** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
Open to Public Inspection

А	ror the	e 2022 calendar year, or tax year beginning and	enaing				
В	Check if applicab	C Name of organization		D Employer identific	cation number		
	Addre						
	Name chang	e Doing business as		22-24562	38		
	Initial return	, ,	Room/suite				
L	Final return	-	610-926-5802				
_	termir ated Amen			G Gross receipts \$	17,252,354.		
L	return	READING, PA 19000		H(a) Is this a group re			
L	Application F Name and address of principal officer: JAY WORRALL for subordinates?						
_		11/ MORGAN DRIVE, READING, PA 19608		H(b) Are all subordinates in			
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
	Websi			H(c) Group exemptio			
		forganization: X Corporation Trust Association Other	L Year	of formation: 1983 N	A State of legal domicile: PA		
Р	art I	Summary					
q.	1	Briefly describe the organization's mission or most significant activities: ${\color{red} {\bf TO} {\bf F} \over {\bf F}}$	EED TH	E HUNGRY			
Activities & Governance							
ä	2	Check this box if the organization discontinued its operations or dispos	sed of more				
Š	3			3	15		
ع	4	Number of independent voting members of the governing body (Part VI, line 1b)			15		
Ų.	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			50		
₹	6	Total number of volunteers (estimate if necessary)			1955		
Αct	7 a			7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
	١.			Prior Year	Current Year		
4	8	Contributions and grants (Part VIII, line 1h)		14,833,302.	16,732,234.		
Revenue	9	Program service revenue (Part VIII, line 2g)		836,955.	463,933.		
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		98,821.	-32,013.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,358.	15,284.		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,794,436.	17,179,438.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,398,823.	11,341,033.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,017,427.	2,352,279.		
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Ž	b	Total fundraising expenses (Part IX, column (D), line 25) 263,59		0 060 160	E 242 244		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,962,169.	5,313,314.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,378,419.	19,006,626.		
_	19	Revenue less expenses. Subtract line 18 from line 12		416,017.	-1,827,188.		
Net Assets or	9		Ве	ginning of Current Year	End of Year		
sset	20	Total assets (Part X, line 16)		13,213,395.	11,126,156.		
et A	21	Total liabilities (Part X, line 26)		1,246,825.	1,223,905.		
	22	Net assets or fund balances. Subtract line 21 from line 20		11,966,570.	9,902,251.		
	art II	-					
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of what	nich preparer	has any knowledge.			
		Signature of officer		I Date			
Sig				Date			
He	re	JAY WORRALL, PRESIDENT Type or print name and title					
			Tr	Data Anni F	X PTIN		
Time Type propared Smarte Tropared Signature							
	parer	Firm's name MCKONLY & ASBURY, LLP		Firm's EIN 2	3-1909723		
USE	Only	Firm's address 415 FALLOWFIELD ROAD		S. 71	7 761 7010		
_		CAMP HILL, PA 17011		Phone no. 7 1	7-761-7910		
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No		
		LIA Far Danamusul, Daduatian Ast Nation and the compute instruction			Cames MMI I (0000)		

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF HELPING HARVEST FRESH FOOD BANK (HH) IS TO FEED THE
	HUNGRY. HH IS A NON-PROFIT, HUNGER RELIEF ORGANIZATION FOUNDED IN 1983
	AND SERVES BERKS AND SCHUYLKILL COUNTIES. HH ACCEPTS GOVERNMENT
	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?
	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?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$17,280,354. including grants of \$10,584,315.) (Revenue \$10,584,315.)
4a	HELPING HARVEST FRESH FOOD BANK DISTRIBUTES FOOD AND GROCERY PRODUCTS
	THROUGH A NETWORK OF OVER 350 PROGRAMS THAT ARE EXEMPT UNDER IRS
	501(C)3. THESE PROGRAMS PROVIDE FOOD TO NEIGHBORS IN NEED THROUGH
	PANTRIES, SOUP KITCHENS, SNACK PROGRAMS, SHELTERS, MOBILE MARKETS, AND
	DIRECT SERVICE PROGRAMS. FOOD SUPPLIED BY HELPING HARVEST FOOD BANK
	PROVIDED 491,360 INDIVIDUALS WITH FOOD FROM A PANTRY PROGRAM WHILE
	1,207,850 MEALS WERE PROVIDED AT SOUP KITCHENS, SNACK PROGRAMS AND
	SHELTER PROGRAMS. HELPING HARVEST FOOD BANK OPERATES A WAREHOUSE AND
	FLEET OF DISTRIBUTION VEHICLES AND EMPLOYS 41 INDIVIDUALS.
4b	(Code:) (Expenses \$823,280 . including grants of \$751,126 .) (Revenue \$)
	THROUGH HH'S MANAGEMENT OF THE COMMODITY SUPPLEMENTAL FOOD PROGRAM,
	1,944 LOW INCOME SENIOR CITIZENS LIVING IN BERKS AND SCHUYLKILL
	COUNTIES RECEIVE A TOTE FILLED WITH NUTRITIONAL FOOD EVERY MONTH THIS
	PACKAGE CONTAINS FOOD OF HIGH NUTRITIONAL VALUE AND IS A SUPPLEMENT FOR
	THE SENIOR CITIZENS DIETS EACH MONTH THE HHFFB DELIVERS THE PREPACKAGED
	TOTES TO MORE THAN 97 DISTRIBUTION LOCATIONS INCLUDING LOW INCOME
	SENIOR HIGH RISES.
4c	(Code:) (Expenses \$139,768. including grants of \$5,592.) (Revenue \$)
	HELPING HARVEST FRESH FOOD BANK DEVELOPS AND SUPPLIES THE RESOURCES
	NEEDED FOR OPERATION OF THE WEEKENDER PROGRAM. THIS PROGRAM PROVIDES A
	WEEKLY BAG OF SHELF-STABLE PRODUCT TO HELP MEET THE GAP BETWEEN THE
	FREE AND REDUCED MEALS THAT FOOD INSECURE CHILDREN RECEIVE IN THEIR
	K-12 SCHOOLS. ENROLLMENT IN THE PROGRAM IS CONDUCTED AT THE SCHOOL BY A
	DESIGNATED STAFF MEMBER (TEACHER, COUNSELOR, SOCIAL WORKER, NURSE) WHO
	IDENTIFIES STUDENTS WHO ARE ELIGIBLE TO PARTICIPATE. HELPING HARVEST
	FOOD BANK SUPPORTS 91 WEEKENDER PROGRAM SITES THROUGHOUT BERKS AND
	SCHUYLKILL COUNTIES BY PROVIDING THE FOOD AND GROCERY PRODUCTS NEEDED
	TO FILL AN AVERAGE OF 4,000 BAGS WEEKLY.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 18,243,402.

Form 990 (2022) HELPING HARVEST FRESH FOOD BANK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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			ا
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 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			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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			
	Schedule D, Part III	8		X
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?			l _
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	3			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		_v
4 <i>E</i>	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	4-		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19	,	10		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a h		20a 20b		 ^ `
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	democra government on tractify default by your transfer the street of the duffer the first station in the street of the street o			

Form 990 (2022) HELPING HARVEST FRESH FOOD BANK
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ī	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1 - 15		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		1
28				
	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	00-		X
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		X
	"Yes," complete Schedule L, Part IV	28c	Х	┝┻
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		\vdash
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1,7
	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			,,
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			igspace
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	255	<u> </u>

Form 990 (2022) HELPING HARVEST FRESH FOOD BANK

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

			Yes	No
2 a	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	_	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1.		X
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		Х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	15 m 2 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	٠,		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	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			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	L	Х
	If "Yes," see the 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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	,, go to	12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IZD	21	
С		12c	Х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JAY WORRALL - 610-926-5802 117 MORGAN DRIVE READING PA 19608			

232007 12-13-22

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	Jiga		((<u></u>		<u>lour</u>	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than d	one	Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other			
	(list any	tor						the	organizations	compensation
	hours for	r direc				peq		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			oensai		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	l mos		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAY WORRALL	40.00									
PRESIDENT				Х				174,000.	0.	16,957.
(2) JOHN FLICKINGER	1.00									
CHAIR		Х		Х				0.	0.	0.
(3) RYAN HASSLER	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) MARIANNE PESSOGNELLI	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) BOB BARTO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) KEN BORKEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KEITH HILLKIRK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) TASHA ISAAC	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DAVE LIPTOK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JEANNE PORTER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) COURTNEY POWERS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) KIM SCAFFIDI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) LEANN SMULLIGAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOSH WEISS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) WILLIAM WIDING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) PAM WITMER	1.00									
BOARD MEMBER		Х						0.	0.	0.

Form **990** (2022)

(A) Name and title	(B) (C) Average Position (do not check more than one		one	(D) (E) Reportable Reportable				(F)					
	hours per week (list any	offic				s both or/trus		compensation from the	compensation from related organizations			ount other oensa	
	hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC 1099-NEC)	;/	fro orga and	om th anizat I relat nizati	ie tion ted
	line)	lndi	lnst	0#i	Key	Hig	For			+			
										\perp			
										+			
										\bot			
										+			
										4			
										\top			
										+			
di Ostalia								174,000.	,	0.	1 6	5 0	57.
1b Subtotal c Total from continuation sheets to Part VI								0.		0.	10	, ,	0.
d Total (add lines 1b and 1c)								174,000.	(0.	16	5,9	57.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable				1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	higl	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a										"			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than §	6100,000 of compe	 nsatic	on fro	m	
the organization. Report compensation for													
(A) Name and business	address	NΙC	ONE	7				(B) Description of s	services	Coi	(C mpen		n
Traine and business		11/)IN I	<u>. </u>			1	Description of a	, si viess		Проп		
							\neg						
2 Total number of independent contractors (in \$100,000 of compensation from the organic		ot lin	nited	to t	thos)		ted	above) who received me	ore than				
wroo,ooo or compensation from the Organi.	Lation									F	orm 9	990 ((2022)

22-2456238

		Check if Schedule O contains a response	or note to any line	a in this Part VIII			
		Check il Genedale o contains a response	or riote to arry line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns1a					
		Membership dues 1b					
		Fundraising events 1c					
E E	d	Related organizations 1d					
ini	е	Government grants (contributions) 1e	4,692,606.				
igu	f	All other contributions, gifts, grants, and					
t per		similar amounts not included above 1f	12,039,628.				
P	g	Noncash contributions included in lines 1a-1f	11,498,113.				
Son	h	Total. Add lines 1a-1f		16,732,234.			
			Business Code				
•	2 a	FOOD DISTRIBUTION	624200	463,933.	463,933.		
ķ	2 b	·		, -	, -		
jer Iue							
m S	C						
a Be	d						
Program Service Revenue	е	·					
- □		All other program service revenue					
	g	Total. Add lines 2a-2f		463,933.			
	3	Investment income (including dividends, inter	I				
		other similar amounts)		40,903.			40,903.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a	(7	(ii) Guioi				
		assets other than inventory 7a					
•	D	Less: cost or other basis					
ng		and sales expenses 72,916					
Revenue		Gain or (loss)		=0.016			=0.046
		Net gain or (loss)		-72,916.			-72,916.
her	8 a	Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
	b	Less: direct expenses8	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses	b				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10)a				
	h	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
\dashv		THE INCOME OF 11039 HOM SAIRS OF INVENTORY	Business Code				
ns	44 ~	MISCELLANEOUS	900099	15,284.	15,284.		
e e	ıı a		300033	15,204.	13,204.		
Miscellaneous Revenue	b						
Se Be	C						
Σ̈́	d	All other revenue	I	15 004			
	е	Total. Add lines 11a-11d		15,284.	479 217.		-32 013.
	12	Total revenue See instructions	I	1 1 1 1 4 3 8 I	4/9/21/	l 0.	-52 013

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		·		·					
	and domestic governments. See Part IV, line 21	11,341,033.	11,341,033.							
2	Grants and other assistance to domestic	,								
_	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	190,957.	164,767.	17,801.	8,389.					
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	1,666,653.	1,444,605.	147,121.	74,927.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	42,567.	35,017. 262,484.	6,128.	1,422.					
9	Other employee benefits	319,077.	262,484.	45,934.	1,422. 10,659. 4,444.					
10	Payroll taxes	133,025.	109,431.	19,150.	4,444.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal									
С	Accounting									
d	Lobbying									
е	,									
f	Investment management fees									
g	,	120 400	07 604	110 704						
	column (A), amount, list line 11g expenses on Sch O.)	138,488.	27,694.	110,794.						
12	Advertising and promotion	228,709.	100 051	20 727	11,731.					
13	Office expenses	228,709.	188,251.	28,727.	11,/31.					
14	Information technology									
15	Royalties	145,044.	101,531.	24,658.	18,855.					
16	Occupancy	143,044.	101,331.	24,030.	10,033.					
17 18	Travel Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	7,437.		4,166.	3,271.					
20	Interest	11,868.		11,868.	- , - · - ·					
21	Payments to affiliates	,		,						
22	Depreciation, depletion, and amortization	204,073.	151,013.	36,731.	16,329.					
23	Insurance	32,771.	26,218.	6,553.	•					
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),									
	amount, list line 24e expenses on Schedule 0.)									
а	FOOD PURCHASES	3,592,635.	3,592,635.							
b	TRUCK EXPENSE	403,068.	403,068.							
С	PROGRAM DEVELOPMENT	184,318.	184,318.							
d	EQUIPMENT RENT AND MAIN	139,096.	127,970.	11,126.						
	All other expenses	225,807.	83,367.	28,873.	113,567.					
25	Total functional expenses. Add lines 1 through 24e	19,006,626.	18,243,402.	499,630.	263,594.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									
	Check here if following SOP 98-2 (ASC 958-720)									

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	400.	1	400.
	2	Savings and temporary cash investments	7,166,209.	2	4,220,764.
	3	Pledges and grants receivable, net	566,247.	3	707,476.
	4	Accounts receivable, net	3,430.	4	31,261.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	894,252.	8	1,131,863.
Ä	9	Prepaid expenses and deferred charges	29,841.	9	56,850.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,967,053.			
	b	Less: accumulated depreciation 10b 1,350,733.	4,426,187.	10c	4,616,320.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	32,653.	13	28,367.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	94,176.	15	332,855.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,213,395.	16	11,126,156.
	17	Accounts payable and accrued expenses	160,077.	17	213,461.
	18	Grants payable	225 225	18	100 101
	19	Deferred revenue	806,996.	19	403,404.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	050 550	22	050 000
_	23	Secured mortgages and notes payable to unrelated third parties	279,752.	23	259,889.
	24	Unsecured notes and loans payable to unrelated third parties		24	119,016.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			220 125
		of Schedule D	1,246,825.		228,135. 1,223,905.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	1,240,023.	26	1,223,903.
Ø		, <u>—</u>			
nce	0.7	and complete lines 27, 28, 32, and 33.	11,900,975.	07	9,596,579.
<u>a</u>	27	Net assets without donor restrictions	65,595.	27 28	305,672.
В	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	03,333.	20	303,072
튑		and complete lines 29 through 33.			
卢	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	11,966,570.	32	9,902,251.
Ž	33	Total liabilities and net assets/fund balances	13,213,395.	33	11,126,156.
	აა	างเลาและแนะจ สาน กระ สรระเรานาน บลเสโบชร	10,210,000	აა	11,120,130

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,			
3	Revenue less expenses. Subtract line 2 from line 1	3			7,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			6,5'	
5	Net unrealized gains (losses) on investments	5		·23'	7,1	<u>31.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	9,	90	2,2	<u>51.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				Х	
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
			-	Form	990 ((2022)

SCHEDULE A

(Form 990)

Total

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.

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

Name of the organization

HELPING HARVEST FRESH FOOD BANK

Employer identification number

OMB No. 1545-0047

22-2456238 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	10395153.	11123088.	23430325.	14833302.	16732234 .	76514102 .	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	10395153.	11123088.	23430325.	14833302.	16732234.	76514102.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						9390749.	
6	Public support. Subtract line 5 from line 4.						67123353.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	10395153.	11123088.	23430325.	14833302.	16732234.	76514102.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,644.	5,384.	3,301.	94,635.	40,903.	145,867.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)			17,133.	25,358.	15,284.		
11	Total support. Add lines 7 through 10						76717744.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,129,627.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop						<u></u>	
	tion C. Computation of Publi						0.7.40	
	Public support percentage for 2022 (I					14	87.49 %	
	Public support percentage from 2021					15	86.70 %	
16a	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. 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							
D								
17-	and stop here. The organization qual							
1/a	a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
h	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
b	more, and if the organization meets the	-					10/0 01	
	organization meets the facts and circle				•			
18	Private foundation. If the organization							
	ato roundation. Il the organization	and not officer a i	557 OH III O 10, 10	a, 100, 174, 01 176	, cricon and box a	ing doc matractions	·	

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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T				,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
				10 l (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DOX on line 14, 198	a, or 190, check th	iis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations	<u> </u>		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	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,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (See Instruction	Yes	No
				110
	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		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

		ST FRESH FOOD I	mi-maliana .		<u>Z-Z430Z38</u>	Page 7
Par	, ,,	a)(3) Supporting Orga	nizations (continu	ıed)		
Secti	on D - Distributions			1	Current Ye	ar
1	Amounts paid to supported organizations to accomplish exe	<u> </u>		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6		
	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive		_		
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		T	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i_	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8_	Breakdown of line 7:					
<u>a</u>	Excess from 2018					
<u>b</u>	Excess from 2019					
<u> </u>	Excess from 2020					
d	Excess from 2021					

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
GIANT FOOD STORES	2,646,666.	1,112,311.
REDNER'S WAREHOUSE MARKET INC.	1,950,664.	416,309.
SAM'S CLUB	2,679,837.	1,145,482.
WAL-MART	3,813,951.	2,279,596.
WEGMAN'S R.S.C.	5,971,406.	4,437,051.
Total Excess Contributions to Schedule A, Part II, Line 5		9,390,749.

Schedule B

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

Employer identification number

HELPING HARVEST FRESH FOOD BANK 22-2456238 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

HELPING HARVEST FRESH FOOD BANK

22-2456238

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Name, audress, and ZIP + 4	\$ 2,998,689.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$ 857,495.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ 786,030.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	* 1,100,074.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$ <u>1,551,854.</u>	Person Payroll Noncash X (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.)		

Name of organization Employer identification number

HELPING HARVEST FRESH FOOD BANK

22-2456238

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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			
		\$ 2,998,689.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	FOOD DONATION		
2			
		\$857,495.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION		
3			
		\$	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION		
4			
		\$1,100,074.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION		
5			
		\$1,551,854.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		•	
		\$	Cabadula D (Farra 000) (0000)

Name of organization Employer identification number

ELPIN	G HARVEST FRESH FOOD BA	ANK			22-2456238
art III	Exclusively religious, charitable, etc., contributifrom any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	ons to organizations descr through (e) and the following charitable, etc., contributions of	na line entry. For o	rganizations	
No. om art I				(d) Desc	ription of how gift is held
_	Transferee's name, address, a	(e) Trans		elationship of tran	nsferor to transferee
No. om irt I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
_	Transferee's name, address, a	(e) Trans		elationship of trar	nsferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
	(e) Transfer of gift				
	Transferee's name, address, a	nd Z IP + 4	R	elationship of trar	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

HELPING HARVEST FRESH FOOD BANK

Employer identification number 22-2456238

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds			
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring			
_	impermissible private benefit?		Yes No			
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	`				
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		1 1			
b						
	Number of conservation easements on a certified historic stru		2c			
d	Number of conservation easements included in (c) acquired a					
	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax			
	year					
4	Number of states where property subject to conservation ease					
5	Does the organization have a written policy regarding the peri					
_	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ation easements during the year			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)			
Ū	and section 170(h)(4)(B)(ii)?	•				
9	In Part XIII, describe how the organization reports conservation					
·		•				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works			
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in for	urtherance of public			
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these iten	ns.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
	(m) 4		•			
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide			
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		\$			
b	Assets included in Form 990, Part X					

Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	ner S	imilar Ass	ets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the t	following that mak	e signi	ficant use of	its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's e	xempt	purpose in F	art X	III.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other sim	ilar as	sets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes"	on Fo	rm 990, Part	IV, lir	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other assets r	ot incl	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo)		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part	(III					
Par	t V Endowment Funds. Complete it	f the organization ans	swered "Yes" on Fo	orm 990, Part IV, li	ne 10.					
		(a) Current year	(b) Prior year	(c) Two years bac	k (d)	Three years b	ack	(e) Four	years	back
1a	Beginning of year balance	32,653.	29,421.	26,50	6.	19,9	14.		20,	964.
b	Contributions									
С	Net investment earnings, gains, and losses	-4,286.	3,232.	2,91	5.	6,5	92.		-1,	050.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	28,367.	32,653.	29,42	1.	26,5	06.		19,	914.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:	•		•			
а	Board designated or quasi-endowment	95.0000	%	•						
b	Permanent endowment 5.0000	%	_							
С		 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administered fo	r the					
	organization by:	· ·							Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	see Form 990, Par	X, line	e 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c	Accı	umulated	((d) Boo	k valu	 e
		basis (investm		(other)	•	ciation	'			
1a	Land			7,848.				75	7,84	48.
b	Buildings			2,185.	95	2,558.	3	3,57		
	Leasehold improvements		, , , ,							
d	Equipment		67	7,020.	39	8,175.		27	8,84	45.
	Other			-						
	. Add lines 1a through 1e. (Column (d) must ex		X column (R) line 1	0c.)			4	,61	6,32	20.

	/EST FRESH FO	OD BANK 2	2-2456238 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-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	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) I	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)		
Part X Other Liabilities.	,		•
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE OBLIGATION	I		228,135.
(3)	-		
(4)			
(5)			
(6)			
(7)			
\^-/			

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

228,135.

(8) (9)

	•							
Part XI	Reconciliation of	f Revenue pe	r Audited Fi	nancial S	tatemer	nts With	Revenue per Return.	
Schedule D	(Form 990) 2022	HELPING	HARVEST	FRESH	FOOD	BANK	22-2456238	Р

Pai	T XI Reconciliation of Revenue per Audited Financial Statem	ents with	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	16,942,307.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-237,131.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-237,131.
3	Subtract line 2e from line 1			3	17,179,438.
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.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	17,179,438.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Witl	n Expenses per R	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	19,006,626.
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	19,006,626.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	19,006,626.
Pa	rt XIII Supplemental Information.				
rov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b	and 2b; Part V, line 4;	; Part 2	X, line 2; Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

LONG TERM STABILITY

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021. THE ORGANIZATION WAS ORGANIZED UNDER THE PENNSYLVANIA NON-PROFIT LAW OF 1988 AND, AS SUCH, IS EXEMPT FROM STATE INCOME TAXES. 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

Part Ain Supplemental information (continued)
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 POSITION HAS A
"MORE LIKELY THAN NOT" (I.E., MORE THAN 50 PERCENT) CHANCE OF BEING
SUSTAINED ON THE TECHNICAL MERITS. FOR THE YEARS ENDED DECEMBER 31, 2022
AND 2021, THE ORGANIZATION HAS TAKEN NO MATERIAL TAX 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.
THE ORGANIZATION'S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS ARE NO
LONGER SUBJECT TO EXAMINATION BY THE APPROPRIATE TAXING AUTHORITIES FOR
THE YEARS PRIOR TO 2019.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Double Committee on Committee on			NK				22-2456238
Part I General Information on Grants and	d Assistance						
 Does the organization maintain records to criteria used to award the grants or assista Describe in Part IV the organization's proc 	ance?						
Part II Grants and Other Assistance to Do recipient that received more than \$5	•				anization answered "\	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
11TH & PIKE MOBILE MARKET 11TH & PIKE STREETS	22 2456220	E01/G) 2		107 111	Many c ya	FOOD	FOOD RELIEF
,	22-2456238	501(C)3	0.	107,111.	USDA & AVG	FOOD	FOOD RELIEF
800 COURT, LLC - MOBILE DIRECT 800 COURT ST							
READING, PA 19601	23-2981155	501(C)3	0.	128,484.	USDA & AVG	FOOD	FOOD RELIEF
AGENCY DEVELOPMENT 117 MORGAN DRIVE READING, PA 19608	22-2456238	501(C)3	0.	11,718.	USDA & AVG	FOOD	FOOD RELIEF
ASHLAND AREA FOOD PANTRY 35 N 9TH ST ASHLAND, PA 17921	23-1670456	501(C)3	0.	97 010	USDA & AVG	FOOD	FOOD RELIEF
AUBURN MOBILE MARKET	23 1070430	501(0/5	0.	37,010.	SSEM & MVC	1002	TOOD KEETEN
451 PEARSON ST. AUBURN, PA 17922	22-2456238	501(C)3	0.	78,178.	USDA & AVG	FOOD	FOOD RELIEF
BARLEY SQUARE - MOBILE DIRECT 220 GRAPE STREET							
READING, PA 19602 2 Enter total number of section 501(c)(3) and	81-1059912	501(C)3	0.	6,534.	USDA & AVG	FOOD	FOOD RELIEF

3 Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	12 2 13 0 2 3 0 F 2
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARLEY SQUARE APARTMENTS							
220 GRAPE STREET							
READING, PA 19602	81-1059912	501(C)3	0.	11 949	USDA & AVG	FOOD	FOOD RELIEF
		002(0)0	•				1005 11222
BERKS AREA YOUTH RECREATION INC.							
19 VERMONT RD							
SINKING SPRING, PA 19608	23-3070480	501(C)3	0.	9,201.	USDA & AVG	FOOD	FOOD RELIEF
,				,			
BERKS ENCORE - DOUGLASSVILLE							
CENTER - 2144 WEAVERTOWN ROAD -							
DOUGLASSVILLE, PA 19518	23-1656050	501(C)3	0.	7,848.	USDA & AVG	FOOD	FOOD RELIEF
BERKS ENCORE - FLEETWOOD							
14432 KUTZTOWN ROAD							
FLEETWOOD, PA 19522	23-1656050	501(C)3	0.	7,880.	USDA & AVG	FOOD	FOOD RELIEF
BERKS ENCORE - MIFFLIN CENTER							
30 LIBERTY STREET							
SHILLINGTON, PA 19607	23-1656050	501(C)3	0.	22,518.	USDA & AVG	FOOD	FOOD RELIEF
BERKS ENCORE - READING CENTER							
40 NORTH 9TH STREET	02.1656050	E01 (G) 2		20 556			
READING, PA 19601	23-1656050	501(C)3	0.	38,576.	USDA & AVG	FOOD	FOOD RELIEF
BERKS ENCORE - STRAUSSTOWN CENTER							
44 EAST AVENUE							
STRAUSSTOWN, PA 19559	23-1656050	501(C)3	0.	9 007	USDA & AVG	FOOD	FOOD RELIEF
TRAUBBIOWN, IA 19999	23 1030030	301(0/3	•	3,007.	ODDA & AVG	FOOD	FOOD REDIEF
BERN REFORMED UCC MOBILE MARKET							
3196 BERNVILLE ROAD							
LEESPORT, PA 19533	22-2456238	501(C)3	0.	112 764	USDA & AVG	FOOD	FOOD RELIEF
	22 2130230	551(5)5	· ·	112,704.	52211 W 11VO		
BETHANY CHILDREN'S HOME							
1863 BETHANY ROAD							
WOMELSDORF, PA 19567	23-2467038	501(C)3	0.	7 442	USDA & AVG	FOOD	FOOD RELIEF

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY LUTHERAN CHURCH							
336 FRANKLIN STREET							
WEST READING, PA 19611	23-2265966	501(C)3	0.	36,609.	USDA & AVG	FOOD	FOOD RELIEF
·				•			
BETHEL-TULPEHOCKEN FOOD PANTRY							
8410 LANCASTER AVENUE							
REHRERSBURG, PA 19550	23-2236158	501(C)3	0.	88,657.	USDA & AVG	FOOD	FOOD RELIEF
BLUE MOUNTAIN ELEMENTARY EAST							
SCHOOL - 675 RED DALE ROAD -							
ORWIGSBURG, PA 17961	23-6005738	501(C)3	0.	10,264.	USDA & AVG	FOOD	FOOD RELIEF
BLUE MOUNTAIN ELEMENTARY WEST							
SCHOOL - 675 RED DALE ROAD -							L
SCHUYLKILL HAVEN, PA 17972	23-6005738	501(C)3	0.	5,089.	USDA & AVG	FOOD	FOOD RELIEF
B'NAI B'RITH - MOBILE DIRECT							
1026 FRANKLIN ST							
READING, PA 19602	23-2044750	501(C)3	0.	7 370	USDA & AVG	FOOD	FOOD RELIEF
READING, IA 19002	23 2044730	501(0/5	· · ·	7,373.	ODDA & AVG	FOOD	FOOD REDIEF
B'NAI B'RITH APARTMENTS							
1026 FRANKLIN ST							
READING, PA 19602	23-2044750	501(C)3	0.	23,185.	USDA & AVG	FOOD	FOOD RELIEF
,				, ,			
BOYERTOWN AREA MULTI-SERVICE							
200 WEST SPRING STREET							
BOYERTOWN, PA 19512	23-7289405	501(C)3	0.	166,791.	USDA & AVG	FOOD	FOOD RELIEF
BOYERTOWN ELEMENTARY SCHOOL							
641 E 2ND ST							
BOYERTOWN, PA 19512	23-1667661	501(C)3	0.	6,620.	USDA & AVG	FOOD	FOOD RELIEF
BOYERTOWN SALVATION ARMY							
409 S. READING AVENUE							
BOYERTOWN, PA 19512	13-5562351	501(C)3	0.	350,301.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	er Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- гас
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANDYWINE HEIGHTS ELEMENTARY							
SCHOOL - 445 W BARKLEY STREET -							
TOPTON, PA 19562	23-1671515	501(C)3	0.	8 581	USDA & AVG	FOOD	FOOD RELIEF
	20 10/1010		1	0,001.			1 000 11222
BRECKNOCK ELEMENTARY							
1332 ALLEGHENYVILLE RD							
MOHNTON, PA 19540	23-1671237	501(C)3	0.	10,748.	USDA & AVG	FOOD	FOOD RELIEF
C.E. COLE INTERMEDIATE SCHOOL							
3630 KUTZTOWN ROAD							
READING, PA 19605	23-6004190	501(C)3	0.	27,023.	USDA & AVG	FOOD	FOOD RELIEF
CALVARY BIBLE FELLOWSHIP							
4891 PENN AVENUE							
SINKING SPRING, PA 19608	23-1955166	501(C)3	0.	107,709.	USDA & AVG	FOOD	FOOD RELIEF
CATHOLIC CHARITIES, DIOCESE OF							
ALLENTOWN - 234 GRACE ST -		504 (5) 2		44.654			L
READING, PA 19611	23-1598117	501(C)3	0.	11,654.	USDA & AVG	FOOD	FOOD RELIEF
CATHOLIC SOUP KITCHEN							
530 SPRUCE STREET							
READING, PA 19602	27-4094688	501(C)3	0.	9 529	USDA & AVG	FOOD	FOOD RELIEF
READING, PA 19002	27 4034000	501(0/5	· ·	3,323.	ODDA & AVG	FOOD	FOOD REDIEF
CENTRAL MIDDLE SCHOOL							
215 N 12TH ST							
READING, PA 19604	23-6004134	501(C)3	0.	5.078.	USDA & AVG	FOOD	FOOD RELIEF
				, -			
CENTRO HISPANO							
2ND & COURT STREETS							
READING, PA 19601	23-2041081	501(C)3	0.	7,977.	USDA & AVG	FOOD	FOOD RELIEF
·				, -			
CHARIS COMMUNITY CHURCH							
123 REED STREET							
READING, PA 19601	23-2268032	501(C)3	0.	111,483.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARIS COMMUNITY CHURCH - CSFP							
123 REED STREET							
	23-2268032	501(C)3	0.	70 104	USDA & AVG	FOOD	FOOD RELIEF
READING, PA 19601	23-2200032	501(C/3	0.	70,104.	USDA & AVG	FOOD	FOOD RELIEF
CHILD DEVELOPMENT FOUNTAIN SPRINGS							
CENTER - 200 CATHERINE ST -							
ASHLAND, PA 17921	23-2212539	501(C)3	0.	6 492	USDA & AVG	FOOD	FOOD RELIEF
ASIIIAND, TA 17521	25 2212555	501(0/5	· · ·	0,452.	OSDA & AVG	FOOD	FOOD REDIEF
CHILD DEVELOPMENT MAHANOY CITY							
CENTER - 200 CATHERINE ST -							
MAHANOY CITY, PA 17948	23-2212539	501(C)3	0.	7 808	USDA & AVG	FOOD	FOOD RELIEF
MANANOT CITT, TA 17540	25 2212555	501(0/5	· · ·	7,000.	OSDA & AVG	FOOD	FOOD REDIEF
CHILD DEVELOPMENT POTTSVILLE							
CENTER - 701 MOUNT HOPE AVE -							
	23-2212539	501(C)3	0.	0 570	HCDA c ANG	FOOD	FOOD RELIEF
POTTSVILLE, PA 17901	23-2212539	501(C)3	1	0,572.	USDA & AVG	FOOD	FOOD RELIEF
CHRIST LUTHERAN / GLENSIDE							
BLESSINGS MOBILE DIRECT - 1301	02 0140101	E01/Q\2		6 160	Hana a alla	HOOD	TOOD DELTER
LUZERNE ST - READING, PA 19601	23-2149121	501(C)3	0.	6,162.	USDA & AVG	FOOD	FOOD RELIEF
CURTOR LUMUERAN CUURCU							
CHRIST LUTHERAN CHURCH							
1301 LUZERNE STREET		504 (5) 2					L
READING, PA 19601	23-2149121	501(C)3	0.	34,922.	USDA & AVG	FOOD	FOOD RELIEF
average a very period and a constant							
CHRIST LUTHERAN CHURCH - CSFP							
1301 LUZERNE STREET							
READING, PA 19601	23-2149121	501(C)3	0.	15,162.	USDA & AVG	FOOD	FOOD RELIEF
CHRIST'S CUPBOARD							
437 AIRPORT ROAD							
ASHLAND, PA 17921	23-1710010	501(C)3	0.	42,647.	USDA & AVG	FOOD	FOOD RELIEF
CIRCLE OF FRIENDS DROP IN CENTER							
227 NORTH 5TH STREET							
READING, PA 19601	23-2735283	501(C)3	0.	68,931.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARE OF ASSISI HOUSE							
325 S. 12TH STREET							
READING, PA 19602	47-1044541	501(C)3	0.	33 103	USDA & AVG	FOOD	FOOD RELIEF
MEMBING, IN 19002	47 1044541	301(0/3	· ·	33,103.	ODDA & AVG	T GOD	TOOD KEELEE
COALDALE AREA FOOD PANTRY							
200 EAST MINER STREET							
COALDALE, PA 18218	23-1670456	501(C)3	0.	116 870.	USDA & AVG	FOOD	FOOD RELIEF
COLEBROOKDALE ELEMENTARY SCHOOL							
1001 MONTGOMERY AVE							
BOYERTOWN, PA 19512	23-1667661	501(C)3	0.	6,197.	USDA & AVG	FOOD	FOOD RELIEF
·				,			
COMMUNITIES IN SCHOOLS OF EASTERN							
PENNSYLVANIA, INC 3100 IROQUOIS							
AVENUE - READING, PA 19602	23-2222874	501(C)3	0.	18,224.	USDA & AVG	FOOD	FOOD RELIEF
COMMUNITY EVANGELICAL CHURCH							
51 GREEN VALLEY ROAD							
SINKING SPRING, PA 19608	23-2852515	501(C)3	0.	30,678.	USDA & AVG	FOOD	FOOD RELIEF
CONRAD WEISER EAST ELEMENTARY							
SCHOOL - 108 S. ROBESON STREET -							
ROBESONIA, PA 19567	22-2461725	501(C)3	0.	28,334.	USDA & AVG	FOOD	FOOD RELIEF
CONRAD WEISER FOOD PANTRY							
108 S. ROBESON STREET							
ROBESONIA, PA 19551	22-2461725	501(C)3	0.	175,852.	USDA & AVG	FOOD	FOOD RELIEF
CONRAD WEISER FOOD PANTRY - CSFP							
109 S. ROBESON STREET							
ROBESONIA, PA 19552	22-2461725	501(C)3	0.	5,836.	USDA & AVG	FOOD	FOOD RELIEF
CONRAD WEISER MIDDLE SCHOOL							
108 S. ROBESON STREET							
WOMELSDORF, PA 19567	22-2461725	501(C)3	0.	12,183.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPAD MET GED MEGE EN EMENEADY							
CONRAD WEISER WEST ELEMENTARY							
SCHOOL - 108 S. ROBESON STREET -	22-2461725	501(C)3	0.	22 720	HCDA C ANC	FOOD	FOOD RELIEF
WOMELSDORF, PA 19567	22-2401723	501(0/3	0.	22,723.	USDA & AVG	FOOD	FOOD RELIEF
CORNWALL TERRACE ELEMENTARY SCHOOL							
3100 IROQUOIS AVENUE							
SINKING SPRING, PA 19608	23-1667988	501(C)3	0.	18 537.	USDA & AVG	FOOD	FOOD RELIEF
,							
CSFP DIRECT - MOBILE DIRECT							
117 MORGAN DRIVE							
READING, PA 19608	22-2456238	501(C)3	0.	7,926.	USDA & AVG	FOOD	FOOD RELIEF
CSFP - DIRECT DISTRIBUTION							
117 MORGAN DRIVE							
READING, PA 19608	22-2456238	501(C)3	0.	20,790.	USDA & AVG	FOOD	FOOD RELIEF
CUMRU ELEMENTARY							
601 PHILADELPHIA AVE							
SHILLINGTON, PA 19607	23-1671237	501(C)3	0.	10,844.	USDA & AVG	FOOD	FOOD RELIEF
DANIEL BOONE AREA INTERMEDIATE							
CENTER - 576 MONOCACY CREEK ROAD -	02.1660104	E01/G) 2		11 066			
DOUGLASSVILLE, PA 19518	23-1669194	501(C)3	0.	11,266.	USDA & AVG	FOOD	FOOD RELIEF
DANIEL BOONE AREA PRIMARY CENTER							
576 MONOCACY CREEK ROAD							
BIRDSBORO, PA 19508	23-1669194	501(C)3	0.	16 986	USDA & AVG	FOOD	FOOD RELIEF
<u></u>			•	20,500.			1 000 112222
DAYSPRING HOMES, INC.							
430 HAZEL STREET							
READING, PA 19602	23-2622102	501(C)3	0.	12,303.	USDA & AVG	FOOD	FOOD RELIEF
,				,,,,,,,,,			
EARL ELEMENTARY SCHOOL							
22 SCHOOLHOUSE ROAD							
BOYERTOWN, PA 19512	23-1667661	501(C)3	0.	5,218.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	er Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASY DOES IT - HILLTOP							
1300 HILLTOP ROAD							
LEESPORT, PA 19533	23-2550089	501(C)3	0.	48 062.	USDA & AVG	FOOD	FOOD RELIEF
				, -			
EISENHOWER APARTMENTS							
835 FRANKLIN ST							
READING, PA 19602	23-6003364	501(C)3	0.	19,697.	USDA & AVG	FOOD	FOOD RELIEF
EISENHOWER APARTMENTS - MOBILE							
DIRECT - 835 FRANKLIN ST -		504 (5) 2					L
READING, PA 19602	23-6003364	501(C)3	0.	5,297.	USDA & AVG	FOOD	FOOD RELIEF
EXETER AREA FOOD PANTRY							
200 ELM STREET							
READING, PA 19606	23-1946582	501(C)3	0.	211 408.	USDA & AVG	FOOD	FOOD RELIEF
				,			
EXETER BIBLE FELLOWSHIP CHURCH							
926 PHILADELPHIA AVENUE							
BIRDSBORO, PA 19508	23-6298606	501(C)3	0.	237,437.	USDA & AVG	FOOD	FOOD RELIEF
FAITH ASSEMBLY OF GOD							
18 S 2ND ST							
CRESSONA, PA 17929	23-2666290	501(C)3	0.	70,038.	USDA & AVG	FOOD	FOOD RELIEF
ETDOM ENERGY MODILE MARVEM							
FIRST ENERGY MOBILE MARKET							
1900 CENTRE AVENUE	22-2456238	501(C)3	0.	278 408	USDA & AVG	FOOD	FOOD RELIEF
READING, PA 19601	22-2430230	501(C/3	0.	270,400.	USDA & AVG	FOOD	FOOD RELIEF
FIRST UNITARIAN UNIVERSALIST							
330 S 19TH STREET							
READING, PA 19602	23-2038931	501(C)3	0.	73 . 272 .	USDA & AVG	FOOD	FOOD RELIEF
,				, , , , , , , , , , , , , , , , , , , ,			
FLEETWOOD AREA FOOD PANTRY							
261 MAIN STREET							
FLEETWOOD, PA 19522	23-2274967	501(C)3	0.	51,901.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLEETWOOD AREA FOOD PANTRY - CSFP							
261 MAIN STREET							
FLEETWOOD, PA 19522	23-2274967	501(C)3	0.	6 796	USDA & AVG	FOOD	FOOD RELIEF
	20 22 / 25 0 /		•	0,720.		1	
FRACKVILLE AREA FOOD PANTRY							
49 NORTH LINE STREET							
FRACKVILLE, PA 17931	23-1670456	501(C)3	0.	40,742.	USDA & AVG	FOOD	FOOD RELIEF
FRANKLIN APARTMENTS							
120 SOUTH 6TH STREET							
READING, PA 19602	23-6003364	501(C)3	0.	9,692.	USDA & AVG	FOOD	FOOD RELIEF
FRIEND, INC.							
658 D NOBLE STREET			_				
KUTZTOWN, PA 19530	23-1924643	501(C)3	0.	210,419.	USDA & AVG	FOOD	FOOD RELIEF
GIRARDVILLE AREA FOOD PANTRY							
200 A STREET							
GIRARDVILLE, PA 17935	23-1670456	501(C)3	0.	17 044	USDA & AVG	FOOD	FOOD RELIEF
GIRARDVIIILE, FA 17555	23 1070430	501(0/5	· ·	17,044.	ODDA & AVG	FOOD	FOOD REDIEF
GIRARDVILLE MOBILE MARKET							
NORTH 4TH & B STREETS							
GIRARDVILLE, PA 17935	22-2456238	501(C)3	0.	78,082.	USDA & AVG	FOOD	FOOD RELIEF
·				,			
GLENSIDE ELEMENTARY							
500 LACKAWANNA ST							
READING, PA 19601	23-6004134	501(C)3	0.	8,145.	USDA & AVG	FOOD	FOOD RELIEF
GLENSIDE HOMES - MOBILE DIRECT							
REAR OF AVENUE A							
READING, PA 19601	23-6003364	501(C)3	0.	66,400.	USDA & AVG	FOOD	FOOD RELIEF
GOODKNIGHT THE CLUBHOUSE INC.							
645 WALNUT STREET	05 22000	E01/G) 3		F 343	Haba e ava	TOOD	TOOD DELITE
READING, PA 19601	85-2280924	DOT(C)3	0.	5,343.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOVERNOR MIFFLIN HIGH SCHOOL							
101 S WAVERLY ST SHILLINGTON, PA 19607	23-1671237	501(C)3	0.	9 616	USDA & AVG	FOOD	FOOD RELIEF
SHILLINGTON, PA 19007	23-10/123/	501(C/3	0.	0,040.	OSDA & AVG	FOOD	FOOD REDIEF
GOVERNOR MIFFLIN INTERMEDIATE							
SCHOOL - 600 GOVERNOR DR -							
SHILLINGTON, PA 19607	23-1671237	501(C)3	0.	9 442.	USDA & AVG	FOOD	FOOD RELIEF
	1 20 20/220/	551(5)5	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 000 11222
GOVERNOR MIFFLIN MIDDLE SCHOOL							
130 E LANCASTER AVE							
SHILLINGTON, PA 19607	23-1671237	501(C)3	0.	6,762.	USDA & AVG	FOOD	FOOD RELIEF
•				,			
GRACE EVANGELICAL LUTHERAN CHURCH							
2700 ST ALBANS DRIVE							
SHILLINGTON, PA 19607	23-1365088	501(C)3	0.	67,463.	USDA & AVG	FOOD	FOOD RELIEF
·				-			
HAMBURG SDA CHURCH							
22 WILLOW ROAD							
HAMBURG, PA 19526	23-6002044	501(C)3	0.	117,752.	USDA & AVG	FOOD	FOOD RELIEF
HAMPDEN HEIGHTS SDA CHURCH							
2706 OLD PRICETOWN ROAD							
TEMPLE, PA 19560	23-1728784	501(C)3	0.	116,589.	USDA & AVG	FOOD	FOOD RELIEF
HANNAH'S HOPE MINISTRIES							
736 UPLAND AVENUE							
READING, PA 19606	45-4674547	501(C)3	0.	12,648.	USDA & AVG	FOOD	FOOD RELIEF
HARVEST FELLOWSHIP OF							
COLEBROOKDALE - 584 COLEBROOKDALE							
ROAD - BOYERTOWN, PA 19512	23-1988522	501(C)3	0.	27,420.	USDA & AVG	FOOD	FOOD RELIEF
HEALTHY SPROUTS (PRODUCE 4 KIDS)							
117 MORGAN DRIVE							
READING, PA 19608	22-2456238	501(C)3	0.	147,167.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEGINS-HUBLEY ELEMENTARY SCHOOL							
1801 WEST MAIN STREET							
	23-1654986	501(C)3	0.	10 710	USDA & AVG	FOOD	FOOD RELIEF
VALLEY VIEW, PA 17983	23-1034900	501(0/3	1	10,710.	OSDA & AVG	FOOD	FOOD RELIEF
HELP NET MINISTRIES, INC.							
1005 CENTRE STREET							
ASHLAND, PA 17921	23-2864517	501(C)3	0.	37 670	USDA & AVG	FOOD	FOOD RELIEF
ASIIIAND, FA 17321	23 2004317	501(0/5	· · ·	37,070.	ODDA & AVG	FOOD	FOOD REDIEF
HELPING HARVEST EMERGENCY FOOD BOX							
117 MORGAN DRIVE							
READING, PA 19608	22-2456238	501(C)3	0.	7 663	USDA & AVG	FOOD	FOOD RELIEF
MEMBING, IN 13000	22 2430230	501(0/5	· ·	7,003.	ODDII & NVC	1 000	TOOD KEELEE
HOGAR CREA INC.							
302 S 5TH STREET							
READING, PA 19602	23-2014027	501(C)3	0.	27 430	USDA & AVG	FOOD	FOOD RELIEF
	20 2021027		1	27,100.			1005 11222
HOPE LUTHERAN CHURCH							
601 N FRONT STREET							
READING, PA 19601	23-6001181	501(C)3	0.	321 961.	USDA & AVG	FOOD	FOOD RELIEF
			1	522,5321			
HOPE RESCUE MISSION							
645 N 6TH STREET							
READING, PA 19601	23-1413677	501(C)3	0.	48 282.	USDA & AVG	FOOD	FOOD RELIEF
HOPE'S TABLE - HOPE LUTHERAN							
CHURCH - 601 N FRONT STREET -							
READING, PA 19601	23-6001181	501(C)3	0.	8 494.	USDA & AVG	FOOD	FOOD RELIEF
,				, -			
HOPEWELL LOVE							
5 BROOKE MANOR							
DOUGLASSVILLE, PA 19518	25-1915601	501(C)3	0.	87.986.	USDA & AVG	FOOD	FOOD RELIEF
		, .		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
HUFF'S CHURCH MOBILE MARKET							
540 CONRAD ROAD							
ALBURTIS, PA 18011	23-1924643	501(C)3	0.	39 373	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUGH CARCELLA - MOBILE DIRECT							
505 N 10TH ST							
READING, PA 19604	23-1923419	501(C)3	0.	16 747	USDA & AVG	FOOD	FOOD RELIEF
112122110, 111 23 001		002(0)0	· ·	10,717.		1 002	
HUGH CARCELLA APARTMENTS							
505 N 10TH ST							
READING, PA 19604	23-1923419	501(C)3	0.	29,637.	USDA & AVG	FOOD	FOOD RELIEF
JACKSONWALD ELEMENTARY SCHOOL							
100 CHURCH LANE ROAD							
READING, PA 19606	23-6003724	501(C)3	0.	5,097.	USDA & AVG	FOOD	FOOD RELIEF
JEWISH FAMILY SERVICE							
30 LIBERTY STREET		504 (5) 0					L
WYOMISSING, PA 19610	23-1728784	501(C)3	0.	202,886.	USDA & AVG	FOOD	FOOD RELIEF
JOHN S. CLARKE ELEMENTARY CENTER							
601 NORTH 16TH STRREET							
POTTSVILLE, PA 17901	23-2822513	501(C)3	0.	18 001	USDA & AVG	FOOD	FOOD RELIEF
TOTISVIBLE, FA 17501	23 2022313	501(0/5	· ·	10,001.	ODDA & AVG	FOOD	FOOD RELIEF
JW COOPER COMMUNITY CENTER							
39 NORTH WHITE ST							
SHENANDOAH, PA 17976	45-4273366	501(C)3	0.	268,123.	USDA & AVG	FOOD	FOOD RELIEF
·				,			
KENNEDY HOUSE							
330 W WINDSOR STREET							
READING, PA 19602	23-1365296	501(C)3	0.	38,005.	USDA & AVG	FOOD	FOOD RELIEF
KENNEDY TOWERS							
300 S 4TH ST							
READING, PA 19602	23-2041081	501(C)3	0.	19,668.	USDA & AVG	FOOD	FOOD RELIEF
KENNEDY TOWERS - MOBILE DIRECT							
300 S 4TH ST	22 2041001	E01/G)3	_	6 060	11003 6 3310	ECOD	HOOD DELIFE
READING, PA 19602	23-2041081	501(C)3	0.	6,969.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other		mestic Organizations		vernments (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEYSTONE MILITARY FAMILIES							
331 MAIN ST							
SHOEMAKERSVILLE, PA 19555	47-1244270	501(C)3	0.	207,712.	USDA & AVG	FOOD	FOOD RELIEF
KUTZTOWN UNIVERSITY / FRIEND INC.							
15175 KUTZTOWN ROAD							
KUTZTOWN, PA 19530	23-1924643	501(C)3	0.	64,311.	USDA & AVG	FOOD	FOOD RELIEF
				, -			
LAUREL COURT							
LAUREL BOULEVARD							
POTTSVILLE, PA 17901	23-6051023	501(C)3	0.	6,826.	USDA & AVG	FOOD	FOOD RELIEF
LGBT CENTER OF GREATER READING							
640 CENTE AVENUE							
READING, PA 19601	81-3191097	501(C)3	0.	9,212.	USDA & AVG	FOOD	FOOD RELIEF
LIFE CHURCH READING							
GREENWICH AND NORTH 4TH STREET		504 (5) 0		100 011			L
READING, PA 19601	22-3110904	501(C)3	0.	128,911.	USDA & AVG	FOOD	FOOD RELIEF
LLEWELLYN EARLY CHILDHOOD CENTER							
24 LLEWELLYN ROAD							
LLEWELLYN, PA 17944	23-1668606	501(C)3	0.	5 155	USDA & AVG	FOOD	FOOD RELIEF
	1 20 2000000	002(0)0	•	0,100.		1002	1 002 11222
MAHANOY AREA FOOD PANTRY							
400 E. MAHANOY AVE							
MAHANOY CITY, PA 17948	23-1670456	501(C)3	0.	11,323.	USDA & AVG	FOOD	FOOD RELIEF
				,			
MAHANOY CITY MOBILE MARKET							
139 WEST CENTRE STREET							
MAHANOY CITY, PA 17948	22-2456238	501(C)3	0.	167,716.	USDA & AVG	FOOD	FOOD RELIEF
MAHANOY ELDERLY							
10 WEST CENTRE STREET							
MAHANOY CITY, PA 17948	22-3020146	501(C)3	0.	13,255.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- Luge
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANINA MINICEPLY OF CDACE F.C.							
MANNA - MINISTRY OF GRACE E.C. CHURCH - 421 WEST MAIN STREET -							
KUTZTOWN, PA 19530	23-6433584	501(C)3	0.	10 051	USDA & AVG	FOOD	FOOD RELIEF
R01210WN, FA 19330	23-0433304	501(0/3	0.	40,034.	USDA & AVG	FOOD	FOOD RELIEF
MARKET SQUARE APTS - MOBILE DIRECT							
205 N. 12TH ST							
POTTSVILLE, PA 17901	22-2180259	501(C)3	0.	13 796.	USDA & AVG	FOOD	FOOD RELIEF
			-				
MARY'S SHELTER							
615 KENHORST BOULEVARD							
READING, PA 19611	23-2722494	501(C)3	0.	9,084.	USDA & AVG	FOOD	FOOD RELIEF
				,			
MIFFLIN PARK ELEMENTARY							
598 GOVERNOR DR							
SHILLINGTON, PA 19607	23-1671237	501(C)3	0.	8,484.	USDA & AVG	FOOD	FOOD RELIEF
MINERSVILLE AREA ELEMENTARY SCHOOL							
300 N. 5TH STREET							
MINERSVILLE, PA 17954	23-1668606	501(C)3	0.	20,037.	USDA & AVG	FOOD	FOOD RELIEF
MINERSVILLE AREA FOOD CUPBOARD							
FOURTH & LEWIS STS							
MINERSVILLE, PA 17954	23-1670456	501(C)3	0.	47,058.	USDA & AVG	FOOD	FOOD RELIEF
MINERSVILLE JR/SR HIGH SCHOOL							
40 HIGH SCHOOL LANE							
MINERSVILLE, PA 17954	23-1668606	501(C)3	0.	7,108.	USDA & AVG	FOOD	FOOD RELIEF
MINERSVILLE MOBILE MARKET							
40 HIGH SCHOOL LANE							
MINERSVILLE, PA 17954	22-2456238	501(C)3	0.	112,723.	USDA & AVG	FOOD	FOOD RELIEF
MOHNTON MOBILE MARKET							
400 EAST WYOMISSING AVENUE							L
MOHNTON, PA 19540	22-2456238	501(C)3	0.	71,387.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	er Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT PENN ELEMENTARY CENTER							
2310 CUMBERLAND AVENUE							
READING, PA 19606	23-1667957	501(C)3	0.	15 204	USDA & AVG	FOOD	FOOD RELIEF
READING, FA 19000	23-100/93/	501(C/3	0.	13,204.	OSDA & AVG	FOOD	FOOD REDIEF
MOUNT PENN PRIMARY CENTER							
201 N. 25TH STREET							
READING, PA 19606	23-1667957	501(C)3	0.	27 214	USDA & AVG	FOOD	FOOD RELIEF
	20 2007507	551(5)5	1	27,222		1002	1005 112221
MUHLENBERG CHURCHES FOOD PANTRY							
4201 STOUDT'S FERRY BRIDGE RD							
READING, PA 19605	45-5335491	501(C)3	0.	86,343.	USDA & AVG	FOOD	FOOD RELIEF
				,			
MUHLENBERG ELEMENTARY CENTER							
610 SHARP AVENUE							
READING, PA 19605	23-6004190	501(C)3	0.	38,530.	USDA & AVG	FOOD	FOOD RELIEF
MUHLENBERG HIGH SCHOOL							
400 SHARP AVENUE							
READING, PA 19605	23-6004190	501(C)3	0.	5,459.	USDA & AVG	FOOD	FOOD RELIEF
MUHLENBERG JUNIOR HIGH SCHOOL							
801 BELLEVUE AVENUE							
READING, PA 19605	23-6004190	501(C)3	0.	22,826.	USDA & AVG	FOOD	FOOD RELIEF
MUHLENBERG MOBILE MARKET							
2934 NORTH 5TH STREET HIGHWAY							L
READING, PA 19605	22-2456238	501(C)3	0.	209,858.	USDA & AVG	FOOD	FOOD RELIEF
NEW HODE WEGIEVAN COURSE							
NEW HOPE WESLEYAN CHURCH							
32 S. SPENCER ST.	22 2022526	E01/G)3		107 004	Hana c are	FIGOR	BOOD RELIEF
FRACKVILLE, PA 17931	23-3023536	501(C)3	0.	107,234.	USDA & AVG	FOOD	FOOD RELIEF
NEW TOURNEY COMMUNITARY OUTBEACH							
NEW JOURNEY COMMUNITY OUTREACH 138 S. 6TH STREET							
	36-4630419	501(C)3		1 103 400	TIGDA & AVC	FOOD	FOOD RELIEF
READING, PA 19602	30-4030419	hor(c)2	0.	1,103,480.	USDA & AVG	F 00D	LOOD KETTEL

38 LINE STREET ASHLAND, PA 17921 23-1671438 501(C)3 0. 41,760. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 72,717. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF OAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF	Г
S. S. RACE ST SEW RINGGOLD, PA 17960 23-1670456 501(C)3 0. 18,393, USDA & AVG FOOD FOOD RELIEF RORTH SCHUYLKILL ELEMENTARY SCHOOL 88 LINE STREET SSHLAND, FA 17921 23-1671438 501(C)3 0. 41,760, USDA & AVG FOOD FOOD RELIEF RORTHERN BERKS FOOD PANTRY 16 S 7TH STREET LAMBURG, PA 19526 23-2614092 501(C)3 0. 72,717, USDA & AVG FOOD FOOD RELIEF RORTHERN BERKS FOOD PANTRY - CSPP 14ABBURG, PA 19526 23-2614092 501(C)3 0. 7,442, USDA & AVG FOOD FOOD RELIEF ROAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE 1040 LIGGETT AVENUE 1040 LIGGETT AVENUE 1050 AKSHIRE SENIOR APTS - MOBILE 1051 ANSHIRE SENIOR APTS - MOBILE 1051 ANSHIRE SENIOR APTS - MOBILE 1052 ANSHIRE SENIOR APTS - MOBILE 1053 ALSHARANNA ST - WEDGILE MARKET 1054 AUG 1601 APTS - MOBILE 1055 AUG 1601	
S. RACE ST NEW RINGGOLD, PA 17960 23-1670456 501(C)3 0. 18,393. USDA & AVG FOOD FOOD RELIEF NORTH SCHUYLKILL ELEMENTARY SCHOOL 38 LINE STREET ASHLAND, PA 17921 23-1671438 501(C)3 0. 41,760. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 72,717. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF DAKENOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF DAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF	
NORTH SCHUYLKILL ELEMENTARY SCHOOL 38 LINE STREET ASHLAND, PA 17921 23-1671438 501(C)3 0. 41,760. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY 416 S 7TH STREET HAMBURG, PA 19526 13-2614092 501(C)3 0. 72,717. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 72,717. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF OAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF	
38 LINE STREET ASHLAND, PA 17921 23-1671438 501(C)3 0. 41,760. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 72,717. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF CAKEROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF CAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF	
NORTHERN BERKS FOOD PANTRY 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 72,717. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF CAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF CAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF	
ASHLAND, PA 17921 23-1671438 501(C)3 0. 41,760. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 72,717. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF OAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF	
NORTHERN BERKS FOOD PANTRY 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(c)3 0. 72,717. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(c)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF OAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(c)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(c)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF OLEY MOBILE MARKET 26 JEFFERSON STREET	
416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 72,717. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF OAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF	
416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 72,717. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD FANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF OAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF	
HAMBURG, PA 19526 23-2614092 501(C)3 0. 72,717. USDA & AVG FOOD FOOD RELIEF NORTHERN BERKS FOOD PANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF OAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF	
NORTHERN BERKS FOOD PANTRY - CSFP 416 S 7TH STREET HAMBURG, PA 19526 OAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 OLIGHARD STREET	
416 S 7TH STREET HAMBURG, PA 19526 23-2614092 501(C)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF OAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF	
HAMBURG, PA 19526 23-2614092 501(C)3 0. 7,442. USDA & AVG FOOD FOOD RELIEF OAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF OLEY MOBILE MARKET 26 JEFFERSON STREET	
OAKBROOK MOBILE MARKET 1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF OLEY MOBILE MARKET 26 JEFFERSON STREET	
1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403.USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932.USDA & AVG FOOD FOOD RELIEF OLEY MOBILE MARKET 26 JEFFERSON STREET	
1040 LIGGETT AVENUE READING, PA 19611 22-2456238 501(C)3 0. 108,403.USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932.USDA & AVG FOOD FOOD RELIEF OLEY MOBILE MARKET 26 JEFFERSON STREET	
READING, PA 19611 22-2456238 501(C)3 0. 108,403. USDA & AVG FOOD FOOD RELIEF OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF OLEY MOBILE MARKET 26 JEFFERSON STREET	
OAKSHIRE SENIOR APTS - MOBILE DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932.USDA & AVG FOOD FOOD RELIEF OLEY MOBILE MARKET 26 JEFFERSON STREET	
DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932.USDA & AVG FOOD FOOD RELIEF OLEY MOBILE MARKET 26 JEFFERSON STREET	
DIRECT - 350 LACKAWANNA ST - READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF OLEY MOBILE MARKET 26 JEFFERSON STREET	
READING, PA 19601 31-1801442 501(C)3 0. 5,932. USDA & AVG FOOD FOOD RELIEF OLEY MOBILE MARKET 26 JEFFERSON STREET	
OLEY MOBILE MARKET 26 JEFFERSON STREET	
26 JEFFERSON STREET	
OLEY, PA 19547 22-2456238 501(C)3 0. 77,849. USDA & AVG FOOD FOOD RELIEF	
OLEY VALLEY ELEMENTARY SCHOOL	
3257 FRIEDENSBURG ROAD	
OLEY, PA 19547 23-1667976 501(C)3 0. 12,498.USDA & AVG FOOD FOOD RELIEF	
OLEY VALLEY FOOD PANTRY	
1076 MEMORIAL HIGHWAY	
OLEY, PA 19547 23-7199273 501(C)3 0. 250,520.USDA & AVG FOOD FOOD RELIEF	

Part II Continuation of Grants and Other	er Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	- Luge
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLIVER POVE C STREET STREET							
OLIVET BOYS & GIRLS CLUB							
1161 PERSHING BOULEVARD	23-1365380	501(C)3		E1 70E	HCDA C ANG	FOOD	FOOD RELIEF
READING, PA 19611	23-1365360	501(C)3	0.	51,765.	USDA & AVG	F00D	FOOD RELIEF
OPPORTUNITY HOUSE/SHELTER							
430 N 2ND STREET							
READING, PA 19601	23-2543677	501(C)3	0.	00 917	USDA & AVG	FOOD	FOOD RELIEF
READING, PA 19001	23-2343077	501(C/3	1	33,617.	OSDA & AVG	FOOD	FOOD RELIEF
ORWIGSBURG AREA FOOD PANTRY							
232 EAST MARKET STREET							
ORWIGSBURG, PA 17961	23-1692502	501(C)3	0.	34 032	USDA & AVG	FOOD	FOOD RELIEF
ORWIGSBURG, PA 1/961	23-1092502	501(C)3	1	34,032.	USDA & AVG	FOOD	FOOD RELIEF
OWATIN CREEK ELEMENTARY SCHOOL							
5000 BOYERTOWN PIKE							
READING, PA 19606	23-6003724	501(C)3	0.	6 111	USDA & AVG	FOOD	FOOD RELIEF
READING, IA 19000	23 0003724	501(0/5		0,111.	ODDA & AVG	FOOD	FOOD REDIEF
PA MIGRANT EDUCATION PROGRAM							
2503 KUTZTOWN ROAD							
READING, PA 19605	23-2397926	501(C)3	0.	7 705	USDA & AVG	FOOD	FOOD RELIEF
READING, FA 19003	23-2337320	501(C/3	1	7,705.	OSDA & AVG	FOOD	FOOD RELIEF
PATTERSON APTS - MOBILE DIRECT							
101 N. 12TH ST							
POTTSVILLE, PA 17901	23-6051023	501(C)3	0.	32 156	USDA & AVG	FOOD	FOOD RELIEF
TOTISVIBLE, TA 17501	23 0031023	501(0/5		32,130.	ODDA & AVG	FOOD	FOOD REDIEF
PENN'S COMMON							
1040 PENN STREET							
READING, PA 19602	23-2604599	501(C)3	0.	5 162	USDA & AVG	FOOD	FOOD RELIEF
READING, IA 19002	23 2004333	501(0/5		3,102.	ODDA & AVG	FOOD	FOOD REDIEF
PENN'S COMMON - MOBILE DIRECT							
1040 PENN STREET							
	23-2604599	501(C)3	0.	E 044	USDA & AVG	FOOD	FOOD RELIEF
READING, PA 19602	23-2004333	501(0/3	+	5,044.	ODDA & AVG	F OOD	E COD KENTER
PERRY ELEMENTARY CENTER							
201 4TH STREET							
	22 1667067	E01/G)2		0 004	HCDA C ANG	ECOD	EOOD DELTEE
SHOEMAKERSVILLE, PA 19555	23-1667967	501(C)3	0.	9,994.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	12 2430230 F2
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINE GROVE AREA ELEMENTARY SCHOOL							
107 SCHOOL STREET							
PINE GROVE, PA 17963	23-1671779	501(C)3	0.	14 117.	USDA & AVG	FOOD	FOOD RELIEF
PINE GROVE AREA FOOD PANTRY							
200 SCHOOL ST							
PINE GROVE, PA 17963	23-2683569	501(C)3	0.	41,252.	USDA & AVG	FOOD	FOOD RELIEF
PINE GROVE MILITARY SHARE							
DISTRIBUTION - 200 SCHOOL STREET -							
PINE GROVE, PA 17963	23-2683569	501(C)3	0.	7,085.	USDA & AVG	FOOD	FOOD RELIEF
POTTSTOWN SALVATION ARMY							
137 KING STREET	10 5560051	504 (5) 2		46.650			L
POTTSTOWN, PA 19464	13-5562351	501(C)3	0.	46,652.	USDA & AVG	FOOD	FOOD RELIEF
POTTSVILLE AREA FOOD PANTRY							
400 N. 7TH ST.							
POTTSVILLE, PA 17901	23-1670456	501(C)3	0.	131 414	USDA & AVG	FOOD	FOOD RELIEF
101181111111, 111 17301	23 10,0130	501(0/5	•	131,111.	00011 4 1110	1 002	1 00D KEDIEI
POTTSVILLE MOBILE MARKET							
7211 POTTSVILLE ST CLAIR HIGHWAY							
POTTSVILLE, PA 17901	22-2456238	501(C)3	0.	371,323.	USDA & AVG	FOOD	FOOD RELIEF
POTTSVILLE SALVATION ARMY							
400 SANDERSON STREET							
POTTSVILLE, PA 17901	13-5562351	501(C)3	0.	36,086.	USDA & AVG	FOOD	FOOD RELIEF
POTTSVILLE SALVATION ARMY - CSFP							
400 SANDERSON STREET							
POTTSVILLE, PA 17901	13-5562351	501(C)3	0.	8,657.	USDA & AVG	FOOD	FOOD RELIEF
OVERTY OF ANGELS							
QUEEN OF ANGELS							
22 ROTHERMEL ST	23-2325706	501(C)3	0.	6 201	USDA & AVG	FOOD	FOOD RELIEF
READING, PA 19605	23-2323700	POT (C/3	<u> </u>	0,301.	אע א עתפט	F.00D	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHERN OF ANGELG MODILE DIDEGE							
QUEEN OF ANGELS - MOBILE DIRECT 22 ROTHERMEL ST							
	23-2325706	501(C)3	0.	7 673	USDA & AVG	FOOD	FOOD RELIEF
READING, PA 19605	23-2323700	501(0/5	0.	7,075.	USDA & AVG	FOOD	FOOD RELIEF
RACC MOBILE MARKET							
2ND & CHESTNUT STREETS							
READING, PA 19602	22-2456238	501(C)3	0.	150 563.	USDA & AVG	FOOD	FOOD RELIEF
RAVEN'S FOOD PANTRY/THE FOUNDATION							
FOR RACC - 25 SOUTH FRONT STREET -							
READING, PA 19602	23-2273163	501(C)3	0.	24,059.	USDA & AVG	FOOD	FOOD RELIEF
READING AIRPORT MOBILE MARKET							
2501 BERNVILLE ROAD							
READING, PA 19605	22-2456238	501(C)3	0.	30,954.	USDA & AVG	FOOD	FOOD RELIEF
READING ELDERLY HOUSING							
100 NORTH FRONT ST							
READING, PA 19601	22-2251607	501(C)3	0.	51,189.	USDA & AVG	FOOD	FOOD RELIEF
READING ELDERLY HOUSING - MOBILE							
DIRECT - 100 NORTH FRONT ST -							
READING, PA 19601	22-2251607	501(C)3	0.	8,360.	USDA & AVG	FOOD	FOOD RELIEF
READING HIGH SQUIRES CLUB							
801 N. 13TH STREET							
READING, PA 19604	46-2459234	501(C)3	0.	13,938.	USDA & AVG	FOOD	FOOD RELIEF
DD1D71/2 117.00117.2							
READING HISPANIC SDA							
1220 CLOVER STREET							
READING, PA 19604	23-2771368	501(C)3	0.	42,627.	USDA & AVG	FOOD	FOOD RELIEF
DEADING DEGREEATON CONTRACTON							
READING RECREATION COMMISSION							
320 SOUTH 3RD STREET	20 2050040	F01/G)3		16.66	Haba a 3	E005	Toop pri in
READING, PA 19602	38-3860043	501(C)3	0.	16,642.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	er Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING SALVATION ARMY							
612 READING AVENUE							
READING, PA 19602	13-5562351	501(C)3	0.	256,012.	USDA & AVG	FOOD	FOOD RELIEF
READING SCHOOL DISTRICT							
717 TULPEHOCKEN STREET							
READING, PA 19601	23-6004134	501(C)3	0.	53,796.	USDA & AVG	FOOD	FOOD RELIEF
REHOBOTH SDA CHURCH							
1502 SNYDER STREET	23-6000040	501(C)3	0.	105 226	Hana c alia	HOOD	BOOD DELTEE
READING, PA 19601	23-6000040	501(C)3	0.	195,230.	USDA & AVG	FOOD	FOOD RELIEF
RENEWED SPIRIT							
521 WALNUT STREET							
READING, PA 19601	23-1489824	501(C)3	0.	105 611	USDA & AVG	FOOD	FOOD RELIEF
READING, IA 19001	23 1403024	501(0/5	· · ·	103,011.	ODDA & AVG	FOOD	FOOD RELIEF
RHODES APTS							
815 FRANKLIN ST							
READING, PA 19602	23-6003364	501(C)3	0.	19 725	USDA & AVG	FOOD	FOOD RELIEF
minimo, in 19002	25 0003301	301(0)3		13,723.	05511 W 11V0	1 502	TOOD RELEASE
RHODES APTS - MOBILE DIRECT							
815 FRANKLIN ST							
READING, PA 19602	23-6003364	501(C)3	0.	6 677.	USDA & AVG	FOOD	FOOD RELIEF
,				,,,,,,,			
RINGTOWN MOBILE MARKET							
155 ZION GROVE ROAD							
RINGTOWN, PA 17967	22-2456238	501(C)3	0.	65,040.	USDA & AVG	FOOD	FOOD RELIEF
				,			
RINGTOWN VALLEY FOOD PANTRY							
155 ZION GROVE RD							
RINGTOWN, PA 17967	23-1670456	501(C)3	0.	99,672.	USDA & AVG	FOOD	FOOD RELIEF
				, , , , , , , , , , , , , , , , , , ,			
RIVERVIEW CHRISTIAN							
3301 STOUDT'S FERRY BRIDGE RD							
READING, PA 19605	23-1667033	501(C)3	0.	6,070.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ROAD TO DAMASCUS									
234 NORTH 6TH STREET									
READING, PA 19601	23-1670456	501(C)3	0.	374 609	USDA & AVG	FOOD	FOOD RELIEF		
RIMBING, IN 19001	23 1070430	501(0)5	<u> </u>	374,003.	ODDII & NVO	1000	TOOD KEETER		
SAINT CLAIR AREA ELEMENTARY SCHOOL									
227 S MILL ST									
ST CLAIR, PA 17970	23-1671498	501(C)3	0.	41,722.	USDA & AVG	FOOD	FOOD RELIEF		
				,					
SCHUYLKILL HAVEN AREA ELEMENTARY									
CENTER - 701 E. MAIN ST -									
SCHUYLKILL HAVEN, PA 17972	23-6004186	501(C)3	0.	17,445.	USDA & AVG	FOOD	FOOD RELIEF		
SCHUYLKILL HAVEN AREA FOOD PANTRY									
134 W. COLUMBIA ST, P O BOX 303									
SCHUYLKILL HAVEN, PA 17972	23-1670456	501(C)3	0.	103,113.	USDA & AVG	FOOD	FOOD RELIEF		
SCHUYLKILL HAVEN HIGH RISE -									
MOBILE DIRECT - 255 PARKWAY -									
SCHUYLKILL HAVEN, PA 17972	23-1667098	501(C)3	0.	15,417.	USDA & AVG	FOOD	FOOD RELIEF		
SCHUYLKILL HAVEN HIGH RISE									
APARTMENTS - 255 PARKWAY -	02 4665000	501 (6) 2		6 44 4					
SCHUYLKILL HAVEN, PA 17972	23-1667098	501(C)3	0.	6,414.	USDA & AVG	FOOD	FOOD RELIEF		
SCHUYLKILL HOPE CENTER									
800 MOUNT HOPE AVE									
POTTSVILLE, PA 17901	23-2331195	501(C)3	0.	18 022	USDA & AVG	FOOD	FOOD RELIEF		
TOTISVILLE, TA 17301	23 2331173	501(0/5	· ·	10,022.	ODDA & AVG	1.00D	FOOD REDIEF		
SCHUYLKILL VALLEY ELEMENTARY									
SCHOOL - 62 ASHLEY WAY - LEESPORT,									
PA 19533	23-1670251	501(C)3	0.	11 415.	USDA & AVG	FOOD	FOOD RELIEF		
	_ = = = = = = = = = = = = = = = = = = =		-						
SCHUYLKILL VALLEY FOOD PANTRY (NEW									
PHILADELPHIA - SCA) - 15 MACOMB ST									
- NEW PHILADELPHIA, PA 17959	23-1670456	501(C)3	0.	42,227.	USDA & AVG	FOOD	FOOD RELIEF		

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SCHUYLKILL VALLEY FOOD PANTRY, INC										
(LEESPORT) - 102 APPLE STREET -	23-2766689	501(C)3	0.	06 041	HCDA C AVC	FOOD	FOOD RELIEF			
LEESPORT, PA 19533	23-2700009	501(C)3	0.	00,041.	USDA & AVG	FOOD	FOOD RELIEF			
SCHUYLKILL VALLEY FOOD PANTRY, INC										
(LEESPORT) - CSFP - 102 APPLE										
STREET - LEESPORT, PA 19533	23-2766689	501(C)3	0.	12,488.	USDA & AVG	FOOD	FOOD RELIEF			
·				,						
SECOND STREET LEARNING CENTER										
430 NORTH SECOND STREET										
READING, PA 19601	23-2543677	501(C)3	0.	24,430.	USDA & AVG	FOOD	FOOD RELIEF			
SENCIT TOWNE HOUSE APARTMENTS										
20 SOUTH SUMMIT AVE										
SHILLINGTON, PA 19607	23-2584838	501(C)3	0.	16,435.	USDA & AVG	FOOD	FOOD RELIEF			
GENTOD DOVEG AM DAGG										
SENIOR BOXES AT RACC										
2ND & COURT STREETS READING, PA 19601	22-2456238	501(C)3	0.	136 069	USDA & AVG	FOOD	FOOD RELIEF			
READING, FA 19001	22-2430230	501(0/3	0.	130,300.	USDA & AVG	FOOD	FOOD KEDIEF			
SENIOR BOXES AT RACC - MOBILE										
DIRECT - 2ND & COURT STREETS -										
READING, PA 19601	22-2456238	501(C)3	0.	6,918.	USDA & AVG	FOOD	FOOD RELIEF			
·				,						
SERVANTS TO ALL										
4 SOUTH CENTRE ST										
POTTSVILLE, PA 17901	46-1039549	501(C)3	0.	54,733.	USDA & AVG	FOOD	FOOD RELIEF			
SHELTER - ROAD TO DAMASCUS										
234 NORTH 6TH STREET										
READING, PA 19601	23-1670456	501(C)3	0.	15,689.	USDA & AVG	FOOD	FOOD RELIEF			
SHENANDOAH AREA FOOD PANTRY										
201 WEST CHERRY STREET	22 1670456	F01/G) 3		22 546	Haba a aug	E005				
SHENANDOAH , PA 17976	23-1670456	501(C)3	0.	22,546.	USDA & AVG	FOOD	FOOD RELIEF			

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANDOAH MOBILE MARKET							
2 HERALD ROAD							
SHENANDOAH, PA 17976	22-2456238	501(C)3	0.	145 843	USDA & AVG	FOOD	FOOD RELIEF
SIDNINGOIN, IN 17570	22 2430230	301(0/3	· ·	143,043.	ODDII W NVC	1 002	TOOD KEELEE
SHENANDOAH MOBILE MARKET - CSFP							
2 HERALD ROAD							
SHENANDOAH, PA 17976	22-2456238	501(C)3	0.	11 892.	USDA & AVG	FOOD	FOOD RELIEF
SHILLINGTON CHURCH OF CHRIST							
475 PHILADELPHIA AVE							
SHILLINGTON, PA 19607	23-2003261	501(C)3	0.	17,451.	USDA & AVG	FOOD	FOOD RELIEF
,				,			
SHILOH HILLS ELEMENTARY SCHOOL							
301 SAGE DRIVE							
SINKING SPRING, PA 19608	23-1667988	501(C)3	0.	14,102.	USDA & AVG	FOOD	FOOD RELIEF
				-			
SICK RECOVERY							
844 NEW SCHAEFFERSTOWN ROAD							
BERNVILLE, PA 19506	81-4418212	501(C)3	0.	46,393.	USDA & AVG	FOOD	FOOD RELIEF
SKYLINE VIEW AT BERKS ENCORE							
40 NORTH 9TH STREET							
READING, PA 19601	23-6463768	501(C)3	0.	12,514.	USDA & AVG	FOOD	FOOD RELIEF
SNACK - COMMUNITIES IN SCHOOLS OF							
EASTERN PENNSYLVANIA, INC 2							
WOODLAND ROAD - WYOMISSING, PA							
19610	23-2222874	501(C)3	0.	9,858.	USDA & AVG	FOOD	FOOD RELIEF
SOUP - NEW JOURNEY COMMUNITY							
OUTREACH - 138 S. 6TH STREET -							
READING, PA 19602	36-4630419	501(C)3	0.	162,404.	USDA & AVG	FOOD	FOOD RELIEF
SOUP - READING SALVATION ARMY							
301 SOUTH 5TH STREET							
READING, PA 19602	13-5562351	501(C)3	0.	6,131.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	- Fa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUP - ROAD TO DAMASCUS							
234 NORTH 6TH STREET							
READING, PA 19601	23-1670456	501(C)3	0.	37 435	USDA & AVG	FOOD	FOOD RELIEF
				27,222			
SOUTH SCHUYLKILL MOBILE MARKET							
1506 CENTRE TURNPIKE							
ORWIGSBURG, PA 17961	22-2456238	501(C)3	0.	49,748.	USDA & AVG	FOOD	FOOD RELIEF
SPRING RIDGE ELEMENTARY SCHOOL							
1211 BROADCASTING ROAD							
WYOMISSING, PA 19610	23-1667988	501(C)3	0.	19,518.	USDA & AVG	FOOD	FOOD RELIEF
SPRING VALLEY CHURCH OF GOD							
2727 OLD PRICETOWN ROAD	02 1000074	F01/G\2		00 470	11003 6 3110	HOOD	HOOD DELICE
TEMPLE, PA 19560	23-1988874	501(C)3	0.	80,472.	USDA & AVG	FOOD	FOOD RELIEF
ST. CLAIR AREA FOOD PANTRY							
115 NORTH MILL STREET							
ST. CLAIR, PA 17970	23-1670456	501(C)3	0.	43 449.	USDA & AVG	FOOD	FOOD RELIEF
ST. JAMES CHAPEL CHURCH OF GOD IN							
CHRIST - 11 S. 9TH STREET -							
READING, PA 19602	23-2389425	501(C)3	0.	15,632.	USDA & AVG	FOOD	FOOD RELIEF
ST. JAMES COMMUNITY CHRISTIAN							
CENTER - 515 CHESTNUT STREET -							
READING, PA 19602	27-3158047	501(C)3	0.	13,980.	USDA & AVG	FOOD	FOOD RELIEF
ST. JOHN BAPTIST UNITED MINISTRIES							
416 FRANKLIN STREET	45 5444564	F01/G) 3		10.550	11003 6 3	FOOD	ROOD DELTER
READING, PA 19602	47-5414764	501(C)3	0.	48,660.	USDA & AVG	FOOD	FOOD RELIEF
ST. JOHN'S UCC							
57 ST JOHN'S ROAD							
BIRDSBORO, PA 19508	23-2270768	501(C)3	0.	84 745	USDA & AVG	FOOD	FOOD RELIEF
	1 23 2270700	P-1-10/5	<u> </u>	1 04,743.	w 11VO	<u>r</u>	

Part II Continuation of Grants and Other		mestic Organizations		overnments (Sch	edule I (Form 990), Pa		- Fai
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
T. JOHN'S UCC - CSFP							
57 ST JOHN'S ROAD							
BIRDSBORO, PA 19508	23-2270768	501(C)3	0.	6 418	USDA & AVG	FOOD	FOOD RELIEF
BIRDSBORO, FA 19300	23 2270700	501(0/5	- 0.	0,410.	ODDA & AVG	FOOD	FOOD REDIEF
ST. JOSEPH'S RCC							
1018 NORTH 8TH STREET							
READING, PA 19604	23-1370431	501(C)3	0.	86 005.	USDA & AVG	FOOD	FOOD RELIEF
ST. PATRICK'S POTTSVILLE AREA							
KITCHEN - 504 MAHANTONGO ST -							
POTTSVILLE, PA 17901	23-1598117	501(C)3	0.	9,995.	USDA & AVG	FOOD	FOOD RELIEF
,				, -			
ST. PAUL'S LUTHERAN CHURCH							
18TH & COTTON STREETS							
READING, PA 19602	23-6478890	501(C)3	0.	81,338.	USDA & AVG	FOOD	FOOD RELIEF
,				,			
ST. PAUL'S LUTHERAN CHURCH - CSFP							
18TH & COTTON STREETS							
READING, PA 19602	23-6478890	501(C)3	0.	7,243.	USDA & AVG	FOOD	FOOD RELIEF
,				,			
ST. THOMAS CHURCH							
536 NORTH MAIN STREET							
BERNVILLE, PA 19506	22-2456238	501(C)3	0.	43,469.	USDA & AVG	FOOD	FOOD RELIEF
STS. CONSTANTINE AND HELEN GREEK				,			
ORTHODOX CHURCH - 1001 EAST							
WYOMISSING BLVD - READING, PA							
19611	23-1412035	501(C)3	0.	105,107.	USDA & AVG	FOOD	FOOD RELIEF
TAMAQUA AREA ELEMENTARY SCHOOL							
190 BOYLE AVENUE							
TAMAQUA, PA 18252	23-1675014	501(C)3	0.	49,976.	USDA & AVG	FOOD	FOOD RELIEF
·				,			
TAMAQUA AREA MIDDLE SCHOOL							
502 PENN STREET							
TAMAQUA, PA 18252	23-1675014	501(C)3	0.	15,283.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TAMAQUA HIGH RISE									
222 BROAD ST									
TAMAQUA, PA 18252	23-3044917	501(C)3	0.	14,841.	USDA & AVG	FOOD	FOOD RELIEF		
TAMAQUA HIGH RISE - MOBILE DIRECT									
222 BROAD ST	22 2044017	E01/G\2		6 001	TIADA A ATTA	FOOD			
TAMAQUA, PA 18252	23-3044917	501(C)3	0.	6,821.	USDA & AVG	FOOD	FOOD RELIEF		
TAMAQUA MOBILE MARKET									
502 PENN STREET									
TAMAQUA, PA 18252	22-2456238	501(C)3	0.	112,792.	USDA & AVG	FOOD	FOOD RELIEF		
TAMAQUA PRIMITIVE METHODIST CHURCH 57 HUNTER STREET									
TAMAQUA, PA 18252	23-2271903	501(C)3	0.	276,454.	USDA & AVG	FOOD	FOOD RELIEF		
TEEN CHALLENGE TRAINING CENTER 33 TEEN CHALLENGE ROAD REHERSBURG, PA 19550	23-1695361	501(C)3	0.		USDA & AVG	FOOD	FOOD RELIEF		
THE REAL CHURCH 33 LYONS ROAD FLEETWOOD, PA 19522	81-2799802	501(C)3	0.	74 118.	USDA & AVG	FOOD	FOOD RELIEF		
TILDEN ELEMENTARY CENTER 524 W. STATE ST HAMBURG, PA 19526		501(C)3	0.		USDA & AVG	FOOD	FOOD RELIEF		
TOPTON MOBILE MARKET 200 WEST WEIS STREET TOPTON, PA 19562	22-2456238	501(C)3	0.		USDA & AVG	FOOD	FOOD RELIEF		
TREMONT AREA FOOD PANTRY 139 CLAY ST TREMONT, PA 17981	23-1670456	501(C)3	0.	14,904.	USDA & AVG	FOOD	FOOD RELIEF		

Part II Continuation of Grants and Oth	ner Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY UCC							
711 WINDSOR STREET							
READING, PA 19606	23-1353353	501(C)3	0.	46,394.	USDA & AVG	FOOD	FOOD RELIEF
TRI-VALLEY FOOD PANTRY							
421 GAP ST							
VALLEY VIEW, PA 17983	23-2261354	501(C)3	0.	27,328.	USDA & AVG	FOOD	FOOD RELIEF
TWIN VALLEY FOOD PANTRY							
2779 MAIN ST.							
MORGANTOWN, PA 19543	23-7129887	501(C)3	0.	68,815.	USDA & AVG	FOOD	FOOD RELIEF
				,			
UNITED PRESBYTERIAN CHURCH							
214 MAHANTONGO ST							
POTTSVILLE, PA 17901	23-1352430	501(C)3	0.	27,993.	USDA & AVG	FOOD	FOOD RELIEF
VALLEY VIEW MOBILE MARKET							
524 GAP STREET							
VALLEY VIEW, PA 17983	22-2456238	501(C)3	0.	A1 81A	USDA & AVG	FOOD	FOOD RELIEF
VALUET VIEW, FA 17903	22-2430230	301(0/3	0.	41,014.	OSDA & AVG	FOOD	FOOD RELIEF
VETERANS MAKING A DIFFERENCE							
645 N 6TH STREET							
READING, PA 19601	46-2352609	501(C)3	0.	15,526.	USDA & AVG	FOOD	FOOD RELIEF
WERNERSVILLE MOBILE MARKET							
2 E. PENN AVE							
WERNERSVILLE, PA 19565	22-2456238	501(C)3	0.	134,859.	USDA & AVG	FOOD	FOOD RELIEF
WEST PENN ELEMENTARY SCHOOL							
185 SCHOOL DRIVE	23-1675014	501(C)3	0.	21 506	USDA & AVG	FOOD	FOOD RELIEF
NEW RINGGOLD, PA 17960	23-16/3014	501(C)3	0.	21,306.	Dana a Ave	F OOD	LOOD KELLER
WILLIAMS VALLEY FOOD PANTRY							
536 EAST GRAND AVE							
TOWER CITY, PA 17980	23-2261354	501(C)3	0.	91,056.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	7. Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILSON AREA FOOD PANTRY							
15 WOODSIDE AVE							
SINKING SPRING, PA 19608	46-0909537	501(C)3	0.	103,341.	USDA & AVG	FOOD	FOOD RELIEF
WYNDCLIFFE APTS							
100 CHESTNUT ST							
HAMBURG, PA 19526	23-2015425	501(C)3	0.	6,956.	USDA & AVG	FOOD	FOOD RELIEF
WYNDCLIFFE APTS - MOBILE DIRECT							
100 CHESTNUT ST							
HAMBURG, PA 19526	23-2015425	501(C)3	0.	16 213.	USDA & AVG	FOOD	FOOD RELIEF
,				_ , ,			
WYOMISSING HILLS ELEMENTARY CENTER							
110 WOODLAND ROAD							
WYOMISSING, PA 19610	23-1667989	501(C)3	0.	12,406.	USDA & AVG	FOOD	FOOD RELIEF
YMCA CAMP JOY							
1120 BERKS ROAD							
LEESPORT, PA 19533	23-1244009	501(C)3	0.	9,797.	USDA & AVG	FOOD	FOOD RELIEF
VMGA DAVGADE							
YMCA DAYCARE 631 WASHINGTON ST							
READING, PA 19601	23-1244009	501(C)3	0.	23 253	USDA & AVG	FOOD	FOOD RELIEF
MEMBING, IN 19001	23 1244003	501(0/5	· ·	23,233.	ODDII W NVC	1 002	TOOD KEELEE
YMCA SPECIALITY COURT PROGRAM							
631 WASHINGTON STREET							
READING, PA 19601	23-1244009	501(C)3	0.	8,710.	USDA & AVG	FOOD	FOOD RELIEF
•				,			
ZION BLUE MTN UNITED CHURCH OF							
CHRIST - CSFP - 6573 OLD RTE 22 -							
STRAUSSTOWN, PA 19559	23-2021133	501(C)3	0.	7,067.	USDA & AVG	FOOD	FOOD RELIEF
ZION BLUE MTN UNITED CHURCH OF							
CHRIST - 6573 OLD RTE 22 -							
STRAUSSTOWN, PA 19559	23-2021133	501(C)3	0.	55,828.	USDA & AVG	FOOD	FOOD RELIEF

Grants and Other Assistance to Domestic Individ Part III can be duplicated if additional space is need	ed.		-		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rt IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, colum	n (b); and any other ac	ditional information.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

HELPING HARVEST FRESH FOOD BANK

Employer identification number 22-2456238

Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-Catas or charter travel	Da		±3023		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. First-class or charter travel	ГС	The state of the s		Vas	Na
Part VII, Section A, Line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments Payments		Obselvible annualists have a little annualisation mustical and of the fall order to a first annual list of the		Yes	NO
First class or charter travel	та				
Travel for companions					
Tax indemnification and gross-up payments		<u> </u>			
Discretionary spending account Personal services (such as maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Form 990 of other organizations A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? The organization or receive payment from an equity-based compensation arrangement? The organization of the cerea payment from an equity-based compensation arrangement? The organization? The organ					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Proves" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Any related organization? 6 Any related organization? 7 Any each of the organization? 8 Any each of the organization in Part III. 7 Any each of the organization? 8 The organization in Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Form 990, Part VII, p		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Independent compensation consultant X Compensation survey or study Independent compensation isted on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 8 Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Destruction or receive payment from an equity-based compensation arrangement? 4 Destruction or a receive payment from an equity-based compensation arrangement? 4 Destruction or receive payment from an equity-based compensation arrangement? 4 Destruction or receive payment from an equity-based compensation arrangement? 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 1 "Yes" on line 6a or 5b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The o	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee writing with the properties of the organization or a related organization consultant X Compensation survey or study written employment contract Independent compensation consultant X Compensation survey or study Writing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment for a supplemental nonqualified retirement plan? 4a		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee writing with the properties of the organization or a related organization consultant X Compensation survey or study written employment contract Independent compensation consultant X Compensation survey or study Writing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment for a supplemental nonqualified retirement plan? 4a	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Porm 990 of other organizations X Approval by the board or compensation committee Porm 990 of other organizations X Approval by the board or compensation committee April 10 Approval by the board or compensation committee April 11 Approval by the board or compensation committee Approval by the board or compensation compensation arrangement? Approval by the board or compensation arrangement? Approval by the board or cannot be presented from a supplemental nonqualified retirement plan? Approval by the board or cannot pay the board or ca			2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Independent compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Independent compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 Deor persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee					
Compensation committee Written employment contract Compensation compensation consultant Compensation survey or study X Approval by the board or compensation committee X Approval by the board or compensation or release payment from a supplemental nonqualified retirement plan?					
Independent compensation consultant Form 990 of other organizations X Compensation survey or study X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from an supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III.					
Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 V X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		<u> </u>			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? d X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X Any related organization? 1f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 1f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 7 Ero persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? d	4	During the year, did any person listed on Form 990, Part VII. Section A, line 1a, with respect to the filing			
a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6b X The organization? 6c A X B Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VIII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-				
b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. In the organization also follow the rebuttable presumption procedure described in	а		4a		Х
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. g If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		·		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			·		_
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III I "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		contingent on the revenues of:			
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	а	The organization?	5a		X
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 W 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	b				X
contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	а	The organization?	6a		X
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	b		6b		X
not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			7		X
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8				
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			8		Х
	9				
			9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAY WORRALL	(i)	174,000.	0.	0.	5,220.	11,737.	190,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
· · · · · · · · · · · · · · · · · · ·	(ii)							
	(i)							
	(ii)							
	(i)							
· · · · · · · · · · · · · · · · · · ·	(ii)							
	(i)							
· · · · · · · · · · · · · · · · · · ·	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(') (ii)							
	(i)							
	(ii)							
· · · · · · · · · · · · · · · · · · ·	(i)							
	(ii)							
	(i)							
	(ii)	_						
· · · · · · · · · · · · · · · · · · ·	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

HELPING HARVEST FRESH FOOD BANK

Employer identification number 22-2456238

Pai	LI IY	pes of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on	(d Method of d noncash contrib	etermin		S
1	Art - Work	s of art			,	, 3				
2		rical treasures								
3		onal interests								
4		publications								
5		nd household goods								
6		other vehicles								
7		planes								
8		l property								
9		- Publicly traded								
10		- Closely held stock								
11		- Partnership, LLC, or								
40		ests								
12		- Miscellaneous								
13		conservation contribution -								
44	Historic st	ructuresconservation contribution - Other								
14										
15		e - Residential								
16		e - Commercial								
17		e - Other								
18		es	X		11 255	0.45	USDA & AVG	MILO	T Eres	λ T 🗗
19		ntory			11,233	, 545.	USDA & AVG	WHO.	геод	АПЕ
20		medical supplies								
21										
22		artifacts								
23		specimens								
24		ical artifacts								
25		()								
26	Other	()								
27	Other	()								
28	Other	()		L						
29		Forms 8283 received by the organiz	•		I					
	for which	the organization completed Form 828	83, Part V, L	onee Acknowledg	ement	29				·
									Yes	No
30a	•	year, did the organization receive by	•		•	•	•			
		for at least 3 years from the date of			•					
		urposes for the entire holding period?	?					30a		X
	,									
31								31		X
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contribution							32a		X
b		escribe in Part II.								
33	If the orga	nization didn't report an amount in c	olumn (c) fo	r a type of property	for which column	(a) is chec	ked,			
	describe in	n Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

HELPING HARVEST FRESH FOOD BANK

Employer identification number 22-2456238

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 HH OPERATIONS, APPROXIMATELY 9,604,384 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 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 PRESIDENT IS REVIEWED AND APPROVED BY

THE BOARD OF DIRECTORS. COMPARABILITY DATA IS USED IN DETERMINING HER/HIS

SALARY. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS COMPENSATION

Schedule O (Form 990) 2022 Page **2**

Name of the organization HELPING HARVEST FRESH FOOD BANK	Employer identification number 22-2456238				
DETERMINATIONS IN THE ORGANIZATION'S MEETING MINUTES OR OT	HER INTERNAL				
DOCUMENTS, WHICH ARE CREATED AT THE TIME COMPENSATION IS APPROVED AND					
REFLECT THE REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS.					
FORM 990, PART VI, SECTION C, LINE 19:					
HELPING HARVEST HAS AN OPEN BOOK POLICY OF DISCLOSURE OF I	NFORMATION TO THE				
PUBLIC. GOVERNING DOCUMENTS ARE MADE AVAILABLE TO ANYONE W	HO ASKS FOR THEM.				
PART XII, LINE 2C					
NO CHANGE FROM PREVIOUS YEAR.					