a response or note to any line in this Part XI				l	
tal revenue (must equal Part VIII, column (A), line 12)	1				
	2				
evenue less expenses. Subtract line 2 from line 1	3	4	76,	42	6.
at assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,5			
et unrealized gains (losses) on investments	5		6,	59	6.
nated services and use of facilities	6	<u></u>			
/estment expenses	7				
ior period adjustments	8				
her changes in net assets or fund balances (explain on Schedule O)	9				0.
et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
lumn (B))	10	5,9	97,	37	5.
III Financial Statements and Reporting				,	
Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
		100000	Y	es	No
he organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
			1	cieccia il	X
Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
parate basis, consolidated basis, or both:					
				-	
) 2	<u>.</u> 1994 (
	basis,				
		61400362		7	
t and OMB Circular A-133?		3	1 4	<u>~</u> +	
	ed aud				
audits, explain why on Schedule O and describe any steps taken to undergo such audits					
	tal revenue (must equal Part VIII, column (A), line 12) tal expenses (must equal Part X, column (A), line 25) venue less expenses. Subtract line 2 from line 1 t assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) t unrealized gains (losses) on investments onated services and use of facilities vestment expenses or period adjustments ther changes in net assets or fund balances (explain on Schedule O) t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Geash & Accrual Other, "explain in Schedule 0 rere the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0 rere the organization's financial statements compiled or reviewed by an independent accountant? Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis ere the organization's financial statements and selection of an independent accountant? Yes," to ke a box below to indicate whether the financial statements for the year were audited on a separate nsolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis ere the organization's financial statements and selection of an independent accountant? Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the riew, or compilation of its financial statements and selection of an independent accountant? He organization changed either its oversight process or selection process during the tax year, explain on Schedu res, the chart anyed, was the organization required to undergo an audit or audits a set forth in the Sin t and OMB Circular A-133?	tal revenue (must equal Part IVII, column (A), line 12)	tal expenses (must equal Part IX, column (A), line 25) venue less expenses. Subtract line 2 from line 1 a 44 a 5, 5: c 11, 3 a 44 a 5, 5: c 11, 3 a 44 b 2, 5: c 11, 3 a 44 b 2, 5: c 11, 3 a 44 b 2, 5: c 11, 3 b 2 c 11, 3 c 11,	tal revenue (must equal Part VIII, column (A), line 12) tal expenses (must equal Part IX, column (A), line 25) tal expenses (must equal Part IX, column (A), line 25) tal expenses (must equal Part IX, column (A), line 25) tassets or fund balances at beginning of year (must equal Part X, line 32, column (A)) t unrealized gains (losses) on investments t assets or fund balances (explain on Schedule O) t assets or fund balances (explain on Schedule O) t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) t assets or fund balances or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. are the organization sfinancial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Yes': to line 2a or 2b, does the organization fave a committee that assumes responsibility for oversight of the audit, <i>i</i> ew, or compilation of its financial statements and selection process during the tax year, explain on Schedule O. a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit t and OMB Circular A133? Yes," did the organization m	tal revenue (must equal Part VIII, column (A), line 12)

SCH	EDl	JLE	Α
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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.

	2019
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the organization

22 2456229

	GREA	TER BERKS	FOOD BANK				2	2-2456238	
Part I	Reason for Public	Charity Status (All organizations must c	omplete th	is part.) Se	ee instructions.			
The organ	nization is not a private found								
1	A church, convention of ch		-			1)(A)(i).			
2	A school described in sect								
3	A hospital or a cooperative		•			ii)			
4							iii). Enter	the hospital's name.	
- T	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
J []	section 170(b)(1)(A)(iv). ((lege of university owned	or operat	eubyayu				
e []		-	aantal unit daaaribad in	anation 4"	70/5/4//8/	4. 5			
6 7 X	A federal, state, or local go An organization that norma	•				• •	annoral	public described in	
1 4	e e	,	mai part of its support i	ioni a gove	ennenta		general	public described in	
•	section 170(b)(1)(A)(vi). (C								
	A community trust describe							collogo	
9	An agricultural research or								
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of th	he college	, 01	
	university:	11 (4)	1					d avera reaciate from	
10	An organization that norma								
	activities related to its exer								
	income and unrelated busi		(less section 511 tax) fro	om busines	sses acqui	red by the orga	inization a	mer June 30, 1975.	
	See section 509(a)(2). (Co	. ,							
	An organization organized							numpered of one or	
12	An organization organized	•					-		
	more publicly supported or							JHECK THE DOX III	
	lines 12a through 12d that							- ining	
a 🗌	_ Type I. A supporting orga				-				
	the supported organization			i majority c	of the aired	ctors or trustees	s of the st	pponing	
	organization. You must o						(-) I I	.i.e. e	
b [Type II. A supporting org					-			
	control or management of			ame perso	ns that co	ntrol or manage	e the sup	Dorted	
l	organization(s). You mus								
с	_ Type III functionally inte	-				-	integrate	a with,	
	its supported organizatio		-						
d	Type III non-functionally	-	• •						
	that is not functionally in	• • •		-			an attentiv	veness	
. [requirement (see instruct						T		
e 🗋	Check this box if the org					Type I, Type II,	type III		
6 E.A	functionally integrated, o	• ·	nally integrated supportil	ng organiz	ation.				
	er the number of supported of	•		•••••			•••••	L	
	vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed	(v) Amount of r	nonetary	(vi) Amount of other	
	organization	(,,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ins	-	support (see instructions)	
			above (see instructions))	103					
	······································								
			4.84619/Ea09/0/0/2/10/2/10/2/10/2/10/2/10/2/10/0/0/0/						
Total									

Schedule A (Form 990 or 990-EZ) 2019 GREATER BERKS FOOD BANK Part II Support Schedule for Organizations Described in Section

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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						
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.")	14479689.	11844991.	11774418.	10395153.	11123088.	<u>59617339.</u>
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	•	14479689.	11844991.	11774418.	<u>10395153.</u>	11123088.	59617339.
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,						1 1 1 2 2 2 2 1
	column (f)						13139221.
The second second	Public support. Subtract line 5 from line 4.						46478118.
	tion B. Total Support	() 00/0			()) 0040	() 0010	(O Tatal
	ndar year (or fiscal year beginning in)	(a) 2015 14479689.	(b) 2016	(c) 2017 11774418.	(d) 2018	(e) 2019	(f) Total
		144/9009.	11044991.	11//4410.	10395155.	11123000.	55017555
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	8,898.	2,618.	5,673.	1,644.	5,384.	24,217.
~	and income from similar sources	0,090.	2,010.	5,075.	1,044.	5,504.	24,211
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					-	· · · · · ·
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						59641556.
12		etc. (see instructio	ons)			12 3	,402,856.
	First five years. If the Form 990 is for						
	organization, check this box and stor	o here		·····	-		▶ <u> </u>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	77.93 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	<u>77.07 %</u>
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	check a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	t VI how the orga	nization
	meets the "facts-and-circumstances"	•	•		•		
b	10% -facts-and-circumstances test						
	more, and if the organization meets the				• •		e
	organization meets the "facts-and-circ			•			
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17 <u>b</u>	, check this box a	nd see instruction	s 🕨 🛄

Schedule A (Form 990 or 990-EZ) 2019 GREATER BERKS FOOD BANK 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	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.")						
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						
Ũ	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						
	or expended on its behalf						
5	The value of services or facilities						
5					Κ		
	furnished by a governmental unit to						
~	the organization without charge						
	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 disgualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		<u> </u>				
Sec	ction B. Total Support				· · · · · · · · · · · · · · · · · · ·		
	ndar 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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here	Ŭ		· ·			
Sec	ction C. Computation of Public	c Support Per	centage				
	Public support percentage for 2019 (li			column (fl)		15	%
	Public support percentage from 2018		•			16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13 column (fi)		17	%
	Investment income percentage from 2					18	% %
	33 1/3% support tests - 2019. If the						
199							
h	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the	-	•				
	line 18 is not more than 33 1/3%, chec	•					
20	Private foundation. If the organization						
		. ala not oncon a	<u>~~~</u> , 10				- Province - Province - Province -

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Schedule A (Form 990 or 990 EZ) 2019 GREATER BERKS FOOD BANK

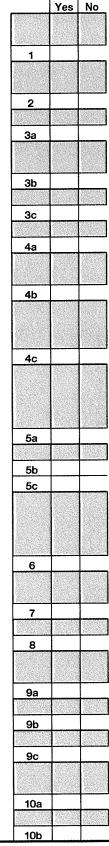
22-2456238 Page 4

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, Ioan, 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.)



Schedule A (Form 990 or 990 EZ) 2019 GREATER BERKS FOOD BANK Part IV Supporting Organizations (continued)

- MARKAR	Supporting Organizations (continued)	T	<u>т</u>	
			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		
	A family member of a person described in (a) above?	11b		
		11c		
Sec	tion B. Type I Supporting Organizations	F		
_			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	1		
•	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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	aon o. Type it Supporting Organizations		Yes	No
4	Ware a majority of the experimetical directors or tructors during the tay year also empiority of the directors		105	110
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	4		
Sec	the supported organization(s). tion 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		100	
•	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	- West George-Fran-	
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	tion 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 year (see instructions	s).		
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)		
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	4.00000000000000000	- and a state of the
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	120000000000000000000000000000000000000	1000 LUNI 7 11
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		391235643541
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,	3b		

Schedule A (Form 990 or 990 EZ) 2019 GREATER BERKS FOOD BANK Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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	1		
	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-functionally	integra	ated Type III supporting orga	nization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2019 GREATER BERKS FOOD BANK

Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Section D - Distributions	······································		Current Year
1 Amounts paid to supported organizations to accomplish exe			
2 Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
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 t	he organization is responsive		
(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			
Section 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			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c 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 greater			
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:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A	Form 990 or 990-EZ) 2019 GREATER BERKS FOOD BANK	22-2456238 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
·····		

Schedule A

923171 04-01-19

Identification of Excess Contributions Included on Part II, Line 5

22-2456238

2019

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
GIANT FOOD STORES	2,159,880.	967,049.
JM SMUCKER CO	2,372,513.	1,179,682.
PERDUE FARMS INC.	2,147,400.	954,569.
REDNER'S WAREHOUSE MARKET INC.	3,007,112.	1,814,281.
SAM'S CLUB	2,257,702.	1,064,871.
WAL-MART	4,849,593.	3,656,762.
WEGMAN'S R.S.C.	4,694,838.	3,502,007.
		<u></u>
	>	
Total Excess Contributions to Schedule A, Part II, Line 5		13,139,221.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

22-	- 2	4	5	6	2	3	8	

Organization type (check one)

organization type (check of	юj.
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is	covered by the General Rule or a Special Rule.
Note: Only a section 501(c)(7	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

GREATER BERKS FOOD BANK

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

GREATER BERKS FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	PA DEPARTMENT OF AGRICULTURE 2301 N CAMERON STREET HARRISBURG, PA 17110	\$2,814,753.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	GIANT FOOD STORES		Person X
	1621 INDUSTRIAL DR	\$314,227.	Payroll Noncash X
	CARLISLE, PA 17013		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	PERDUE FARMS INC. 31149 OLD OCEAN CITY ROAD	\$ <u>302,327.</u>	Person Payroll Noncash X (Complete Part II for
	SALISBURY, MD 21804		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SAM'S CLUB 5314 ALLENTOWN PIKE TEMPLE, PA 19560	\$514,752.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	WAL-MART 390 HIGHRIDGE PARK ROAD POTTSVILLE, PA 17901	\$542,090.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	WEGMANS'S R.S.C.		Person
	820 KEYSTONE BLVD.	\$990,653.	Payroll Noncash X
	POTTSVILLE, PA 17901		(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

22-2456238

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Page 2 Employer identification number

22-2456238

GREATER BERKS FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	REDNER'S WAREHOUSE MARKETS 3 QUARRY ROAD READING, PA 19605	\$ <u>576,517.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>C & S WHOLESALE</u> 356 EAST PENN AVENUE	\$ 273,385.	Person Payroll Noncash X
	ROBESONIA, PA 19551		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

GREATER BERKS FOOD BANK

22-2456238 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additio	nal space is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION			
1				
		\$_	2,814,753.	12/31/19
(a)			(c)	
No.	(b)		FMV (or estimate)	(d)
from Part I	Description of noncash property given		(See instructions.)	Date received
	FOOD DONATION			
2				
		° \$_	314,227.	12/31/19
(a) No.	(b)		(c)	(d)
from	Description of noncash property given		FMV (or estimate)	Date received
Part I			(See instructions.)	
_	FOOD DONATION			
		\$_	302,327.	12/31/19
(a)			(c)	
No.	(b)		FMV (or estimate)	(d)
from Part I	Description of noncash property given		(See instructions.)	Date received
Tarri	FOOD DONATION			
4				
		\$_	514,752.	12/31/19
(-)		_		
(a) No.	(b)		(c)	(d)
from	Description of noncash property given		FMV (or estimate)	Date received
Part I			(See instructions.)	
_]	FOOD DONATION			
5				
		\$	542,090.	12/31/19
		ΙΨ_	512/0501	
(a)			(-)	
(a) No.	(b)		(c) EMV (or estimate)	(d)
No. from	(b) Description of noncash property given		FMV (or estimate)	(d) Date received
No. from	Description of noncash property given			
No. from Part I			FMV (or estimate)	
No. from	Description of noncash property given		FMV (or estimate)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B	(Form 990,	990-EZ, or	990-PF)	(2019)

Name of organization

Employer identification number

GREATER BERKS FOOD BANK

22-2456238 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I FOOD DONATION 7 12/31/19 576,517. \$ (a) (c) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I FOOD DONATION 8 12/31/19 273,385. \$ (a)

(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part i	Description of noncash property given	(See instructions.)	Date received
		\$	<u> </u>
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	·		
		\$	
(a)		(c)	
No. from	(b)	(C) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
923453 11-06-19		\$	990, 990-EZ, or 990-PF) (2019

Name of or	rganization	Employer identification number	
GREATE	ER BERKS FOOD BANK		22-2456238
Part III	Exclusively religious, charitable, etc., contribut		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		······································	
Γ		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
			•
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	······································	(e) Transfer of gift	
F	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(a) . a poor of 3ir		
-		(e) Transfer of gift	······································
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
		(e) transfer of gift	
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

60		Supplement	al Financial Statements		OMB No. 1545-0047	
	HEDULE D m 990)		anization answered "Yes" on Form 990,		2010	
(1011	1 550)	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public	
	artment of the Treasury nal Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection		
	Name of the organization Employer					
		GREATER BERKS FOOD	BANK		22-2456238	
Pa		_	d Funds or Other Similar Funds or A	ccour	its. Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin		/h \ F	de and other accounts	
			(a) Donor advised funds	(D) Fur	nds and other accounts	
1		nd of year				
2	00 0	f contributions to (during year)				
3 4		f grants from (during year)				
4 5	•• •	t end of year	writing that the assets held in donor advised fur			
Ŭ	-		exclusive legal control?		Yes No	
6	-		dvisors in writing that grant funds can be used			
		-	r donor advisor, or for any other purpose confe			
	impermissible priva				Yes No	
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part N	/, line 7	•	
1	Purpose(s) of cons	servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·			
		n of land for public use (for example, recrea		,	•	
		f natural habitat	Preservation of a cer	tified hi	storic structure	
•		of open space			the exercise the last	
2			fied conservation contribution in the form of a c	onserva	Held at the End of the Tax Yea	
2	day of the tax year			2 a	Hely at the Lay of the Tax Tea	
b				2b		
c	-	vation easements on a certified historic stru		2c		
d			after 7/25/06, and not on a historic structure			
	listed in the Nation	nal Register		2d		
3			eased, extinguished, or terminated by the organ	nization	during the tax	
	year 🕨					
4		where property subject to conservation eas				
5		tion have a written policy regarding the per			Yes N	
6	,	orcement of the conservation easements it	handling of violations, and enforcing conservati			
6		a nours devoted to monitoring, inspecting,		Un ease	ments during the year	
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asemen	ts during the year	
•	► \$					
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(E	i)(i)		
	and section 170(h))(4)(B)(ii)?			Yes N	
9		. .	on easements in its revenue and expense state			
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements th	nat desc	cribes the	
Do	organization's acco	ounting for conservation easements.	Art, Historical Treasures, or Other	Simila	r Accete	
r ai		f the organization answered "Yes" on Form		SIIIIIIa	ASSE13.	
	······································		8, not to report in its revenue statement and ba		hoot works	
Id	•	· ·	blic exhibition, education, or research in furthera			
			ncial statements that describes these items.		pabilo	
b	· •		8, to report in its revenue statement and balance	e sheet	works of	
	•	•	exhibition, education, or research in furtherance			
		ng amounts relating to these items:				
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		. 🕨	\$	
					\$	
2	+		asures, or other similar assets for financial gain,	provide	e	
	-	unts required to be reported under FASB A	-	•	•	
а	Revenue included	on ⊦orm 990, Part VIII, line 1		. 🕨	\$	

▶ \$

Schedule D (Form 990) 2019

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
932051	10-02-19

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public exhibition d b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes Notice a mount on Form 990, Part X, line 21. Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b esolutions during the year. c Beginning balance d Additions during the year. f Ending balance is the organization include an amount on Form 990, Part X, line 21, for escrow or custopia account liability? Yes No f Ending balance is the organization include an amount on Form 990, Part X, line 21, for escrow or custopia account liability? Yes No f Endowment Funds. Complete if the organization nanewered 'Yes' on Form 990, Part XIII Perture tearnings, gains, and losses f -
collection items (check all that apply): d Loan or exchange program a Public exhibition d Cher Cher c Preservation for future generations e Other Cher c Preservation for future generations e Other Cher c Preservation for future generations e Other Cher c During the year, did the organization's collections and explain how they further the organization's core imiliar assets to be sold to raise funds rather than to be maintained as part of the organization across or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. la Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Not b If "Yes," explain the arrangement in Part XIII and complete the following table:
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d Loan or exchange program e Other c Preservation for future generations d Loan or exchange program e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "ses," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part VI Endowment Funds. Complete if the organization answe
b Scholarly research e Other c □ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year t Id z Distributions during the year t Ending balance d Distributions during the year t Ending balance d If" e Distributions during the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment FundS. Complete if the organization answered "Yes" on Form 990, Part V, line 10. Part V Endowment FundS. Complete i
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Not Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Not b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 1d 1d 1e 1f 1d 1e 1f 1d 1e 1f 1d 1e 1d 1e 1f 1d 1e 1d 1e 1d 1d 1e 1d
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization soluced "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part IV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII a Beginning of year balance (a) Current year (b) Prior year's of Porm 990, Part XIII (c) Two years back (d) Three years back (e) Four years back (f) Four years back (g) Four years of facilities (g) Four years of facilities (g) Four year of part year end balacce (line 1g, column (a))
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ives No. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Net Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Net b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 1d
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Itel
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance d Jd the organization include an amount on Form 990, Part X, line 21, for escrow or outstodial account liability? yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Porm 990, Part X, line 10. (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Two strest earnings, gains, and losses 6, 5921, 050. 2, 901. 1, 162665 G Crants or scholarships
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Control of the section of the sectin asection of the section of the section of t
on Form 990, Part X? Yes Nc b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id e Distributions during the year Id e Distributions during the year Id e Distributions during the year Id f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. (a) Current year 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions - - - - - c Net investment earnings, gains, and losses 6, 592, -1, 050, 2, 901, 1, 162, -6655 - - d Grants or scholarships - - - - <
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance Amount d Additions during the year 1d e Distributions during the year 1d f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses 6, 592. -1, 050. 2, 901. 1, 162. -6655 d Grants or scholarships 26, 506. 19, 914. 20, 964. 18, 063. 16, 901. g End of year balance 26, 506. 19, 914. 20, 964. 18, 063. 16, 901 2 Provide the estimated percentage of the current year end balance (line tg, column (a)) held as:
c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answerd "Yes" on Form 990, Part IV, line 10. f Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Administrative spanses 6, 592. -1,050. 2,901. 1,162. -665 f Administrative expenses 6,592. -1,050. 2,901. 1,162. -665 g End of year balance 26,506. 19,914. 20,964. 18,063. 16,901 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a 36ard designated or quasi-endowment %
d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b ff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a, 592. -1,050. 2,901. 1,162. -665 g End of year balance 26,506. 19,914. 20,964. 18,063. 16,901 2 Provide the estimated percentage of
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Rants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance 26,506. 19,914. 20,964. 18,063. 16,901 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a 36,506. 19,914. 20,964. 18,063. 16,901 2 Provide the estimated percent
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses 6, 592. -1,050. 2,901. 1,162. -665 d Grants or scholarships
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part W, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses 6, 592. -1,050. 2,901. 1,162. -665 d Grants or scholarships e Other expenditures for facilities and programs <
bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses 6,592. -1,050. 2,901. 1,162. -665 d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back e Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back g End of year balance 26,506. 19,914. 20,964. 18,063. 16,901 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a 6,901 16,901
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 19,914. 20,964. 18,063. 16,901. 17,566 c Net investment earnings, gains, and losses 6,592. -1,050. 2,901. 1,162. -665 d Grants or scholarships 0 0 0 0 0 0 0 f Administrative expenses 26,506. 19,914. 20,964. 18,063. 16,901 16,901 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a 6,901 16,901 a Board designated or quasi-endowment % % %
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 19,914. 20,964. 18,063. 16,901. 17,566 c Net investment earnings, gains, and losses 6,592. -1,050. 2,901. 1,162. -665 d Grants or scholarships 0 0 0 0 0 0 e Other expenditures for facilities and programs 0
1a Beginning of year balance 19,914. 20,964. 18,063. 16,901. 17,566 b Contributions 6,592. -1,050. 2,901. 1,162. -665 d Grants or scholarships 6,592. -1,050. 2,901. 1,162. -665 d Grants or scholarships 6,592. -1,050. 2,901. 1,162. -665 d Grants or scholarships 6,592. -1,050. 2,901. 1,162. -665 d Grants or scholarships 6,592. -1,050. 2,901. 1,162. -665 d Grants or scholarships 6,592. -1,050. 2,901. 1,162. -665 d Grants or scholarships 0 0 0 0 0 0 g End of year balance 26,506. 19,914. 20,964. 18,063. 16,901 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a 80ard designated or quasi-endowment %
b Contributions 1
c Net investment earnings, gains, and losses 6,592. -1,050. 2,901. 1,162. -665 d Grants or scholarships
c Net investment earlings, gains, and ibsses 0,502. 2,001. 2,001. 2,001. d Grants or scholarships
e Other expenditures for facilities and programs
and programs
f Administrative expenses g End of year balance 26,506. 19,914. 20,964. 18,063. 16,901 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment %
g End of year balance 26,506. 19,914. 20,964. 18,063. 16,901 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment %
 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment
a Board designated or quasi-endowment 🕨
b Permanent endowment 100.00 %
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization
by: (i) Unrelated organizations 3a(i) X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value
basis (investment) basis (other) depreciation
c Leasehold improvements
e Other

Schedule D (Form 990) 2019

Schedule D (Form 990) 2	GREATER	 1.000	DAN

Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered the organization and the organization answered the organization and the or	on Form 990, Part IV, lin		1.11.2.3.5.11.1.1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other		·	
(A)			
(B)			
(C)	i		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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" of		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	/		
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	.15.)		L
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)	A		
(6)			
(7)			
(8)	••••••••••••••••••••••••••••••••••••••		
(9)			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

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

Χ

	edule D (Form 990) 2019 GREATER BERKS FOOD BANK				2456238	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With Re	evenue per Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	11,847,	916.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	6,596.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		,596.
3	Subtract line 2e from line 1			3	11,841,	,320.
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	11,841,	<u>,320.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With E	xpenses per R	etur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.				
1	Total expenses and losses per audited financial statements			1	11,364,	,894.
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				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	11,364,	,894.
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					
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5				5	11,364	,894.
Pa						
Science	rt XIII Supplemental Information.					

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

PAR	τv,	LINE	4:

LONG TERM STABILITY

PART X, LINE 2:

THE ORGANIZATION ADHERES TO THE PROVISIONS OF FASB ASC 740, INCOME TAXES.

ASC 740 ESTABLISHES RULES FOR RECOGNIZING AND MEASURING TAX POSITIONS

TAKEN IN AN INCOME TAX RETURN, INCLUDING DISCLOSURES OF UNCERTAIN TAX

POSITIONS (UTPS). ASC 740 MANDATES THAT COMPANIES EVALUATE ALL MATERIAL

INCOME TAX POSITIONS FOR PERIODS THAT REMAIN OPEN UNDER APPLICABLE

STATUTES OF LIMITATION, AS WELL AS POSITIONS EXPECTED TO BE TAKEN IN

FUTURE RETURNS. THE UTP RULES THEN IMPOSE A RECOGNITION THRESHOLD ON EACH

 TAX POSITION. A COMPANY CAN RECOGNIZE AN INCOME TAX BENEFIT ONLY IF THE

 932054 10-02-19
 Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 GREATER BERKS FOOD BANK	22-2456238	Page 5
Part XIII Supplemental Information (continued)		
POSITION HAS A "MORE LIKELY THAN NOT" (I.E., MORE THAN 50 PE	RCENT) CHANC	:Е
OF BEING SUSTAINED ON THE TECHNICAL MERITS. FOR THE YEARS EN	IDED DECEMBER	<u> </u>
31, 2019 AND 2018, THE ORGANIZATION HAS TAKEN NO MATERIAL TA	X POSITIONS	ON
ITS APPLICABLE TAX FILINGS THAT DO NOT MEET THE "MORE LIKELY	THAN NOT"	
THRESHOLD. AS A RESULT, NO AMOUNT FOR UTPS HAS BEEN INCLUDED) IN THE	
FINANCIAL STATEMENTS.		
	<u></u>	
		<u></u>
	<u></u>	
	<u></u>	

SCHEDULE I (Form 990)		Go	arants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		0	MB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 fo		nation.		, Ç	Open to Public
Name of the organization	on GREATER B	ERKS FOOD	BANK						tification number
Part I General In	formation on Grants a	···· ·	DIMIC						
1 Does the organiz	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	ion	
	ward the grants or assis								Yes 🔀 No
2 Describe in Part I	IV the organization's pro	ocedures for monit	oring the use of grant t	funds in the United	States.	-			
	d Other Assistance to I					anization answered "א	es" on Form 990, Parl	t IV, line 21, for a	ny
	nat received more than \$					(f) Method of	T		
	dress of organization rernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of grant sistance
11TH & PIKE MOBIL									
11TH & PIKE STREE	PS	22 245 (222	501(0)2		20.004		FOOD	FOOD DELTER	
READING, PA 19604		22-2456238	501(C)3	0.	32,004.	USDA & AVG	FOOD	FOOD RELIEF	<u> </u>
800 COURT, LLC 800 COURT ST		02 0001155					2000		
READING, PA 19601		23-2981155	501(C)3	0.	40,710.	USDA & AVG	FOOD	FOOD RELIEF	
AGENCY DEVELOPMEN 117 MORGAN DRIVE READING, PA 19608	г	22-2456238	501(C)3	0.	27,434.	USDA & AVG	FOOD	FOOD RELIEF	
AMERICAN RED CROS 701 CENTRE AVENUE READING, PA 19601		23-1352015	501(C)3	0.	5,218.	USDA & AVG	FOOD	FOOD RELIEF	
ARCH ST - MOBILE : WEST ARCH STREET POTTSVILLE, PA 17		23-6051023	501(C)3	0.	5,855.	USDA & AVG	FOOD	FOOD RELIEF	
ASHLAND AREA FOOD 35 N 9TH ST					40 522		FOOD	FOOD RELIEF	
ASHLAND, PA 17921		1	501(C)3	0.	42,555.	USDA & AVG	<u>r 000</u>		
3 Enter total numb	per of section 501(c)(3) a per of other organization Reduction Act Notice	s listed in the line	1 table			·····		Schedule I	(Form 990) (2019)

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

Schedule | (Form 990) GREATER BERKS FOOD BANK

Schedule (Form 990) GREATER B	ERKS FOOD	BANK				2	22-2456238 Pag
Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUBURN MOBILE MARKET							
200 PEARSON STREET					1		
AUBURN, PA 17922	22-2456238	501(C)3	0.	39,747.	USDA & AVG	FOOD	FOOD RELIEF
DOLD DEDUC CONCULTURE A COLON							
BCAP/BERKS COMMUNITY ACTION							
PROGRAM - 645 PENN STREET, 3RD	00 1004500						
FLOOR - READING, PA 19601	23-1704527	501(C)3	0.	25,055.	USDA & AVG	FOOD	FOOD RELIEF
BCC/PERKIOMENT AVE							
645 PENN ST, SECOND FLOOR READING, PA 19601	23-2043478	501(C)3	0	5 703	USDA & AVG	FOOD	
KEADING, FA 19001	23-2043478	501(0)3	0.	5,703.	USDA & AVG	FOOD	FOOD RELIEF
BCC/COTTON STREET							
1018 COTTON STREET							
READING, PA 19602	23-2043478	501(C)3	0.	6 269	USDA & AVG	FOOD	FOOD RELIEF
	23 2043470	501(0)5	0.	0,205.		FOOD	FOOD RELIEF
BERKS AREA YOUTH RECREATION INC.							
2009 OLD LANCASTER PIKE							
SINKING SPRING, PA 19608	23-3070480	501(C)3	0	7 572	USDA & AVG	FOOD	FOOD RELIEF
	15 50,0400	501(075		1,512.	USDA & AVG		FOOD RELIEF
BERKS COALITION TO END							
HOMELESSNESS - 831 WALNUT STREET -							
READING, PA 19601	37-1575390	501(C)3	0.	11 092	USDA & AVG	FOOD	FOOD RELIEF
,			•••				
BERKS COMMUNITY HEALTH CENTER							
645 PENN STREET, SUITE 301							
READING, PA 19601	27-3795179	501(C)3	0.	11 114	USDA & AVG	FOOD	FOOD RELIEF
				,			
BERKS TECHNICAL INSTITUTE - FEED							
2205 RIDGEWOOD ROAD							
WYOMISSING, PA 19610	36-4359439	501(C)3	0.	79,847.	USDA & AVG	FOOD	FOOD RELIEF
				1			
BERN REFORMED UCC MOBILE MARKET							
3196 BERNVILLE ROAD							
LEESPORT, PA 19533	22-2456238	501(C)3	0.	25 984	USDA & AVG	FOOD	FOOD RELIEF
THREAT IN TABLE	1 22 2400200		L		· 1		

Schedule I (Form 990)

Schedule | (Form 990) GREATER BERKS FOOD BANK

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHILDREN'S HOME							
1863 BETHANY ROAD							
WOMELSDORF, PA 19567	23-2467038	501(C)3	0.	106,077.	USDA & AVG	FOOD	FOOD RELIEF
BETHANY LUTHERAN CHURCH							
336 FRANKLIN STREET							
WEST READING, PA 19611	23-2265966	501(C)3	0.	34,932.	USDA & AVG	FOOD	FOOD RELIEF
BETHEL AME CHURCH							
330 WEST WINDSOR STREET	53-0204696	501(C)3	0	C 5 C 7	USDA & AVG		
READING, PA 19601	55-0204090	501(0)3	0.	6,967.	USDA & AVG	FOOD	FOOD RELIEF
BETHEL AME SOUP KITCHEN							
330 WEST WINDSOR STREET							
READING, PA 19601	53-0204696	501(C)3	0.	78 733.	USDA & AVG	FOOD	FOOD RELIEF
				,			
BETHEL-TULPEHOCKEN FOOD PANTRY							
P.O. BOX 12							
REHRERSBURG, PA 19550	23-2236158	501(C)3	0.	66,246.	USDA & AVG	FOOD	FOOD RELIEF
BLUE MOUNTAIN ELEMENTARY EAST							
675 RED DALE RD							
ORWIGSBURG, PA 17961	23-6005738	501(C)3	0.	7,856.	USDA & AVG	FOOD	FOOD RELIEF
B'NAI B'RITH ~ MOBILE DIRECT 1026 FRANKLIN ST							
READING, PA 19602	23-2044750	501(C)3	0.	17 546			
TEADING, FA 17002	23-2044/50	DOT(C)2 -	U.	1/,546.	USDA & AVG	FOOD	FOOD RELIEF
B'NAI B'RITH APARTMENTS							
1026 FRANKLIN STREET							
READING, PA 19602	23-2044750	501(C)3	0.	16 082	USDA & AVG	FOOD	FOOD RELIEF
			1				
BOYERTOWN AREA MULTI SERVICE							
200 WEST SPRING STREET							
BOYERTOWN, PA 19512	23-7289405	501(C)3	0.	48,491.	USDA & AVG	FOOD	FOOD RELIEF

Schedule I (Form 990)

Schedule I (Form 990) GF GREATER BERKS FOOD BANK

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYERTOWN SALVATION ARMY							
409 SOUTH READING AVENUE							
BOYERTOWN, PA 19512	13-5562351	501(C)3	٥.	8,606.	USDA & AVG	FOOD	FOOD RELIEF
BOYERTOWN SALVATION ARMY							
409 SOUTH READING AVENUE							
BOYERTOWN, PA 19512	13-5562351	501(C)3	0.	127,071.	USDA & AVG	FOOD	FOOD RELIEF
CATHOLIC CHARITIES, DIOCESE OF							
ALLENTOWN - 234 GRACE ST -							
READING, PA 19611	23-1598117	501(C)3	0.	6,535.	USDA & AVG	FOOD	FOOD RELIEF
CATHOLIC SOUP KITCHEN							
530 SPRUCE STREET							·
READING, PA 19602	27-4094688	501(C)3	0.	11,112.	USDA & AVG	FOOD	FOOD RELIEF
CENTRO HISPANO			\mathbf{b} V				
501 WASHINGTON STREET, 2ND FLOOR READING, PA 19601	23-2041081	501(C)3	0	37 911	USDA & AVG	FOOD	FOOD RELIEF
	23-2041001	501(0)5		57,511.	CODA & AVG	1000	FOOD REDIEF
CHOR YOUTH & FAMILY SERVICES							
1010 CENTRE AVENUE							
READING, PA 19601	23-2911839	501(C)3	0.	15,679.	USDA & AVG	FOOD	FOOD RELIEF
CHRIST LUTHERAN CHURCH							
1301 LUZERNE STREET							
READING, PA 19601	23-2149121	501(C)3	0.	57,268.	USDA & AVG	FOOD	FOOD RELIEF
CHRIST LUTHERAN CHURCH - CSFP							
1301 LUZERNE ST							-
	23-2149121	501(C)3	0.	11 488	USDA & AVG	FOOD	FOOD RELIEF
READING, PA 19601	2J-214J121		· · ·	11,400.			
CHRISTIAN ASSOCIATION VISION FOR							
TODAY, INC 145 SOUTH 8TH STREET							
- READING, PA 19602	23-2611678	501(C)3	0.	18,405.	USDA & AVG	FOOD	FOOD RELIEF

Schedule I (Form 990)

Schedule I (Form 990) GREATER BERKS FOOD BANK Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST'S CUPBOARD							
437 AIRPORT ROAD							
ASHLAND, PA 17921	23-1710010	501(C)3	0.	54,191.	USDA & AVG	FOOD	FOOD RELIEF
CIRCLE OF FRIENDS DROP IN CENTER	1						
227 NORTH 5TH ST							
READING, PA 19601	23-2735283	501(C)3	0.	35,555.	USDA & AVG	FOOD	FOOD RELIEF
CITY LIGHT MINISTRIES							
246 NORTH 9TH STREET							
READING, PA 19601	25-1157393	501(C)3	0.	7,623.	USDA & AVG	FOOD	FOOD RELIEF
CONEWAGO/FIRETREE LTD							
202 SOUTH CENTRE STREET							
POTTSVILLE, PA 17901	23-2976370	501(C)3	0.	32,751.	USDA & AVG	FOOD	FOOD RELIEF
CONRAD WEISER FOOD PANTRY							
108 SOUTH ROBESON STREET							•
ROBESONIA, PA 19551	22-2461725	501(C)3	۷.	83,736.	USDA & AVG	FOOD	FOOD RELIEF
CSFP DIRECT - MOBILE DIRECT							
117 MORGAN DRIVE	22.2456228	501/012	0.	7 073		FOOD	FOOD RELIEF
READING, PA 19608	22-2456238	501(0)3	0.	7,073.	USDA & AVG	FOOD	FOOD RELIEF
AGED DIDEGE DIGEDIDIGION							
CSFP-DIRECT DISTRIBUTION							
117 MORGAN DRIVE	00.0456000			0.520		7005	
READING, PA 19608	22-2456238	501(C)3	0.	8,538.	USDA & AVG	FOOD	FOOD RELIEF
DANIEL BOONE AREA INTERMEDIATE					1		
CENTER - 200 BOONE DRIVE -	02.1000104	E01(0)2		0 014		FOOD	FOOD RELIEF
DOUGLASSVILLE, PA 19518	23-1669194	501(C)3	0.	8,014.	USDA & AVG	FOOD	LOOD KEDIEL
DANIEL BOONE AREA PRIMARY CENTER							
576 MONOCACY CREEK ROAD		504 (2) 2	<u> </u>	0.021		FOOD	FOOD RELIEF
BIRDSBORO, PA 19508	23-1669194	POT(C)3	0.	9,931,	USDA & AVG	<u>F 00D</u>	LOOD KUDITEL

Schedule I (Form 990) GREATER BERKS FOOD BANK Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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DAYSPRING HOMES, INC.							
250 S. 12TH STREET							
READING, PA 19602	23-2622102	501(C)3	0.	8,770.	USDA & AVG	FOOD	FOOD RELIEF
EASY DOES IT - HILLTOP							
1300 HILLTOP ROAD							
LEESPORT, PA 19533	23-2550089	501(C)3	٥.	34,573.	USDA & AVG	FOOD	FOOD RELIEF
						·	
EASY DOES IT - HILLTOP WOMENS							
1300 HILLTOP ROAD		504 (2) 2					
LEESPORT, PA 19533	23-2550089	501(C)3	0.	1,926.	USDA & AVG	FOOD	FOOD RELIEF
EASY DOES IT - WALNUT ST							
WALNUT ST							
READING, PA 19601	23-2550089	501(C)3	0.	8 417	USDA & AVG	FOOD	FOOD RELIEF
READING, FR 19001	23-2330005	501(0)5	0.	0,417.	USDA & AVG	FOOD	FOOD REDIEF
EISENHOWER APARTMENTS							
835 FRANKLIN ST							
READING, PA 19602	23-6003364	501(C)3	0	11 472	USDA & AVG	FOOD	FOOD RELIEF
	25 0003504	501(0)5		11,172.			
EISENHOWER APARTMENTS - MOBILE							
DIRECT - 835 FRANKLIN ST -							
READING, PA 19602	23-6003364	501(C)3	0.	14,873.	USDA & AVG	FOOD	FOOD RELIEF
· · · · · · · · · · · · · · · · · · ·				, <u>,</u>			1
EXETER AREA FOOD PANTRY							
3670 PERKIOMEN AVE							
READING, PA 19606	23-1946582	501(C)3	0.	162,485.	USDA & AVG	FOOD	FOOD RELIEF
FAITH ASSEMBLY OF GOD					1		
18 S 2ND ST							
CRESSONA, PA 17929	23-2666290	501(C)3	0.	30,099.	USDA & AVG	FOOD	FOOD RELIEF
FEET ON THE STREET MINISTRIES							
405 N. FRONT STREET							
READING, PA 19601	23-3027084	501(C)3	0.	5,407.	USDA & AVG	FOOD	FOOD RELIEF

GREATER BERKS FOOD BANK Schedule I (Form 990)

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRST UNITARIAN UNIVERSALIST							
416 FRANKLIN STREET							
READING, PA 19602	23-2038931	501(C)3	0.	58,201.	USDA & AVG	FOOD	FOOD RELIEF
FLEETWOOD AREA FOOD PANTRY							
261 MAIN STREET							
BLANDON, PA 19510	23-2274967	501(C)3	0.	32,803.	USDA & AVG	FOOD	FOOD RELIEF
FRANKLIN APARTMENTS							
120 SOUTH 6TH STREET							
READING, PA 19602	23-6003364	501(C)3	0.	6,924.	USDA & AVG	FOOD	FOOD RELIEF
FRANKLIN APARTMENTS - MOBILE							
DIRECT - 120 S. 6TH ST - READING, PA 19602	23-6003364	501(C)3	0.	9.057	USDA & AVG	FOOD	FOOD RELIEF
PA 19602	23-0005504	501(0)5	0.	3,037.			FOOD REHIEF
EDEEDOM CAME MINICADV INC							
FREEDOM GATE MINISTRY, INC. 131 SOUTH 9TH STREET							
	23-1912750	501(C)3		9 643	USDA & AVG	FOOD	FOOD RELIEF
READING, PA 19602	23-1912750	501(C)3	<i>v</i> .	9,043.	USDA & AVG		FOOD RELIEF
FRIEND INC./KUTZTOWN UNIVERSITY							
15175 KUTZTOWN ROAD							
KUTZTOWN, PA 19530	23-1924643	501(C)3	0.	103 337.	USDA & AVG	FOOD	FOOD RELIEF
			1				
FRIEND, INC.							
658 D NOBLE STREET							
KUTZTOWN, PA 19530	23-1924643	501(C)3	0.	249,383.	USDA & AVG	FOOD	FOOD RELIEF
			1				
GIRARDVILLE AREA FOOD PANTRY							
200 A STREET							
GIRARDVILLE, PA 17935	23-1670456	501(C)3	0.	8,188.	USDA & AVG	FOOD	FOOD RELIEF
GLENSIDE BLESSINGS MOBILE DIRECT							
1301 LUZERNE ST	23-2149121	501(0)3	0.	15 952	USDA & AVG	FOOD	FOOD RELIEF
READING, PA 19601	43-2149121	201(0)2	· ·	1 19,992.	1		1,

GREATER BERKS FOOD BANK

	ERKS FOOD						22-2456238 Pag
Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLENSIDE HOMES - MOBILE DIRECT AVENUE A - COMMUNITY CENTER READING, PA 19601	23-6003364	501(C)3	0.	39,808.	USDA & AVG	FOOD	FOOD RELIEF
GRACE EVANGELICAL LUTHERAN CHURCH 30 LIBERTY STREET SHILLINGTON, PA 19607	23-1365088	501(C)3	0.	44 188	USDA & AVG	FOOD	FOOD RELIEF
HAMBURG SDA CHURCH 22 WILLOW ROAD							
HAMBURG, PA 19526 HARVEST FELLOWSHIP OF COLEBROOKDALE - 584 COLEBROOKDALE ROAD - BOYERTOWN, PA 19512	23-6002044	501(C)3 501(C)3	0,	X	USDA & AVG USDA & AVG	FOOD	FOOD RELIEF FOOD RELIEF
HENNER APARTMENTS - MOBILE DIRECT 24 E HIGH ST WOMELSDORF, PA 19567	20-1166493	501(C)3	0.	5,154.	USDA & AVG	FOOD	FOOD RELIEF
HISPANIC CENTER 501 WASHINGTON STREET READING, PA 19601	23-2041081	501(C)3	0.	98,582.	USDA & AVG	FOOD	FOOD RELIEF
HISPANIC CENTER - MOBILE DIRECT 501 WASHINGTON ST READING, PA 19601	23-2041081	501(c)3	0.	31,373.	USDA & AVG	FOOD	FOOD RELIEF
HOGAR CREA INC. 302 SOUTH 5TH STREET READING, PA 19602	23-2014027	501(C)3	0.	18,242.	USDA & AVG	FOOD	FOOD RELIEF
HOPE LUTHERAN CHURCH 601 NORTH FRONT STREET READING, PA 19601	23-6001181	501(C)3	0.	13,110.	USDA & AVG	FOOD	FOOD RELIEF

Schedule I (Form 990) GREATER BERKS FOOD BANK Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE LUTHERAN CHURCH							
601 NORTH FRONT STREET							
READING, PA 19601	23-6001181	501(C)3	0.	307 005.	USDA & AVG	FOOD	FOOD RELIEF
				· · · · ·			
HOPE OF THE NATIONS CHRISTIAN							
CENTER - 134 N. 5TH ST - READING,							
PA 19601	30-0307656	501(C)3	0.	7,045.	USDA & AVG	FOOD	FOOD RELIEF
HOPE RESCUE MISSION							
645 NORTH 6TH STREET							
READING, PA 19601	23-1413677	501(C)3	0.	48,321.	USDA & AVG	FOOD	FOOD RELIEF
HOPEWELL LOVE							
P O BOX 396							
DOUGLASSVILLE, PA 19518	25-1915601	501(C)3	0.	69,375.	USDA & AVG	FOOD	FOOD RELIEF
HUB OF HOPE PANTRY							
1116 PERRY STREET				60 AT 6			
READING, PA 19604	23-6266274	501(C)3	v.	68,076.	USDA & AVG	FOOD	FOOD RELIEF
HUBERT APARTMENTS							
125 NORTH 10TH STREET							
READING, PA 19601	23-6003364	501(0)3	0.	6 108	USDA & AVG	FOOD	FOOD RELIEF
	25 0005504	501(075	<u>,</u>	0,100.	CODA & AVG		FOOD REDIEF
HUBERT APARTMENTS - MOBILE DIRECT							
125 N 10TH ST							
READING, PA 19601	23-6003364	501(C)3	٥.	12,440.	USDA & AVG	FOOD	FOOD RELIEF
HUGH CARCELLA - MOBILE DIRECT							
505 N 10TH ST		1					
READING, PA 19604	23-1923419	501(C)3	0.	17,657.	USDA & AVG	FOOD	FOOD RELIEF
and and a state of the state of							
HUGH CARCELLA APARTMENTS							
505 NORTH 10TH STREET							
READING, PA 19604	23-1923419	501(C)3	0.	19,895.	USDA & AVG	FOOD	FOOD RELIEF

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE PA							
1801 N. 11TH ST							
READING, PA 19604	23-1384936	501(C)3	0.	5,829.	USDA & AVG	FOOD	FOOD RELIEF
I-LEAD CHARTER SCHOOL							
401 PENN ST.							
READING_ PA 19601	27-4410895	501(C)3	0.	5,072.	USDA & AVG	FOOD	FOOD RELIEF
INCARNATION LUTHERAN CHURCH							
1101 LANCASTER AVENUE							
READING, PA 19607	23-6005289	501(C)3	Ο.	10,148.	USDA & AVG	FOOD	FOOD RELIEF
JACKSONWALD ELEMENTARY							
100 CHURCH LANE							
READING, PA 19606	23-6003724	501(C)3	0.	8,785.	USDA & AVG	FOOD	FOOD RELIEF
JAMESTOWN VILLAGE							
300 LACKAWANNA STREET	22 1160600	E01/012	0	6 060		noon	BOOD DELTER
READING, PA 19601	23-1160600	501(C)3		0,909.	USDA & AVG	FOOD	FOOD RELIEF
JAMESTOWN VILLAGE							
300 LACKAWANNA STREET							
READING, PA 19601	23-1160600	501(C)3	0.	7 894.	USDA & AVG	FOOD	FOOD RELIEF
			1	.,			
JEWISH FAMILY SERVICES							
1100 BERKSHIRE BLVD							
WYOMISSING, PA 19610	23-1728784	501(C)3	0.	109,885.	USDA & AVG	FOOD	FOOD RELIEF
JW COOPER COMMUNITY CENTER							
39 NORTH WHITE ST							
SHENANDOAH, PA 17976	45-4273366	501(C)3	0.	65,635.	USDA & AVG	FOOD	FOOD RELIEF
KENNEDY HOUSE, CATHOLIC CHARITIES							
530 SPRUCE STREET							BOOD DELTES
READING, PA 19602	23-1598117	501(C)3	0.	180,745.	USDA & AVG	FOOD	FOOD RELIEF

Schedule I (Form 990) GREATER BERKS FOOD BANK

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Part II Continuation of Grants and Othe	er Assistance to Go	vernments and Orgar	nizations in the Un	i ted States (Sch	iedule I (Form 990), Pa T	art II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNEDY TOWERS							
300 SOUTH 4TH STREET							
READING, PA 19602	23-2041081	501(C)3	0.	18,251.	USDA & AVG	FOOD	FOOD RELIEF
KENNEDY TOWERS - MOBILE DIRECT							
300 S 4TH ST	02.0041001	F01(G) 2		10,700			
READING, PA 19602	23-2041081	501(C)3	0.	19,742.	USDA & AVG	FOOD	FOOD RELIEF
KEYSTONE MILITARY FAMILIES							
331 MAIN ST, P O BOX 358							
SHOEMAKERSVILLE, PA 19555	47-1244270	501(C)3	0.	265 390	USDA & AVG	FOOD	FOOD RELIEF
		501(0)5	· · ·	200,000.			
LAKE TOBIAS WILDLIFE PARK							
760 TOBIAS ROAD		с					
HALIFAX, PA 17032	APPLIED FOR	501(C)3	0.	9,817.	USDA & AVG	FOOD	FOOD RELIEF
LAUREL COURT - MOBILE DIRECT							
400 LAUREL BLVD							
POTTSVILLE, PA 17901	23-6051023	501(C)3	0.	10,661.	USDA & AVG	FOOD	FOOD RELIEF
LAUREL TERRACE - MOBILE DIRECT							
410 LAUREL BLVD							
POTTSVILLE, PA 17901	23-6051023	501(C)3	0.	16,498.	USDA & AVG	FOOD	FOOD RELIEF
LORANE ELEMENTARY SCHOOL							
699 RITTENHOUSE DR							
READING, PA 19606	23-6003724	501(C)3	0.	5,990.	USDA & AVG	FOOD	FOOD RELIEF
MAHANOY AREA FOOD PANTRY							
400 E. MAHANOY AVE		504/212	_				
MAHANOY CITY, PA 17948	23-1670456	501(C)3	0.	6,950.	USDA & AVG	FOOD	FOOD RELIEF
VANANCE STAN NOTTE NARKET							
MAHANOY CITY MOBILE MARKET							
139 WEST CENTRE STREET	00.0456000	E01(0)2		04 160		ROOD	FOOD RELIEF
MAHANOY CITY, PA 17948	22-2456238	501(C)3	0.	84,160.	USDA & AVG	FOOD	FOOD KENTER

Schedule I (Form 990) GREATER BERKS FOOD BANK Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAHANOY ELDERLY							
10 W CENTER ST							
MAHANOY CITY, PA 17948	22-3020146	501(C)3	0.	11,112.	USDA & AVG	FOOD	FOOD RELIEF
MAHANOY ELDERLY - MOBILE DIRECT							
10 W CENTER ST							
MAHANOY CITY, PA 17948	22-3020146	501(C)3	0.	8,322.	USDA & AVG	FOOD	FOOD RELIEF
MANNA - MINISTRY OF GRACE E.C.							
CHURCH - 421 WEST MAIN STREET -							
KUTZTOWN, PA 19530	23-6433584	501(C)3	0.	51,189.	USDA & AVG	FOOD	FOOD RELIEF
MARKET SQUARE APTS - MOBILE DIRECT							
205 N. 12TH ST							
POTTSVILLE, PA 17901	22-2180259	501(C)3	0.	8,148.	USDA & AVG	FOOD	FOOD RELIEF
MARKET SQUARE READING - MOBILE							
DIRECT - 801 PENN STREET -							
READING, PA 19601	23-2821865	501(C)3	0.	7,872.	USDA & AVG	FOOD	FOOD RELIEF
MICHAEL CLOSE - MOBILE DIRECT							
510 W NORWEGIAN ST							
POTTSVILLE, PA 17901	23-6051023	501(C)3	0.	8,180.	USDA & AVG	FOOD	FOOD RELIEF
MINERSVILLE AREA ELEMENTARY SCHOOL							
300 N. 5TH STREET							
MINERSVILLE, PA 17954	23-1668606	501(C)3	0.	14,915.	USDA & AVG	FOOD	FOOD RELIEF
MINERSVILLE AREA FOOD CUPBOARD							
FOURTH & LEWIS STS							
MINERSVILLE, PA 17954	23-1670456	501(C)3	0.	12,630.	USDA & AVG	FOOD	FOOD RELIEF
MINERSVILLE HIGH RISE APARTMENTS							
300 LEWIS STREET							
MINERSVILLE, PA 17954	23-1667098	501(C)3	0.	6,583.	USDA & AVG	FOOD	FOOD RELIEF

GREATER BERKS FOOD BANK

Schedule I (Form 990) GREATER	BERKS FOOD		vizations in the l In	ited States (Sch	edule I (Form 990) Pa		22-2456238 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOHNTON MOBILE MARKET							
138 N CHURCH ST							
MOHNTON, AK 19540	22-2456238	501(C)3	0.	27,906.	USDA & AVG	FOOD	FOOD RELIEF
MT. PENN ELEMENTARY SCHOOL							
2310 CUMBERLAND AVENUE							
READING, PA 19606	23-1667957	501(C)3	0.	21,550.	USDA & AVG	FOOD	FOOD RELIEF
MUHLENBERG CHURCHES FOOD PANTRY							
1301 E. BELLEVUE AVENUE							
READING, PA 19605	45-5335491	501(C)3	0.	166 961	USDA & AVG	FOOD	FOOD RELIEF
	45 5555451		· ·	100,501.	ODDA & AVG		
NECHO ALLEN - MOBILE DIRECT							
101 MAHANTONGO ST							
POTTSVILLE, PA 17901	23-6051023	501(C)3	0.	9 570	USDA & AVG	FOOD	FOOD RELIEF
NEW FIRST BAPTIST CHURCH OF BIRDSBORO - PO BOX 354 - BIRDSBORO, PA 19508	23-2280106	501(C)3	2.0.	26,247.	USDA & AVG	FOOD	FOOD RELIEF
NEW HOPE WESLEYAN CHURCH 32 S SPENCER ST							
FRACKVILLE, PA 17931	23-3023536	501(C)3	0.	75,788.	USDA & AVG	FOOD	FOOD RELIEF
NEW JOURNEY COMMUNITY OUTREACH 138 SOUTH 6TH STREET							
READING, PA 19602	36-4630419	501(C)3	0.	31,652.	USDA & AVG	FOOD	FOOD RELIEF
NEW JOURNEY COMMUNITY OUTREACH 138 SOUTH 6TH STREET							
READING, PA 19602	36-4630419	501(C)3	0.	405,837.	USDA & AVG	FOOD	FOOD RELIEF
NEW PERSON CENTER 317 NORTH 6TH STREET							
READING, PA 19601	45-1757609	501(C)3	0.	14 375.	USDA & AVG	FOOD	FOOD RELIEF

Schedule I (Form 990) GREATER BERKS FOOD BANK

Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW RINGGOLD AREA FOOD PANTRY							
6 S. RACE ST							
NEW RINGGOLD, PA 17960	23-1670456	501(C)3	0.	40,639.	USDA & AVG	FOOD	FOOD RELIEF
				· · · · · · · · · · · · · · · · · · ·			
NORTH 6TH STREET CHURCH OF GOD							
123 NORTH 6TH STREET							
READING, PA 19601	23-2268032	501(C)3	٥.	33,309.	USDA & AVG	FOOD	FOOD RELIEF
NORTH 6TH STREET CHURCH OF GOD							
123 NORTH 6TH STREET							
READING, PA 19601	23-2268032	501(C)3	0.	158,215.	USDA & AVG	FOOD	FOOD RELIEF
NODELL CONTRACTOR DE ENERGEDE CONCOL							
NORTH SCHUYLKILL ELEMENTARY SCHOOL 38 LINE STREET							
ASHLAND, PA 17921	23-1671438	501(C)3	0.	30 539	USDA & AVG	TOOD	FOOD RELIEF
	25 10/1450	501(075	0.	50,555.		1002	
NORTHERN BERKS FOOD PANTRY							
711 WINDSOR STREET							
HAMBURG, PA 19526	23-2614092	501(C)3	0.	59,407.	USDA & AVG	FOOD	FOOD RELIEF
				· · · · ·			
NUREMBERG AREA FOOD PANTRY							
P O BOX 657, 185 MAHANOY ST							
NUREMBERG, PA 18241	23-1670456	501(C)3	0.	7,260.	USDA & AVG	FOOD	FOOD RELIEF
OAKBROOK HOUSING							
333 KENHORST BLVD							
READING, PA 19607	23-7249552	501(C)3	0.	79,847.	USDA & AVG	FOOD	FOOD RELIEF
OAKBROOK MOBILE MARKET							
1040 LIGGETT AVENUE		501(0)2		CD 005		TOOD	BOOD BELIEF
READING, PA 19611	22-2456238	501(C)3	0.	62,085.	USDA & AVG	FOOD	FOOD RELIEF
ANTRACE DI AVGRAIME MARTI E DIDECE							
OAKBROOK PLAYGROUND MOBILE DIRECT							
1046 PATTON AVENUE	23-6003364	501(0)3	0.	31 548	USDA & AVG	FOOD	FOOD RELIEF
READING, PA 19611	43-0003304		v.	1		_ <u>r</u>	

		nizations in the Ur	itad States (Sch	adula L (Earm 000) Br		<u>44-4406400 </u>
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
31-1801442	501(C)3	0.	10,054.	USDA & AVG	FOOD	FOOD RELIEF
23-7199273	501(C)3	0.	138,126.	USDA & AVG	FOOD	FOOD RELIEF
23-1365380	501(C)3	0.	29.461.	USDA & AVG	FOOD	FOOD RELIEF
82-2411514	501(C)3	0.	15 412.	USDA & AVG	FOOD	FOOD RELIEF
		bX				
23-2543677	501(C)3	v.	15,719.	USDA & AVG	FOOD	FOOD RELIEF
22.2207026			0.200			
23-2397920		0.	9,309.	USDA & AVG	FOOD	FOOD RELIEF
23-6051023	501(C)3	0.	23,315.	USDA & AVG	FOOD	FOOD RELIEF
23-6051023	501(C)3	0.	6,079.	USDA & AVG	FOOD	FOOD RELIEF
23-2604599	501(C)3	0.	5 372	USDA & AVG	FOOD	FOOD RELIEF
	r Assistance to Go (b) EIN 31-1801442 23-7199273 23-1365380 82-2411514 23-2543677 23-2543677 23-2397926 23-6051023 23-6051023	(b) EIN (c) IRC section if applicable 31-1801442 501(C)3 23-7199273 501(C)3 23-1365380 501(C)3 82-2411514 501(C)3 82-2411514 501(C)3 23-2543677 501(C)3 23-2397926 501(C)3 23-6051023 501(C)3	r Assistance to Governments and Organizations in the Ur (b) EIN (c) IRC section (d) Amount of cash grant 31-1801442 501(C)3 0. 23-7199273 501(C)3 0. 23-1365380 501(C)3 0. 82-2411514 501(C)3 0. 23-2543677 501(C)3 0. 23-2397926 501(C)3 0. 23-6051023 501(C)3 0. 23-6051023 501(C)3 0.	Assistance to Governments and Organizations in the United States (Scf (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance 31-1801442 501(c)3 0. 10,054. 23-7199273 501(c)3 0. 138,126. 23-1365380 501(c)3 0. 29,461. 82-2411514 501(c)3 0. 15,412. 23-2543677 501(c)3 0. 15,719. 23-6051023 501(c)3 0. 23,315. 23-6051023 501(c)3 0. 6,079.	Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Pair (Pair 99	x Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of Valuation (b) Method of Valuation My appraisal, other) (g) Description of non-cash assistance 31-1801442 501(c)3 0. 10,054. USDA & AVG FOOD 23-7199273 501(c)3 0. 138,025. USDA & AVG FOOD 23-1365380 501(c)3 0. 28,461. USDA & AVG FOOD 23-2343677 501(c)3 0. 29,461. USDA & AVG FOOD 23-2397926 501(c)3 0. 9,309. USDA & AVG FOOD 23-2397926 501(c)3 0. 9,309. USDA & AVG FOOD 23-2397926 501(c)3 0. 23,315. USDA & AVG FOOD 23-6051023 501(c)3 0. 6,079. USDA & AVG FOOD

GREATER BERKS FOOD BANK

Schedule I (Form 990)

22-2456238

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GREATER BERKS FOOD BANK Schedule I (Form 990)

Part II Continuation of Grants and Othe	r Assistance to Go	vernments and Organ	izations in the Un	ited States (Sch	iedule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERRY ELEMENTARY CENTER							
201 4TH STREET							
SHOEMAKERSVILLE, PA 19555	23-1667967	501(C)3	0.	9,621.	USDA & AVG	FOOD	FOOD RELIEF
PINE GROVE AREA FOOD PANTRY							
527 DAD BURNHAMS RD							
SCHUYLKILL HAVEN, PA 17972	23-2683569	501(C)3	0.	33,833.	USDA & AVG	FOOD	FOOD RELIEF
PORT CARBON AREA FOOD PANTRY							
2 PARK STREET							
POTTSVILLE, PA 17901	23-1670456	501(C)3	0.	7,108.	USDA & AVG	FOOD	FOOD RELIEF
POTTSTOWN SALVATION ARMY							
P O BOX 378, 137 KING STREET	12 55(2251	E01/012		70 (50		FOOD	BOOD DELLER
POTTSTOWN, PA 19464	13-5562351	501(C)3	0.	70,652.	USDA & AVG	FOOD	FOOD RELIEF
POTTSVILLE AREA FOOD PANTRY							
400 N. 7TH ST.							
POTTSVILLE, PA 17901	23-1670456	501(C)3	0.	204,597.	USDA & AVG	FOOD	FOOD RELIEF
PRODUCE 4 KIDS							
117 MORGAN DRIVE	22 245(228	E01/012		101 017		ROOD	BOOD DELTER
READING, PA 19608	22-2456238	501(C)3	0.	121,017.	USDA & AVG	FOOD	FOOD RELIEF
QUEEN OF ANGELS - MOBILE DIRECT							
22 ROTHERMEL ST							
READING, PA 19605	23-2325706	501(C)3	0.	5 861	USDA & AVG	FOOD	FOOD RELIEF
QUEEN OF PEACE - MOBILE DIRECT							
777 WATER ST							
POTTSVILLE, PA 17901	23-2206439	501(C)3	0.	5,109.	USDA & AVG	FOOD	FOOD RELIEF
READING ELDERLY HOUSING							
100 NORTH FRONT STREET							
READING, PA 19601	22-2251607	501(C)3	0.	29,282.	USDA & AVG	FOOD	FOOD RELIEF
NERDING, FR IDOUL		<u>r(0)</u>	*•				

Schedule I (Form 990) GREATER BERKS FOOD BANK Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING ELDERLY HOUSING - MOBILE							
DIRECT - 100 NORTH FRONT ST -							
READING, PA 19601	22-2251607	501(C)3	0.	7 029.	USDA & AVG	FOOD	FOOD RELIEF
				, -			
READING HIGH SQUIRES CLUB							
801 N. 13TH STREET							
READING, PA 19604	46-2459234	501(C)3	0.	7,103.	USDA & AVG	FOOD	FOOD RELIEF
READING HISPANIC SDA							
1228 NORTH 10TH STREET							
READING, PA 19604	23-2771368	501(C)3	0.	55,663.	USDA & AVG	TOOD	FOOD RELIEF
READING SALVATION ARMY							
301 SOUTH 5TH STREET							
READING, PA 19602	13-5562351	501(C)3	0.	105,627.	USDA & AVG	FOOD	FOOD RELIEF
RHODES APARTMENTS							
815 FRANKLIN STREET				11.265			
READING, PA 19602	23-6003364	501(C)3	v.	11,365.	USDA & AVG	FOOD	FOOD RELIEF
RHODES APTS - MOBILE DIRECT							
815 FRANKLIN ST							
READING, PA 19602	23-6003364	501(C)3	0.	11 071	USDA & AVG	COOT	FOOD RELIEF
CEADING, FA 19002	23-0003304	501(0)5	· ·	11,0/1.	USDA & AVG		FOOD RELIEF
RINGTOWN VALLEY FOOD PANTRY							
155 ZION GROVE RD							
RINGTOWN, PA 17967	23-1670456	501(C)3	0.	89 260.	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL COUNTY OFFICE OF SENIOR							
SERVICES - 110 EAST LAUREL BLVD			1				
POTTSVILLE, PA 17901-2527	23-6003048	501(C)3	0.	5,947.	USDA & AVG	FOOD	FOOD RELIEF
·			- B arra	· · · ·			
SCHUYLKILL HAVEN AREA ELEMENTARY							
SCHOOL - 701 E. MAIN ST -							1
SCHUYLKILL HAVEN PA 17972	23-6004186	501(C)3	0.	10,183.	USDA & AVG	FOOD	FOOD RELIEF

Schedule I (Form 990) GREATER BERKS FOOD BANK

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

	Assistance to do	Ventimento ana organ	Lauono in uie on	litted Otateo (een		·····	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHUYLKILL HAVEN AREA FOOD PANTRY							
P O BOX 303							
SCHUYLKILL HAVEN, PA 17972	23-1670456	501(C)3	0.	30,242.	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL HAVEN HIGH RISE							
APARTMENTS - 255 PARKWAY -							
SCHUYLKILL HAVEN, PA 17972	23-1667098	501(C)3	0.	5 220.	USDA & AVG	FOOD	FOOD RELIEF
,							
SCHUYLKILL VALLEY ELEMENTARY							
SCHOOL - 62 ASHLEY WAY - LEESPORT,							
PA 19533	23-1670251	501(C)3	0.	14,235.	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL VALLEY FOOD PANTRY							
15 MACOMB ST							
NEW PHILADELPHIA, PA 17959	23-1670456	501(C)3	0.	11,524.	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL VALLEY PASTOR'S ASSN -							
CSFP - 102 APPLE LANE - LEESPORT,	0.0.0.0.0.0.0			C (05		TOOD	
PA 19533	23-2766689	501(C)3	0.	6,685.	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL VALLEY PASTORS'							
ASSOCIATION - 102 APPLE STREET -							
LEESPORT, PA 19533	23-2766689	501(C)3	0.	118,944.	USDA & AVG	FOOD	FOOD RELIEF
,,							
SENCIT APARTMENTS - MOBILE DIRECT							
20 S SUMMIT AVE							
SHILLINGTON, PA 19607	23-2584838	501(C)3	0.	18,880.	USDA & AVG	FOOD	FOOD RELIEF
SENCIT TOWNE HOUSE APARTMENTS							
20 SOUTH SUMMIT AVENUE							
SHILLINGTON, PA 19607	23-2584838	501(C)3	0.	12,567.	USDA & AVG	FOOD	FOOD RELIEF
SERVANTS TO ALL							
4 SOUTH CENTRE ST	46-1039549	501(0)3	0.	8 074	USDA & AVG	FOOD	FOOD RELIEF
POTTSVILLE, PA 17901	40-1039549	501(C)3		0,074	100011 W 1110	<u></u>	

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Schedule I (Form 990) GREATER BERKS FOOD BANK Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANDOAH AREA FOOD PANTRY							
201 W. CHERRY ST							
SHENANDOAH, PA 17976	23-1670456	501(C)3	0.	32,230.	USDA & AVG	FOOD	FOOD RELIEF
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
SHENANDOAH FOOD PANTRY - CSFP							
201 W. CHERRY ST.							
SHENANDOAH, PA 17976	23-1670456	501(C)3	٥.	6,538.	USDA & AVG	FOOD	FOOD RELIEF
SHENANDOAH VALLEY ELEMENTARY							
SCHOOL - 805 W CENTRE ST -							
SHENANDOAH, PA 17976	23-1697134	501(C)3	0.	27,864.	USDA & AVG	FOOD	FOOD RELIEF
SHILLINGTON CHURCH OF CHRIST							
475 PHILADELPHIA AVE, P O BOX 66							
SHILLINGTON, PA 19607	23-2003261	501(C)3	0.	16 665	USDA & AVG	FOOD	FOOD RELIEF
		001(0)0					
SKYLINE VIEW APARTMENTS							
50 NORTH 9TH STREET							
READING, PA 19601	23-6463768	501(C)3	0.	13,326.	USDA & AVG	FOOD	FOOD RELIEF
SKYLINE VIEW APARTMENTS - MOBILE							
DIRECT - 50 N. 9TH ST - READING,							
PA 19601	23-6463768	501(C)3	0.	18,200.	USDA & AVG	FOOD	FOOD RELIEF
SPRING RIDGE ELEMENTARY SCHOOL							
1211 BROADCASTING ROAD							
WYOMISSING, PA 19610	23-1667988	501(C)3	0.	8,094.	USDA & AVG	FOOD	FOOD RELIEF
SPRING VALLEY CHURCH OF GOD							
2727 OLD PRICETOWN ROAD							
TEMPLE, PA 19560	23-1988874	501(C)3	0.	66,775.	USDA & AVG	FOOD	FOOD RELIEF
SPRING VALLEY COG/ALBRIGHT COLLEGE							
P O BOX 14143				5 000		FOOD	FOOD RELIEF
READING, PA 19612-4143	23-1988874	501(C)3	0.	5,808,	USDA & AVG	F00D	EOOD VENTEL

GREATER BERKS FOOD BANK Schedule I (Form 990)

Part II Continuation of Grants and Other			nizations in the Un	nited States (Sch	edule I (Form 990), Pa		22-2430230 F
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
T. CLAIR AREA ELEMENTARY SCHOOL							
227 S MILL ST							
ST CLAIR , PA 17970	23-1671498	501(C)3	0.	12,725.	USDA & AVG	FOOD	FOOD RELIEF
ST. IGNATIUS LOYOLA RCC							
2810 ST ALBANS DRIVE							
SINKING SPRING, PA 19608	23-1684800	501(C)3	0.	11,313.	USDA & AVG	FOOD	FOOD RELIEF
ST. JAMES CHAPEL CHURCH OF GOD IN							
CHRIST - 11-15 SOUTH 9TH STREET -							
READING, PA 19602	23-2389425	501(C)3	0	94 242	USDA & AVG	FOOD	FOOD RELIEF
MADING, IA 19002	23-2307423	501(075		54,242.		FOOD	FOOD REDIEF
ST. JAMES COMMUNITY CHRISTIAN							
CENTER - 515 CHESTNUT ST -							
READING, PA 19602	27-3158047	501(C)3	0.	14 373	USDA & AVG	FOOD	FOOD RELIEF
	27 5150047	501(0)5		11,373.	ODDA & AVG	1000	FOOD RELIEF
ST. JOHN BAPTIST UNITED MINISTRIES							
416 SOUTH 7TH STREET							
READING, PA 19602	47-5414764	501(C)3	0	72 098	USDA & AVG	FOOD	FOOD RELIEF
	1/ 5411/01	501(0)5		12,000.	ODDA & AVG	1000	FOOD REDIEF
ST. JOHN'S LUTHERAN CHURCH							
521 WALNUT STREET							
READING, PA 19601	23-1489824	501(C)3	0.	69 036	USDA & AVG	FOOD	FOOD RELIEF
	10 1100011						
ST. JOHN'S UCC							
57 ST JOHN'S ROAD							
BIRDSBORO, PA 19508	23-2270768	501(C)3	0.	47 779	USDA & AVG	FOOD	FOOD RELIEF
,,			1				
ST. JOSEPH'S RCC							
1018 NORTH 8TH STREET							
READING, PA 19604	23-1370431	501(C)3	0.	77.409.	USDA & AVG	FOOD	FOOD RELIEF
			1				
ST. PAUL'S LUTHERAN CHURCH							
1559 PERKIOMEN AVENUE							
READING, PA 19602	23-6478890	501(C)3	0.	128,786.	USDA & AVG	FOOD	FOOD RELIEF
	1			1			

Schedule I (Form 990) GREATER BERKS FOOD BANK

chedule I (Form 990) GREATER D	ERKS FOOD	DAINK				2	12-2430230 H
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orgar	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	_
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TS. CONSTANTINE AND HELEN GREEK							
DRTHODOX CHURCH - 1001 EAST							
WYOMISSING BLVD - READING, PA							
19611	23-1412035	501(C)3	0.	52,708.	USDA & AVG	FOOD	FOOD RELIEF
SUPPORTIVE CONCEPTS (APIS							
MANAGEMENT SERVICES INC.) - 120	-						
PROSPECT STREET - READING, PA							
19606	23-2713290	501(C)3	0.	153,145.	USDA & AVG	FOOD	FOOD RELIEF
· · · · · · · · · · · · · · · · · · ·							
TAMAQUA AREA FOOD PANTRY							
105 WEST BROAD ST							
TAMAQUA, PA 18252	23-1670456	501(C)3	0.	9 637.	USDA & AVG	FOOD	FOOD RELIEF
. ,							
TAMAQUA HIGH RISE							
222 BROAD STREET							
TAMAQUA, PA 18252	23-3044917	501(C)3	0.	14 309	USDA & AVG	FOOD	FOOD RELIEF
	25 5041517	501(075		11,000.			
TAMAQUA HIGH RISE - MOBILE DIRECT							
222 BROAD ST							
	23-3044917	501(C)3		17 173		FOOD	FOOD RELIEF
TAMAQUA, PA 18252	23-3044917	501(0)3	v.	17,173.	USDA & AVG	FOOD	FOOD RELIEF
MANAGUA PRIMITUR MEMUARIAN AUURAU							
TAMAQUA PRIMITIVE METHODIST CHURCH							
57 HUNTER STREET							
TAMAQUA , PA 18252	23-2271903	501(C)3	0.	76,251.	USDA & AVG	FOOD	FOOD RELIEF
TEEN CHALLENGE TRAINING CENTER							
33 TEEN CHALLENGE ROAD							
REHERSBURG, PA 19550	23-1695361	501(C)3	0.	351,181.	USDA & AVG	FOOD	FOOD RELIEF
				1			
THE COMMUNITY MISSION							
336 N FRONT ST	1						
MINERSVILLE, PA 17954	46-1470470	501(C)3	0.	12,910.	USDA & AVG	FOOD	FOOD RELIEF
THE PLACE							
950 WEISER ST							
READING, PA 19601	36-4743366	501(C)3	0.	5,194.	USDA & AVG	FOOD	FOOD RELIEF

GREATER BERKS FOOD BANK

	BERKS FOOD						2-2456238 Ра
Part II Continuation of Grants and Otl	ner Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	iedule I (Form 990), Pa T	art II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REAL CHURCH							
FLEETWOOD, PA 19522	81-2799802	501(C)3	0.	17 460	USDA & AVG	FOOD	FOOD RELIEF
ILEEIWOOD, FR 19922	01-2755002	501(075	· · ·	17,400.	USDA & AVG		
FILDEN ELEMENTARY CENTER							
524 W. STATE ST							
HAMBURG, PA 19526	23-1667967	501(C)3	0.	18,506.	USDA & AVG	FOOD	FOOD RELIEF
TRANSFORM CHURCH							
521 CENTRE AVENUE							
READING, PA 19601	23-2920074	501(C)3	0.	21,449.	USDA & AVG	FOOD	FOOD RELIEF
		1					
REMONT AREA FOOD PANTRY							
.39 CLAY ST							
TREMONT, PA 17981	23-1670456	501(C)3	0.	20,306.	USDA & AVG	FOOD	FOOD RELIEF
TRINITY UCC							
705 FRIEDENSBURG ROAD							
READING, PA 19606	23-1353353	501(C)3	0.	49,262.	USDA & AVG	FOOD	FOOD RELIEF
TRI-VALLEY FOOD PANTRY							
41 GAP ST							
VALLEY VIEW, PA 17983	23-1670456	501(C)3	0.	7,440.	USDA & AVG	FOOD	FOOD RELIEF
WIN VALLEY FOOD PANTRY							
2779 MAIN STREET							
ORGANTOWN, PA 19543	23-7129887	501(C)3	0.	105,368.	USDA & AVG	FOOD	FOOD RELIEF
YETERANS MAKING A DIFFERENCE							
545 N. 6TH ST	16 2252600	501(0)3	0.	22 360		FOOD	FOOD RELIEF
READING, PA 19601	46-2352609	501(C)3		22,300.	USDA & AVG	F.00D	
אסטאסטפאזדוים ארפיזים אאסעסיי							
VERNERSVILLE MOBILE MARKET							
	22-2456238	501(C)3	0.	24 751	USDA & AVG	FOOD	FOOD RELIEF
VERNERSVILLE, PA 19565	22-2400230		U.	24,751.		<u> </u>	

GREATER BERKS FOOD BANK Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2)	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
VILLIAMS VALLEY FOOD PANTRY							
418 W WICONISCO ST							
MUIR, PA 17957	23-2261354	501(C)3	0.	26,169.	USDA & AVG	FOOD	FOOD RELIEF
WILSON AREA FOOD PANTRY							
4125 PENN AVENUE							
SINKING SPRING, PA 19608	46-0909537	501(C)3	٥.	132,217.	USDA & AVG	FOOD	FOOD RELIEF
WOMEN OF ZION MINISTRIES, INC.							
1 PARK LANE, STE 107							
DOUGLASSVILLE, PA 19518	82-3159645	501(C)3	0.	50,607.	USDA & AVG	FOOD	FOOD RELIEF
WYNDCLIFFE APARTMENTS							
100 CHESTNUT ST							
HAMBURG, PA 19526	23-2015425	501(C)3	0.	6,790.	USDA & AVG	FOOD	FOOD RELIEF
······································					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
WYNDCLIFFE APTS - MOBILE DIRECT							
100 CHESTNUT ST							
HAMBURG, PA 19526	23-2015425	501(C)3	0.	14,797.	USDA & AVG	FOOD	FOOD RELIEF
YMCA CAMP JOY							
1120 BERKS ROAD							
LEESPORT, PA 19533	23-1244009	501(C)3	0.	13,306.	USDA & AVG	FOOD	FOOD RELIEF
YMCA MEN'S BRIDGE HOUSE							
631 WASHINGTON STREET							
	22 1244000	501(0)2	0	24 712		1000	
READING, PA 19601	23-1244009	501(C)3	0.	24,/12.	USDA & AVG	FOOD	FOOD RELIEF
YMCA SPECIALITY COURT PROGRAM							
631 WASHINGTON STREET							
READING, PA 19601	23-1244009	501(C)3	0.	19 064	USDA & AVG	FOOD	FOOD RELIEF
			· · ·				
YMCA TWIN PEAKS							
631 WASHINGTON STREET							
READING, PA 19601	23-1244009	501(C)3	0.	5,274.	USDA & AVG	FOOD	FOOD RELIEF

Schedule I (Form 990) GREATER BERKS FOOD BANK

(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
				(book, FMV, appraisal, other)		(h) Purpose of grant or assistance	
23-1244009	501(C)3	0.	5,957.	USDA & AVG	FOOD	FOOD RELIEF	
23-2021133	501(C)3	0.	44,943.	USDA & AVG	FOOD	FOOD RELIEF	
		~					
		Σ					
	$\mathbf{\nabla}$						

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

(b) Number of

recipients

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

(a) Type of grant or assistance

22-2456238

(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

r

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. ►

g ZU **Open to Public** Inspection

Name	of the	organization	

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

ployer	ide	nti	ifi	ca	ti	or	ı r	num	nbe	r
~	~	~		-	~	~	2	0		

	e of the organization GREATER BERK	S FOOD	BANK			2456238	Jer
Pa	rt I Types of Property			·			
	-	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of a	d) determining bution amounts	
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						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other \dots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X		9,301,067.0	SDA & AVG	WHOLESA	LΕ
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()		-				
26	Other ► ()						
27	Other ► ()				·		
28	Other (<u> </u>	l	L			
29	Number of Forms 8283 received by the organiz	-					
	for which the organization completed Form 82	83, Part IV, [Jonee Acknowledg	gement 29		Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 through	28, that it		
	must hold for at least three years from the date	e of the initia	I contribution, and	which isn't required to be use	d for		
	exempt purposes for the entire holding period			·		30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	quires the review o	of any nonstandard contributio	ns?	31	Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			

b	If "Yes," describe in Part II.
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
	describe in Part II.

contributions?

LHA	For Paperwork	Reduction Act Notice,	, see the Instructions for Form 990.
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32a

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Schedule M	(Form 990) 2019 GREATER BERKS FOOD BANK	22-2456238	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combine this part for any additional information.	and whether the organizatic nation of both. Also comple	on ete
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		·····	······
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			17
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SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

Supplemental Information to Form 990 or 990-EZ



Employer identification number 22-2456238

GREATER BERKS FOOD BANK

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

BOTH NATIONAL AND LOCAL FOOD MANUFACTURERS AND DISTRIBUTORS, AS WELL AS

CONCERNED COMMUNITY INDIVIDUALS WHO CONDUCT FOOD DRIVES THROUGH THE

EFFORTS OF THE GBFB OPERATIONS, APPROXIMATELY 6.7 MILLION POUNDS OF

GROCERY PRODUCTS WERE DISTRIBUTED TO LOW INCOME INDIVIDUALS AND

FAMILIES. THE FOOD IS DISTRIBUTED FREE OF CHARGE TO THOSE IN NEED.

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

BEFORE THE 990 IS FINALIZED, THE ORGANIZATION'S EXECUTIVE

DIRECTOR/PRESIDENT PROVIDES THE DRAFT 990 PREPARED BY THE AUDIT FIRM TO MEMBERS OF THE BOARD OF EXECUTIVE COMMITTEE FOR THEIR REVIEW AND COMMENT. THE ORGANIZATION'S TREASURER SHARES HIS/HER COMMENTS WITH THE EXECUTIVE COMMITTEE. AFTER THEIR REVIEW OF HIS/HER COMMENTS ANY FOLLOWUP, QUESTIONS, OR CONCERNS, ARE COMMUNICATED TO THE AUDIT FIRM. THE PREPARER RESPONDS TO THE EXECUTIVE COMMITTEE'S COMMENTS, IF ANY. THE PREPARER THEN PROVIDES A REVISED, FINAL VERSION OF THE 990. THE EXECUTIVE COMMITTEE APPROVES THE FULL, FINAL VERSION OF THE 990 AND AUTHORIZES THE PREPARER TO FILE THE RETURN WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY IS ENFORCED BY ANNUAL REVIEW OF CONFLICT OF

INTEREST STATEMENTS AND SOLICITING BIDS ON SAME SERVICE/COVERAGE.

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

COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR/PRESIDENT IS

REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPARABILITY DATA IS

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2			
Name of the organization GREATER BERKS FOOD BANK	Employer identification number 22-2456238			
USED IN DETERMINING HER/HIS SALARY. THE ORGANIZATION DOCUMENTS THE BASIS				
FOR ITS COMPENSATION DETERMINATIONS IN THE ORGANIZATION'S	MEETING MINUTES			
OR OTHER INTERNAL DOCUMENTS, WHICH ARE CREATED AT THE TIME	COMPENSATION IS			
APPROVED AND REFLECT THE REASONS UNDERLYING PARTICULAR COM	PENSATION			
DETERMINATIONS.				
FORM 990, PART VI, SECTION C, LINE 19:				
GBFB HAS AN OPEN BOOK POLICY OF DISCLOSURE OF INFORMATION	TO THE PUBLIC.			
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO ANYONE WHO ASKS	FOR THEM.			
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