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

OMB No. 1545-0047

Department of the Treasury

2023 A For the 2023 calendar year, or tax year beginning JAN 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change HELPING HARVEST FRESH FOOD BANK Name change 22-2456238 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 117 MORGAN DRIVE 610-926-5802 8,885,254. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return READING, PA 19608 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JAY WORRALL for subordinates? ..... Yes X No 117 MORGAN DRIVE, READING, PA 19608 **H(b)** Are all subordinates included? Yes Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.HELPINGHARVEST.ORG H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1983 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF HELPING HARVEST Activities & Governance FRESH FOOD BANK (HH) IS TO FEED THE HUNGRY. HH IS A NON-PROFIT. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 3 Number of voting members of the governing body (Part VI, line 1a) 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 49 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 16,732,234. 8,718,692. Contributions and grants (Part VIII, line 1h) 8 463,933. 131,352. Program service revenue (Part VIII, line 2g) -32,013.29,456. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 15,284. 5,754. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 17,179,438. 8,885,254. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 6,581,946. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 1,294,666. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 1,954,723. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0. 9,831,335. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,179,438. -946,081. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 11,126,156. 10,875,466. Total assets (Part X, line 16) 1,223,905. 1,831,291. 21 Total liabilities (Part X, line 26) 三年 9,902,251 9,044,175 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JAY WORRALL, PRESIDENT Here Type or print name and title Date PTIN X Print/Type preparer's name Preparer's signature JAMES P. SHELLENBERG 05/13/24 self-employed P02449735 JAMES P. SHELLENBERGER Paid MCKONLY & ASBURY, LLP Firm's EIN 23-1909723 Preparer Firm's name Firm's address 415 FALLOWFIELD ROAD Use Only Phone no. 717 - 761 - 7910CAMP HILL, PA 17011 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Part III	Sta	atement of	<b>Program</b>	Service	Accom	plishments

	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 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?  Yes X No
2	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$8,990,284. including grants of \$6,142,544. ) (Revenue \$137,106. )
	HELPING HARVEST FRESH FOOD BANK DISTRIBUTES FOOD AND GROCERY PRODUCTS
	THROUGH A NETWORK OF OVER 320 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 261,622 INDIVIDUALS WITH FOOD FROM A PANTRY PROGRAM WHILE 616,232 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 32 INDIVIDUALS.
	THE OF PISTRIBUTION VEHICLES THE ENTROPS SE INDIVIDUALS.
4b	(Code:) (Expenses \$453,520 • including grants of \$439,402 • ) (Revenue \$)
	THROUGH HH'S MANAGEMENT OF THE COMMODITY SUPPLEMENTAL FOOD PROGRAM,
	2,088 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 92 DISTRIBUTION LOCATIONS INCLUDING LOW
	INCOME SENIOR HIGH RISES.
	Intoine Believe intoin https://www.news.news.news.news.news.news.news.n
	1.006
4c	(Code:) (Expenses \$1, 906. including grants of \$) (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 90 WEEKENDER PROGRAM SITES THROUGHOUT BERKS AND
	SCHUYLKILL COUNTIES BY PROVIDING THE FOOD AND GROCERY PRODUCTS NEEDED
	TO FILL AN AVERAGE OF 4,200 BAGS WEEKLY. HELPING HARVEST IS ACTIVELY
	WORKING TO EXPAND THIS PROGRAM TO SERVE MORE STUDENTS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 9,445,710.
40	Total program service expenses 9,445,710.

# Form 990 (2023) 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?			
	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	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		v	
40	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		Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
40	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		Α.
D	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			
	, 1 0	14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del> </del>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u></u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2023) 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 5  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable  1b 1			
b	Enter the Hamber of Fermi V Za moladada errimo tal Enter o il			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	Х	
	(gambling) winnings to prize winners?	1c	000	<u> </u>

MELPING HARVEST FRESH FOOD BANK

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

			Yes	No
<b>2</b> 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 2a 49	_	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_ ^	Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	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	4a		X
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	44		1
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		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		<del> </del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
-	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	"		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for 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		
С	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 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M			
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		X
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)  Section 1007(aV4) non-account about table truste. In the accomplication filing Form 200 in liquid Form 10412	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
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		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.			

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	18	3				
	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	18	3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other					
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the							
				3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		Х		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app							
	more members of the governing body?			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto							
	persons other than the governing body?		·	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?	,	•	8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code )					
	(This decising requests information asset policies has required by the internal his	Orrac	oud.,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such cha							
		•	,	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х			
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo							
	on Schedule O how this was done	,		12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approval							
	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 arrangem	ent w	th 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							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi							
	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, an	d 990	T (section 501(c)(3	s onlv)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.		(-7(-)	,,				
	Own website Another's website X Upon request Other (explain	on Sc	hedule (()					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		,	d finan	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 boo	ks and	I records					
	JAY WORRALL - 610-926-5802							
	117 MORGAN DRIVE, READING, PA 19608							

# 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)	(C)					iour	(D)	(F)			
Name and title	Average	(do	Position (do not check more than			l than d	one	Reportable	<b>(E)</b> Reportable	Estimated		
	hours per week					s both		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			ensat		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	al trus	onal t		oloyee	comp		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				X				87,701.	0.	8,363.		
(2) RYAN HASSLER	1.00											
CHAIR		Х		Х				0.	0.	0.		
(3) JEANNE PORTER	1.00											
VICE CHAIR		Х		Х				0.	0.	0.		
(4) WILLIAM WIDING	1.00											
SECRETARY		Х		Х				0.	0.	0.		
(5) MARIANNE PESSOGNELLI	1.00											
TREASURER		Х		Х				0.	0.	0.		
(6) ROBERT BARTO	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(7) KEN BORKEY	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(8) TIM DIETRICH	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(9) JOHN FLICKINGER	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(10) KEITH HILLKIRK	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(11) TASHA ISAAC	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(12) DAVE LIPTOK	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(13) COURTNEY POWERS	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(14) KIM SCAFFIDI	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(15) LEEANN SMULLIGAN	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(16) CARL STAPLES	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(17) TIM TWIFORD	1.00											
BOARD MEMBER		Х						0.	0.	0.		

332007 12-21-23 Form **990** (2023)

	ING HARVES	r ff	RES	H	FΟ	OD	В	BANK	22-24	156	238	Page 8
Part VII Section A. Officers, Direct	ors, Trustees, Key E	mploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (0				(D)	(E)		(	F)
Name and title	Average	(do		Posi heck r		than o	ne	Reportable	Reportable		Estir	nated
	hours pe	r box	ox, unless person is both an officer and a director/trustee)			s both	an	compensation	compensatio			unt of
	(list any		T .		1			from the	from related organizations	- 1		her ensation
	hours for	direct				р		organization	(W-2/1099-MIS			n the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			ization
	organizatio	ns I	nal tru		oyee	om pe		1099-NEC)				elated
	below line)	su Su National trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
(10) 7007 77770	,	_	lus	#0	Key	Hig	윤					
(18) JOSH WEISS	1.0	$\mathbf{x}$						0.		_		0
BOARD MEMBER (19) PAM WITMER	1.0	_	$\vdash$					0.		0.		0.
BOARD MEMBER	1.0	$\mathbf{x}$						0.		0.		0.
		- 25						•		•		
-												
1b Subtotal								87,701.		0.	8	,363.
c Total from continuation sheets t								0.		0.		0.
d Total (add lines 1b and 1c)								87,701.		0.	8	,363.
2 Total number of individuals (include	ling but not limited to	those	liste	d ab	ove)	) who	o re	eceived more than \$100,	000 of reportable	•		•
compensation from the organization	on										- 1	0
										1	Y	es No
3 Did the organization list any form											-	37
line 1a? If "Yes," complete Schedu											3	X
4 For any individual listed on line 1a												v
and related organizations greater			•								4	X
5 Did any person listed on line 1a re											_	Х
rendered to the organization?  f   Section B. Independent Contractors	Yes." complete Sched	lule J f	or su	ıch <u>r</u>	perso	on					5	
Complete this table for your five h	ighoot componented	indono	ndo	ot oo	ntro	otor	o +h	act received more than ¢	100 000 of comp	oncot	tion from	
the organization. Report compens	-	-							•	ensai	lion iron	I
the organization. Report compens	(A)	yeare	<del>JIIUII</del>	ig w	11110	VI VVIL	<u> </u>	(B)	ear.		(C)	
Name and	business address	N	ONE	3				Description of s	ervices	С	ompens	ation
								<u>-</u>			-	
							T					
									T			
2 Total number of independent conf	tractors (including but	t not lir	nited	d to t	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the	ne organization				0	)			- 1			

22-2456238

Form 990 (2023) HELPING
Part VIII Statement of Revenue

			Check if Schedule O	ontai	ns a respor	ise (	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tarrottoria	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
ran		b	Membership dues		1b						
Ω, Œ		С	Fundraising events		1c						
ifts ar A			Related organizations								
nik Bilk			Government grants (contri			<del>1,</del>	950,891.				
Š			All other contributions, gifts,								
her			similar amounts not included	-		6,	767,801.				
ĔĦ		g	Noncash contributions included in I		-1f 1g \$	6,	912,499.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f					8,718,692.			
							Business Code				
o l	2	а	FOOD DISTRIBU	TIC	N		624200	131,352.	131,352.		
Š.		b						,	,		
Ser		С									
E S		d									
Be		e				_					
Program Service Revenue			All other program service	even	ue.	_					
			Total. Add lines 2a-2f					131,352.			
	3		Investment income (includ	ina d	ividends. in	tere	st. and	,			
			•	•	•			23,802.			23,802.
	4		Income from investment o					,			•
	5		Royalties		-	-  -					
			,		(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
	_		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
			Gross amount from sales of	ПΤ	(i) Securitie	es	(ii) Other				
	•	u	assets other than inventory	7a	5,65		( )				
		h	Less: cost or other basis	74							
<u>o</u>		-		7b		0.					
ther Revenue		С	Gain or (loss)	7c	5,65						
ě			Net gain or (loss)					5,654.			5,654.
PE			Gross income from fundraisir		1			0,0021			0,0021
ğ	Ŭ	_	including \$								
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from								
			Gross income from gamin		-						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from								
			Gross sales of inventory, le	-	- 1						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from								
			, ,				Business Code				
ous	11	а	MISCELLANEOUS				900099	5,754.	5,754.		
ane inte		b				_					
Miscellaneous Revenue		С				_					
Aisc B		d	All other revenue			_ <del>-</del>					
_			Total. Add lines 11a-11d					5,754.			
	12		Total revenue. See instruction	ns .				8,885,254.	137,106.	0.	29,456.

# Form 990 (2023) HELPING HARVEST FRESH FOOD BANK Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	anlete column (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp.  Check if Schedule O contains a response			ірівів соійініі (А).	
	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	6,581,946.	6,581,946.		
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,	06 064	70 407	0 000	7 607
_	trustees, and key employees	96,064.	79,487.	8,890.	7,687.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	922,379.	765,629.	81,186.	75,564.
7 8	Other salaries and wages Pension plan accruals and contributions (include	744,3130	105,029•	01,100.	13,304.
0	section 401(k) and 403(b) employer contributions)	23,639.	18 910.	3,309.	1 420.
9	Other employee benefits	179,201.	18,910. 143,352.	25,086.	10 763
10	Payroll taxes	73,383.	58,703.	10,273.	1,420. 10,763. 4,407.
11	Fees for services (nonemployees):	,	33,703.		2,20,0
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	18,636.	3,727.	14,909.	
12	Advertising and promotion				
13	Office expenses	67,305.	54,190.	8,857.	4,258.
14	Information technology				
15	Royalties			12 122	
16	Occupancy	73,136.	51,195.	12,433.	9,508.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 571		1 440	1 1 2 1
19	Conferences, conventions, and meetings	2,571. 8,666.		1,440. 8,666.	1,131.
20	Interest	0,000.		0,000.	
21	Payments to affiliates  Depreciation, depletion, and amortization	111,785.	82,720.	20,120.	8,945.
22 23		6,137.	4,910.	1,227.	0,940.
23 24	Other expenses. Itemize expenses not covered	0,107.	=,,,,,,,	1,221•	
£ <del>-1</del>	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	FOOD PURCHASES	1,260,310.	1,260,310.		
b	TRUCK EXPENSE	188,341.	188,341.		
c	EQUIPMENT RENT AND MAIN	118,419.	108,947.	9,472.	
d	OTHER FUNDRAISING FEES	43,288.			43,288.
е	All other expenses	56,129.	43,343.	11,572.	1,214.
25	Total functional expenses. Add lines 1 through 24e	9,831,335.	9,445,710.	217,440.	168,185.
26	Joint costs. Complete this line only if the organization				<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 <b>990</b> (2222)

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			400.	1	400.
	2	Savings and temporary cash investments			4,220,764.	2	3,357,183.
	3	Pledges and grants receivable, net			707,476.	3	863,511.
	4	Accounts receivable, net			31,261.	4	11,358.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,131,863.	8	1,178,265.
ĕ	9				56,850.	9	107,159.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		6,035,163.			
	b	Less: accumulated depreciation	. 10b	1,462,518.	4,616,320.	10c	4,572,645.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin	28,367.	13	29,959.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	332,855.	15	754,986.		
	16	Total assets. Add lines 1 through 15 (must ed		11,126,156.	16	10,875,466.	
	17	Accounts payable and accrued expenses		213,461.	17	204,335.	
	18	Grants payable		402 404	18	FF2 C20	
	19	Deferred revenue			403,404.	19	553,620.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub				00	
Lia I		controlled entity or family member of any of the Secured mortgages and notes payable to unre		Г	259,889.	22	251,537.
	23 24	Unsecured notes and loans payable to unrelate			119,016.	24	139,016.
	25	Other liabilities (including federal income tax, p		Г	110,010.	24	133,010.
	23	parties, and other liabilities not included on lin					
		of Schedule D	,		228,135.	25	682,783.
	26	<b>-</b>			1,223,905.	26	1,831,291.
		Organizations that follow FASB ASC 958, cl					
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			9,596,579.	27	9,044,175.
Bala	28	Net assets with donor restrictions	305,672.	28	0.		
<u> </u>		Organizations that do not follow FASB ASC					
Ī		and complete lines 29 through 33.					
Ä	29	Capital stock or trust principal, or current fund	ls			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			9,902,251.	32	9,044,175.
_	33	Total liabilities and net assets/fund balances			11,126,156.	33	10,875,466.

Form **990** (2023)

Form **990** (2023)

Pa	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		<u>88,8</u>	_			
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,83				
3	Revenue less expenses. Subtract line 2 from line 1	3		-9 <u>4</u> 9,90				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5		8	8,0	05.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	9	0,04	4,1	75.		
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	0.						
2a				2a		Х		
	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?			2b	Х			
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:		•					
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.						
Ī	review, or compilation of its financial statements and selection of an independent accountant?			2c	х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Jaulo (	٠.					
Ju				3a	х			
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.		dit	Ja				
b	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	х			
	or addits, explain why on ochedule o and describe any steps taken to didengo such addits			บบ	22			

#### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization HELPING HARVEST FRESH FOOD BANK 22-2456238 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	11123088.	23430325.	14833302.	16732234.	8718692.	74837641.	
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	11123088.	23430325.	14833302.	16732234.	8718692.	74837641.	
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)						9203185.	
6	Public support. Subtract line 5 from line 4.						65634456.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	11123088.	23430325.	14833302.	16732234.	8718692.	74837641.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	5,384.	3,301.	94,635.	40,903.	23,802.	168,025.	
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.	5,754.		
11	<b>Total support.</b> Add lines 7 through 10						75069195.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	<u>,577,926.</u>	
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 50	01(c)(3)		
	organization, check this box and stop							
	tion C. Computation of Publi							
	Public support percentage for 2023 (I					14	87.43 %	
	Public support percentage from 2022					15	87.49 %	
16a	33 1/3% support test - 2023. If the							
	<b>stop here.</b> The organization qualifies							
b	<b>33 1/3% support test - 2022.</b> If the							
	and <b>stop here.</b> The organization qual							
17a	a 10% -facts-and-circumstances test - 2023. 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 fact			=		_		
	meets the facts-and-circumstances to	ū	•			7 II 4F i		
b	10% -facts-and-circumstances test	-					10% Or	
	more, and if the organization meets the				-			
40	organization meets the facts-and-circ							
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17b	, cneck this box ar	ia see instructions	<u> </u>	

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

#### 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	rt 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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
<b>.</b>	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 HELPING HARVEST FRESH F	OOD F	BANK	22-2456238 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 ( explain ii	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

**Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

Par	rt V Type III Non-Functionally Int	egrated 509	a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	tion D - Distributions			•	·	Current Year
1	Amounts paid to supported organizations to		1			
2	Amounts paid to perform activity that directl	y furthers exemp	t purposes of supported			
	organizations, in excess of income from acti	vity			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 appro	val required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See	instructions.			6	
7	Total annual distributions. Add lines 1 thro	ough 6.			7	
8	Distributions to attentive supported organiza	ations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2023 from Section	C, line 6			9	
10	Line 8 amount divided by line 9 amount				10	
Secti	tion E - Distribution Allocations (see instruct	tions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section	C, line 6				
2	Underdistributions, if any, for years prior to 2	2023 (reason-				
	able cause required - explain in Part VI). See	instructions.				
3	Excess distributions carryover, if any, to 202	3				
a	From 2018					
b	From 2019					
	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i_		•				
j	Remainder. Subtract lines 3g, 3h, and 3i from	m line 3f.				
4	Distributions for 2023 from Section D,					
	line 7:					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from lin					
5	Remaining underdistributions for years prior					
	any. Subtract lines 3g and 4a from line 2. Fo	-				
	than zero, explain in Part VI. See instruction					
6	Remaining underdistributions for 2023. Subt					
	and 4b from line 1. For result greater than ze	ero, <i>explain in</i>				
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. A	aa iines 3j				
	and 4c.					
	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

Schedule	A (Fo	orm 990) 202	23	HELPING	HARVEST	FRESH	FOOD	BANK	22-2456238 Page 8
Part V	I S	uppleme	ntal Infor						7a or 17b; Part III, line 12;
	Р	art IV, Sectio	on A, lines 1	∣, 2, 3b, 3c, 4b, ∠	lc, 5a, 6, 9a, 9b,	9c, 11a, 11b	o, and 11c	; Part IV, Section B, Iir	nes 1 and 2; Part IV, Section C,
	lir	ne 1; Part IV	, Section D,	lines 2 and 3; P	art IV, Section E,	lines 1c, 2a,	, 2b, 3a, ai	nd 3b; Part V, line 1; F	Part V, Section B, line 1e; Part V,
	S	ection D, lin	es 5, 6, and	8; and Part V, S	ection E, lines 2,	, 5, and 6. Al	so comple	te this part for any ad	ditional information.
	(5	See instruction	ons.)						
שמגם	тт	спові	מגשע ח	EVDI AMA	TTON.				
PARI	<u>тт</u>	, SHOK.	LILAK	EXPLANA'	I I ON:				
0000	<b>.</b>	3 61101		<b>-</b>					
<u> 2023</u>	IS	A SHO	KT YEA	к.					

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Employer identification number

HELPING HARVEST FRESH FOOD BANK

22-2456238

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

X 501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (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**

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

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

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

Schedule B (Form 990) (2023)

# HELPING HARVEST FRESH FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$ <u>1,011,949</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			
2		\$ <u>1,508,166</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			
3		\$607,333.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 4	Name, address, and ZIP + 4	\$ 295,680.	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			
5		\$ <u>415,823.</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			
6		\$819,689.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)			

# HELPING HARVEST FRESH FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7_		\$\$	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			
8_		\$\$	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			
9		\$\$	Person X Payroll  Noncash X  (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 10	Name, address, and ZIP + 4	\$ 114,840.	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			
11_		\$ <u>186,956.</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.)			

### HELPING HARVEST FRESH FOOD BANK

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional 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		_	
		\$1,011,949.	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION		
2			
		\$1,508,166.	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION		
3		_	
		\$607,333.	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION		
4			
		\$\$	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION		
5		_	
		\$\$\$	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION		
6		<u> </u>	
		_	
		<u>\$</u> 819,689.	06/30/23 Schedule B (Form 990) (2023)

# HELPING HARVEST FRESH FOOD BANK

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		
7			
		\$\$953,972.	_06/30/23_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 4111	FOOD DONATION		
8			
		\$ 285,466.	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION		
9			
		\$\$	_06/30/23_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION		
10			
		\$114,840.	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATION		
11			
		\$186,956.	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
200450 40.00		I *	Cohodulo D (Form 000) (0000)

HELPI	NG HARVEST FRESH FOOD BA		22-2456238					
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations								
	completing Part III, enter the total of exclusively religious,	haritable, etc., contributions of	\$1,000 or less for the	e year. (Enter this info. or	ce.) \$			
(a) No.	Use duplicate copies of Part III if additional s	space is needed.						
from	(b) Purpose of gift	(c) Use of	gift	(d) Desci	ription of how gift is held			
Part I								
			_					
		-	_					
			_					
		(e) Trans	fer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	sferor to transferee			
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desci	ription of how gift is held			
		-						
ŀ								
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	sferor to transferee			
Ī		· · · · ·						
( ) ) )								
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desci	ription of how gift is held			
Part I					-			
			_					
		-	_					
			_					
	(e) Transfer of gift							
}	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	sferor to transferee			
					<u> </u>			
(a) No. from Part I	(h) Diverse	(a) 11a c - 6	-::££	(a) Da	indian of hour sift in hald			
Part I	(b) Purpose of gift	(c) Use of	girt	(a) Desci	ription of how gift is held			
					_			
}		(e) Trans	fer of gift					
		(e) italis	io. or girt					
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	sferor to transferee			
Ī								

### **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

		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(-,		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised fu	inds
_	are the organization's property, subject to the organization's ex	-		
6	Did the organization inform all grantees, donors, and donor ad			
-	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•		
Pai	t II Conservation Easements. Complete if the orga			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreation		Preservation of a his	storically important land area
	Protection of natural habitat	,		ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a o	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				<u>.</u>
С	Number of conservation easements on a certified historic struc			
d	Number of conservation easements included on line 2c acquire			
	on a historic structure listed in the National Register	• • • •		2d
3	Number of conservation easements modified, transferred, release			
	year	, ,	, 0	ŭ
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period		on, handling of	
	violations, and enforcement of the conservation easements it h	nolds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enf	orcing conservation e	easements during the year
8	Does each conservation easement reported on line 2d above s	atisfy the requirements	of section 170(h)(4)(B	e)(i)
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservation	n easements in its reven	ue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's	financial statements t	that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of A		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treas	sures, or other similar as	sets for financial gain	n, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

		TIMICATION TO			. 011	. 0:		- 0 2 3		age Z
Pai	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, o	r Other	r Simila	r Asset	<b>S</b> (conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	t make si	gnificant	use of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange progra	am					
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	e organizatio	on's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	llection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	gements Comple	te if the organization	answered "	Yes" on I	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for contribution	s or other as	sets not	included				
	on Form 990, Part X?						[	Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
С	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo						E	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in F	Part XIII					
Pai	T V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part	IV, line 10	0.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance	28,367.	32,653.	2	9,421.		26,506.	,	1,	914.
b	Contributions									
С	Net investment earnings, gains, and losses	1,592.	-4,286.		3,232.		2,915.	,	6,	592.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	29,959.	28,367.	3:	2,653.		29,421.	,	25,	506.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administer	red for th	e				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)	X	
	·							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) A	ccumulat	ed	( <b>d</b> ) Boo	k valu	е
		basis (investn	, , , , , , , , , , , , , , , , , , ,	(other)	de	preciation				
1a	Land			7,848.					7,8	
b	Buildings		4,53	2,185.	1,0	022,9	60.	3,50	9,2	25.
С	Leasehold improvements									
d	Equipment		74	5,130.	4	439,5	58.	30	5,5	72.
e	Other									

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) ...

4,572,645. Schedule D (Form 990) 2023

Part VII Investments - Other Securities		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

#### Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ACCRUED INTEREST	77.
(2) GIFT CARDS AND CERTIFICATES	30,502.
(3) CONSTRUCTION IN PROGRESS	41,624.
(4) OPERATING LEASE RIGHT OF USE ASSET	682,783.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	754,986.

#### | Part X | Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE OBLIGATION	682,783.
(3)	
(4)	
(5)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	682,783.

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

Par	t XI Reconciliation of Revenue per Audited Financial Sta		levenue per Ref	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,973,259.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		88,005.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	88,005.
3	Subtract line 2e from line 1			3	8,885,254.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)	Evnences ner D	5	8,885,254.
Par	t XII Reconciliation of Expenses per Audited Financial St		Expenses per H	eturr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				0 021 225
1	Total expenses and losses per audited financial statements			1	9,831,335.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				0
_	Add lines 2a through 2d			2e	9,831,335.
3	Subtract line 2e from line 1			3	9,031,333.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4.	0
	Add lines 4a and 4b			4c 5	9,831,335.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII   Supplemental Information	8.)		5	J, 031, 333.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4· Part IV lines 1h a	nd 2h: Part V line 4:	· Part X	/ line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			, 1 (11)	, mo 2, r are xi,
		,			
PAR	RT V, LINE 4:				
LON	IG TERM STABILITY				
PAR	RT X, LINE 2:				
			a	~==	
THE	ORGANIZATION IS EXEMPT FROM FEDERAL I	NCOME TAXE	S UNDER SE	CTIC	<u> </u>
E / 1	/O//2/ OF MILE INMEDIAL DEVENUE CODE AND		DE 1130 M3	א פור	TO.
201	(C)(3) OF THE INTERNAL REVENUE CODE AN	D, THEREFO.	RE, HAS MA	DE I	NO
DDC	OVISION FOR FEDERAL INCOME TAXES IN THE	A CCOMD A NIV	TNC ETNANC	T 7. T	
PRC	OVISION FOR FEDERAL INCOME TAXES IN THE	ACCOMPANI	ING FINANC	тап	
стъ	TEMENTS. THERE WAS NO UNRELATED BUSINE	SS INCOME	FOR THE ST	<b>У</b> _М(	אידוו
O I F	TIEMENIS. THERE WAS NO CHEBATED BOSINE	DO INCOME	FOR THE ST.	X MC	ZIN I II
PER	RIOD ENDED JUNE 30, 2023. THE ORGANIZAT	TON WAS OR	CANTZED IIN	DEB	тне
<u>- 11</u>	TIOD ENDED COME 30, 2023. THE CHANTERI	TON WIND OIL	CHILD CIV.	<i>р</i> п п	111111
PEN	INSYLVANIA NON-PROFIT LAW OF 1988 AND,	AS SUCH. T	S EXEMPT F	ROM	STATE
INC	COME TAXES. THE ORGANIZATION ADHERES TO	THE PROVI	SIONS OF F	ASB	ASC 740,
					•
INC	COME TAXES. ASC 740 ESTABLISHES RULES F	OR RECOGNI	ZING AND M	EASU	JRING TAX

Part XIII Supplemental Information (continued) POSITIONS TAKEN IN AN INCOME TAX RETURN, INCLUDING DISCLOSURES OF UNCERTAIN TAX POSITIONS (UTPS). ASC 740 MANDATES THAT COMPANIES EVALUATE ALL MATERIAL INCOME TAX POSITIONS FOR PERIODS THAT REMAIN OPEN UNDER APPLICABLE STATUTES OF LIMITATION, AS WELL AS POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS. THE UTP RULES THEN IMPOSE A RECOGNITION THRESHOLD ON EACH TAX POSITION. A COMPANY CAN RECOGNIZE AN INCOME TAX BENEFIT ONLY IF THE POSITION HAS A "MORE LIKELY THAN NOT" (I.E., MORE THAN 50 PERCENT) CHANCE OF BEING SUSTAINED ON THE TECHNICAL MERITS. FOR THE SIX-MONTH PERIOD ENDED JUNE 30, 2023, 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 2020.

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  HET.PING	TARVEST FR	ESH FOOD BA	NK				Employer identification number 22-2456238
Part I General Information on Grants		LIDII I COD DA	7417				22 2430230
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's p</li> </ol>	istance?						on Yes X No
Part II Grants and Other Assistance to recipient that received more than					anization answered "	Yes" on Form 990, Part	t 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
CUMRU ELEMENTARY 601 PHILADELPHIA AVENUE SHILLINGTON, PA 19607	23-1671237	501(C)3	0.	7,941.	USDA & AVG	FOOD	FOOD RELIEF
CONRAD WEISER EAST ELEMENTARY SCHOOL - 200 LINCOLN DRIVE - WERNERSVILLE, PA 19565	23-6005756	501(C)3	0.	10,111.	USDA & AVG	FOOD	FOOD RELIEF
BETHEL AME CHURCH 300 WEST WINDSOR STREET READING , PA 19601	53-0204696	501(C)3	0.	8,348.	USDA & AVG	FOOD	FOOD RELIEF
CONRAD WEISER WEST ELEMENTARY SCHOOL - 102 SOUTH 3RD STREET - WOLMESDORF, PA 19567	23-6005756	501(C)3	0.	7,203.	USDA & AVG	FOOD	FOOD RELIEF
HEALTHY SPROUTS (PRODUCE 4 KIDS) 117 MORGAN DRIVE READING , PA 19608	23-2456238	501(C)3	0.	11,997.	USDA & AVG	FOOD	FOOD RELIEF
ABUNDANT LIFE CHURCH 320 WEST MAIN STREET BIRDSBORO, PA 19508  2 Enter total number of section 501(c)(3)	23-3057104	501(C)3	0.	6,408.	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		mestic Organizations		vernments (Sch	edule I (Form 990), Pa		. 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
QUEEN OF PEACE - MOBILE DIRECT							
777 WATER STREET							
POTTSVILLE , PA 17901	23-2206439	501(C)3	0.	5 508	USDA & AVG	FOOD	FOOD RELIEF
TOTISVIBLE , IR 17501	23 2200433	301(0/3	· · ·	3,300.	ODDA & AVG	FOOD	FOOD REDIEF
WILLIAMS VALLEY ELEMENTARY							
10400 U. S. ROUTE 209							
TOWER CITY, PA 17980	23-1654607	501(C)3	0.	15 828.	USDA & AVG	FOOD	FOOD RELIEF
MARKET SQUARE APTS - MOBILE DIRECT							
801 PENN STREET							
READING , PA 19601	23-2821865	501(C)3	0.	5,124.	USDA & AVG	FOOD	FOOD RELIEF
·							
ST. JOHN BAPTIST UNITED MINISTRIES							
416 SOUTH 7TH STREET							
READING , PA 19602	45-5414764	501(C)3	0.	22,445.	USDA & AVG	FOOD	FOOD RELIEF
SERVANTS TO ALL							
4 SOUTH CENTRE STREET							
POTTSVILLE , PA 17901	46-1039549	501(C)3	0.	21,327.	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL HOPE CENTER							
800 MOUNT HOPE AVENUE							
POTTSVILLE , PA 17901	23-2331195	501(C)3	0.	11,813.	USDA & AVG	FOOD	FOOD RELIEF
PATTERSON APTS - MOBILE DIRECT							
101 NORTH 12TH STREET							
POTTSVILLE , PA 17901	23-6051023	501(C)3	0.	37,387.	USDA & AVG	FOOD	FOOD RELIEF
JOHN S. CLARKE ELEMENTARY CENTER							
601 NORTH 16TH STREET		504 ( 5) 0					L
POTTSVILLE , PA 17901	23-2822513	501(C)3	0.	13,408.	USDA & AVG	FOOD	FOOD RELIEF
I CDM CHAMBER OF CREATER PRINTING							
LGBT CENTER OF GREATER READING							
640 CENTRE AVENUE	22 2022512	E01/G)3		12 205	Haby c yila	HOOD	BOOD DELTER
POTTSVILLE , PA 17901	23-2822513	DOT (C) 2	0.	12,305.	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
UNITED PRESBYTERIAN CHURCH							
214 MAHANTONGA STREET							
POTTSVILLE , PA 17901	23-1352430	501(C)3	0.	16 462	USDA & AVG	FOOD	FOOD RELIEF
TOTISVIBLE , TA 17501	23 1332430	501(0/5	0.	10,402.	OSDA & AVG	FOOD	FOOD REDIEF
MAHANOY AREA FOOD PANTRY (SCA)							
107 SCHOOL STREET							
MAHONOY CITY, PA 17921	23-1670456	501(C)3	0.	6 246.	USDA & AVG	FOOD	FOOD RELIEF
			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
NEW RINGGOLD AREA FOOD PANTRY							
(SCA) - 6 SOUTH RACE STREET - NEW							
RINGGOLD, PA 17921	23-1670456	501(C)3	0.	9,150.	USDA & AVG	FOOD	FOOD RELIEF
				,			
CHILD DEVELOPMENT MAHANOY CITY							
CENTER - 80 NORTH MAIN STREET -							
MAHONOY CITY, PA 17921	23-2212539	501(C)3	0.	5,016.	USDA & AVG	FOOD	FOOD RELIEF
CHRIST'S CUPBOARD							
437 AIRPORT ROAD							
ASHLAND, PA 17921	23-1710010	501(C)3	0.	27,085.	USDA & AVG	FOOD	FOOD RELIEF
MINERSVILLE AREA FOOD PANTRY (SCA)							
4TH AND LEWIS STREETS							
MINERSVILLE, PA 17921	23-1670456	501(C)3	0.	36,882.	USDA & AVG	FOOD	FOOD RELIEF
RINGTOWN VALLEY FOOD PANTRY (SCA)							
155 ZION GROVE ROAD							
RINGTOWN, PA 17921	23-1670456	501(C)3	0.	50,813.	USDA & AVG	FOOD	FOOD RELIEF
TREMONT AREA FOOD PANTRY (SCA)							
139 CLAY STREET							
TREMONT, PA 17921	23-1670456	501(C)3	0.	10,308.	USDA & AVG	FOOD	FOOD RELIEF
ST. CLAIR AREA FOOD PANTRY (SCA)							
23 NORTH FRONT STREET							
ST CLAIR, PA 17921	23-1670456	501(C)3	0.	18,458.	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.)	
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GUNTOD DOVERS AND DAGS (VITADANIA							
SENIOR BOXES AT RACC (HISPANIC							
CENTER) - 2ND AND CHESTNUT STREETS	23-1670456	501(C)3	0.	7 332	USDA & AVG	FOOD	FOOD RELIEF
- READING , PA 17921 SCHUYLKILL HAVEN AREA FOOD PANTRY	23-10/0430	501(0/3	0.	7,332.	OSDA & AVG	FOOD	FOOD KELIEF
(SCA) - WALK IN SHOE FACTORY. P O							
BOX 303 - SCHUYLKILL HAVEN, PA							
17921	23-1670456	501(C)3	0.	48 382.	USDA & AVG	FOOD	FOOD RELIEF
FRACKVILLE AREA FOOD PANTRY (SCA)							
48 SOUTH NICE STREET							
FRACKVILLE, PA 17921	23-1670456	501(C)3	0.	23,439.	USDA & AVG	FOOD	FOOD RELIEF
·				,			
TRI-VALLEY FOOD PANTRY (SCA)							
421 GAP STREET							
HIGENS, PA 17921	23-1670456	501(C)3	0.	16,528.	USDA & AVG	FOOD	FOOD RELIEF
GIRARDVILLE AREA FOOD PANTRY (SCA)							
200 A STREET							
GIRARDVILLE, PA 17921	23-1670456	501(C)3	0.	13,784.	USDA & AVG	FOOD	FOOD RELIEF
RINGTOWN FOOD PANTRY - CSFP							
155 ZION GROVE ROAD	02 1650456	E01/G) 2		5 550			
RINGTOWN, PA 17921	23-1670456	501(C)3	0.	5,572.	USDA & AVG	FOOD	FOOD RELIEF
UPID NEW MINICIPATES INC							
HELP NET MINISTRIES, INC. 1005 CENTRE STREET							
ASHLAND, PA 17921	23-2864517	501(C)3	0.	9 330	USDA & AVG	FOOD	FOOD RELIEF
TOTAL TOTAL	23 2004317	501(0/5	· ·	3,330.	ODDII & NVC	T GOD	I GOD KILLIN
POTTSVILLE AREA FOOD PANTRY (SCA)							
400 NORTH 7TH STREET							
POTTSVILLE , PA 17921	23-1670456	501(C)3	0.	84.762.	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL VALLEY FOOD PANTRY (NEW				1=,17=			
PHILADELPHIA - SCA) - 15 MACOMB							
STREET - NEW PHILADELPHIA, PA							
17921	23-1670456	501(C)3	0.	16,273.	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.)	T
(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
ASHLAND AREA FOOD PANTRY (SCA)							
35 NORTH 9TH STREET							
ASHLAND, PA 17921	23-1670456	501(C)3	0.	55 019.	USDA & AVG	FOOD	FOOD RELIEF
				22,222			
FAITH ASSEMBLY OF GOD							
18 SOUTH 2ND STREET							
CRESSONA, PA 17929	23-2666290	501(C)3	0.	41,748.	USDA & AVG	FOOD	FOOD RELIEF
NEW HOPE WESLEYAN CHURCH							
32 SOUTH SPENCER STREET							
FRACKVILLE, PA 17931	23-3023536	501(C)3	0.	51,849.	USDA & AVG	FOOD	FOOD RELIEF
MINERSVILLE AREA ELEMENTARY SCHOOL							
300 NORTH 5TH STREET							
MINERSVILLE, PA 17944	23-1668606	501(C)3	0.	6,514.	USDA & AVG	FOOD	FOOD RELIEF
MAHANOY ELDERLY							
10 WEST CENTER STREET							
MAHONOY CITY, PA 17948	22-3020146	501(C)3	0.	8,712.	USDA & AVG	FOOD	FOOD RELIEF
ODIVICADUDA ADEA ECOD DANIERY							
ORWIGSBURG AREA FOOD PANTRY							
232 EAST MARKET STREET	23-1692502	501(C)3	0.	11 665	USDA & AVG	FOOD	FOOD RELIEF
ORWIGSBURG, PA 17961	23-1092302	501(0/3	0.	11,003.	OSDA & AVG	FOOD	FOOD REDIEF
BLUE MOUNTAIN ELEMENTARY EAST							
SCHOOL - 675 RED DALE ROAD -							
QRWIGSBURG, PA 17961	23-6005738	501(C)3	0.	5 483.	USDA & AVG	FOOD	FOOD RELIEF
,				, , , , ,			
PINE GROVE AREA ELEMENTARY SCHOOL							
107 SCHOOL STREET							
PINE GROVE, PA 17963	23-1671779	501(C)3	0.	7,856.	USDA & AVG	FOOD	FOOD RELIEF
,				, ,			
PINE GROVE MILITARY SHARE							
DISTRIBUTION - 23 OAK GROVE ROAD -							
PINE GROVE, PA 17963	23-2683569	501(C)3	0.	21,694.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other				,			
(a) Name and address of organization or government	( <b>b)</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 FOOD PANTRY (SCA)							
C/O 527 DAD BURNHAMS ROAD							
SCHUYLKILL HAVEN, PA 17963	23-2683569	501(C)3	0.	19 005.	USDA & AVG	FOOD	FOOD RELIEF
,				, -			
SAINT CLAIR AREA ELEMENTARY SCHOOL							
227 SOUTH MILL STREET							
ST CLAIR, PA 17970	23-1671498	501(C)3	0.	11,221.	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL HAVEN AREA ELEMENTARY							
CENTER - 701 EAST MAIN STREET -							
SCHUYLKILL HAVEN, PA 17972	23-6004186	501(C)3	0.	7,380.	USDA & AVG	FOOD	FOOD RELIEF
JW COOPER COMMUNITY CENTER							
39 N WHITE STREET	45 4053366	E01/G)2		126 510			
SHENANDOAH, PA 17976	45-4273366	501(C)3	0.	136,710.	USDA & AVG	FOOD	FOOD RELIEF
HEGINS-HUBLEY ELEMENTARY SCHOOL							
1801 WEST MAIN STREET							
VALLEY VIEW, PA 17983	23-1654986	501(C)3	0.	6 798.	USDA & AVG	FOOD	FOOD RELIEF
	20 2001900	002(0)0	1	0,720.		1 002	1 000 112121
WILLIAMS VALLEY FOOD PANTRY (SCA)							
418 WEST WICONISCO STREET							
MUIR, PA 17983	23-2261354	501(C)3	0.	65,209.	USDA & AVG	FOOD	FOOD RELIEF
COALDALE AREA FOOD PANTRY (SCA)							
151 2ND STREET							
COALDALE, PA 18218	22-1670456	501(C)3	0.	54,183.	USDA & AVG	FOOD	FOOD RELIEF
TAMAQUA AREA ELEMENTARY SCHOOL							
490 BOYLE AVE			_				
TAMAQUA, PA 18252	23-1675014	501(C)3	0.	27,203.	USDA & AVG	FOOD	FOOD RELIEF
MANAGUA ADEA MIDDIE GGUGOT							
TAMAQUA AREA MIDDLE SCHOOL 502 PENN STREET							
	23 1675014	501/C)3		E 0.41	HCDA & AVC	FOOD	FOOD BELLER
TAMAQUA, PA 18252	23-1675014	POT(C)3	0.	5,041.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other		ESH FOOD BA		overnments (Sch	edule I (Form 990), Pa		2-2456238 F
(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
CAMAQUA PRIMITIVE METHODIST CHURCH							
AMAQUA, PA 18252	23-2271903	501(C)3	0.	166,730.	USDA & AVG	FOOD	FOOD RELIEF
WEST PENN ELEMENTARY SCHOOL 185 SCHOOL DRIVE NEW RINGGOLD, PA 18252	23-1675014	501(C)3	0.	5 432	USDA & AVG	FOOD	FOOD RELIEF
			1	5,152.			
FAMAQUA HIGH RISE 222 BROAD STREET							
FAMAQUA, PA 18252	23-3044917	501(C)3	0.	9,749.	USDA & AVG	FOOD	FOOD RELIEF
SICK RECOVERY .056 PALISADES DRIVE							
EESPORT, PA 19506	81-4418212	501(C)3	0.	37,362.	USDA & AVG	FOOD	FOOD RELIEF
ET. JOHN'S UCC 67 ST JOHN'S ROAD BIRDSBORO, PA 19508	23-2270768	501(C)3	0.	36,279.	USDA & AVG	FOOD	FOOD RELIEF
EXETER BIBLE FELLOWSHIP CHURCH 026 PHILADELPHIA AVE	23-6298606	501(C)3	0.	,		FOOD	FOOD RELIEF
BIRDSBORO, PA 19508	23-0290000	501(C)3	0.	148,030.	USDA & AVG	FOOD	FOOD RELIEF
BOYERTOWN AREA MULTI-SERVICE							
BOYERTOWN, PA 19512	23-7289405	501(C)3	0.	81,274.	USDA & AVG	FOOD	FOOD RELIEF
NARVEST FELLOWSHIP OF							
ROAD - BOYERTOWN, PA 19512	23-1988522	501(C)3	0.	25,948.	USDA & AVG	FOOD	FOOD RELIEF
BOYERTOWN SALVATION ARMY							
, J. J. J. H.			1		1		1

0.

187,982. USDA & AVG

FOOD

FOOD RELIEF

BOYERTOWN, PA 19512

13-5562351 501(C)3

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>(b)</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
POTTSVILLE SALVATION ARMY							
400 SANDERSON STREET							
POTTSVILLE , PA 19512	13-5562351	501(C)3	0.	47 625	USDA & AVG	FOOD	FOOD RELIEF
	10 0002002	552(5)5	•	17,020.			1 000 112222
POTTSTOWN SALVATION ARMY							
137 KING STREET							
POTTSTOWN, PA 19512	13-5562351	501(C)3	0.	13,107.	USDA & AVG	FOOD	FOOD RELIEF
POTTSVILLE SALVATION ARMY - CSFP							
400 SANDERSON STREET							
POTTSVILLE , PA 19512	13-5562351	501(C)3	0.	5,981.	USDA & AVG	FOOD	FOOD RELIEF
READING SALVATION ARMY							
301 SOUTH 5TH STREET	12 5562251	E01/G) 2		160 170	110D3 6 3310	FOOD	HOOD DELTER
READING , PA 19512	13-5562351	501(C)3	0.	162,172.	USDA & AVG	FOOD	FOOD RELIEF
READING SALVATION ARMY - CSFP							
301 SOUTH 5TH STREET							
READING , PA 19512	13-5562351	501(C)3	0.	5 009.	USDA & AVG	FOOD	FOOD RELIEF
,				, -			
HOPEWELL LOVE							
Р О ВОХ 396							
DOUGLASSVILLE, PA 19518	25-1915601	501(C)3	0.	39,203.	USDA & AVG	FOOD	FOOD RELIEF
BERKS ENCORE - MIFFLIN CENTER							
30 LIBERTY STREET							
SHILLINGTON, PA 19518	23-1656050	501(C)3	0.	10,231.	USDA & AVG	FOOD	FOOD RELIEF
DEDKG ENGODE DESCRIC GENERAL							
BERKS ENCORE - READING CENTER							
40 NORTH 9TH STREET	23 1656050	501/C)3		1	HCDA & AVC	FOOD	EOOD DELTER
READING , PA 19518	23-1656050	501(C)3	0.	15,051.	USDA & AVG	FOOD	FOOD RELIEF
FLEETWOOD AREA PANTRY - CSFP							
261 MAIN STREET							
BLANDON, PA 19522	23-2274967	501(C)3	0.	6 599.	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.)	
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THE REAL CHURCH							
33 LYONS ROAD							
FLEETWOOD, PA 19522	81-2799802	501(C)3	0.	43,928.	USDA & AVG	FOOD	FOOD RELIEF
FLEETWOOD AREA FOOD PANTRY							
261 MAIN STREET							
BLANDON, PA 19522	23-2274967	501(C)3	0.	22,538.	USDA & AVG	FOOD	FOOD RELIEF
NORTHERN BERKS FOOD PANTRY							
711 WINDOSOR STREET							
HAMBURG, PA 19526	23-2614092	501(C)3	0.	41 414.	USDA & AVG	FOOD	FOOD RELIEF
,							
NORTHERN BERKS AREA FOOD PANTRY -							
CSFP - 711 WINDOSOR STREET -							
HAMBURG, PA 19526	23-2614092	501(C)3	0.	8,549.	USDA & AVG	FOOD	FOOD RELIEF
				,			
WYNDCLIFFE APTS - MOBILE DIRECT							
100 CHESTNUT STREET							
READING , PA 19526	23-2015425	501(C)3	0.	10,325.	USDA & AVG	FOOD	FOOD RELIEF
HAMBURG SDA CHURCH							
22 WILLOW STREET							
HAMBURG, PA 19526	23-6002044	501(C)3	0.	67,850.	USDA & AVG	FOOD	FOOD RELIEF
FRIEND, INC.							
658 D NOBLE STREET							
KUTZTOWN, PA 19530	23-1924643	501(C)3	0.	172,207.	USDA & AVG	FOOD	FOOD RELIEF
KUTZTOWN UNIVERSITY / FRIEND INC.							
15175 KUTZTOWN ROAD							
KUTZTOWN, PA 19530	23-1924643	501(C)3	0.	47,443.	USDA & AVG	FOOD	FOOD RELIEF
MANNA MINIGERY OF CRACE 5 C							
MANNA - MINISTRY OF GRACE E.C.							
CHURCH - 421 WEST MAIN STREET -	22 6422504	E01/G)3		04 600	110D3 C 3370	ECOD	BOOD DELLER
KUTZTOWN, PA 19530	23-6433584	501(C)3	0.	24,693.	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.)	
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GOUNTETT VALLEY BOOD DANIEDY THO							
SCHUYLKILL VALLEY FOOD PANTRY, INC							
(LEESPORT) -CSFP - 102 APPLE STREET - LEESPORT, PA 19533	23-2766689	501(C)3	0.	7 107	USDA & AVG	FOOD	FOOD RELIEF
ELLESTORI, III 13303	23 2700003	301(0/3	· ·	,,107.	00011 W 1110	1 002	TOOD NEBELEE
EASY DOES IT - HILLTOP							
1300 HILLTOP ROAD							
LEESPORT, PA 19533	23-2550089	501(C)3	0.	21,702.	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL VALLEY FOOD PANTRY, INC							
(LEESPORT) - 102 APPLE STREET -							
LEESPORT, PA 19533	23-2766689	501(C)3	0.	37,064.	USDA & AVG	FOOD	FOOD RELIEF
GOVERNOR MIFFLIN INTERMEDIATE							
SCHOOL - 600 GOVERNOR DRIVE -		504 ( 5) 2		40.404			L
SHILLINGTON, PA 19540	23-1671237	501(C)3	0.	18,431.	USDA & AVG	FOOD	FOOD RELIEF
BRECKNOCK ELEMENTARY							
1332 ALLEGHENYVILLE ROAD							
MOHNTON, PA 19540	23-1671237	501(C)3	0.	8 080	USDA & AVG	FOOD	FOOD RELIEF
111 133 10	23 10/123/	301(0)3	· ·	0,000.	00011 W 1110	1 002	TOOD NEEDED!
MIFFLIN PARK ELEMENTARY							
598 GOVERNOR DRIVE							
SHILLINGTON, PA 19540	23-1671237	501(C)3	0.	6,485.	USDA & AVG	FOOD	FOOD RELIEF
TWIN VALLEY FOOD PANTRY							
2779 MAIN STREET							
MORGANTOWN, PA 19543	23-7129887	501(C)3	0.	60,744.	USDA & AVG	FOOD	FOOD RELIEF
OLEY VALLEY FOOD PANTRY							
1076 MEMORIAL HIGHWAY							
OLEY, PA 19547	23-7199273	501(C)3	0.	101,178.	USDA & AVG	FOOD	FOOD RELIEF
OLDY WALLEY DI DMDMDADY GOUGO							
OLEY VALLEY ELEMENTARY SCHOOL 3257 FRIEDENSBURG ROAD							
	23-1667976	501 (C) 3	0.	6 925	USDA & AVG	FOOD	FOOD RELIEF
OLEY, PA 19547	23-100/3/0	POT (C)2	<u> </u>	0,325.	אמ א מתפט	F. 00D	EOOD KENTER

Part II Continuation of Grants and Other	r 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>(b)</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
BETHEL-TULPEHOCKEN FOOD PANTRY							
8410 LANCASTER AVE	22 2226150	E01/Q\2		20 010	TIODA C ATTO	HOOD	ECOD DELTER
BETHEL, PA 19550	23-2236158	501(C)3	0.	30,910.	USDA & AVG	FOOD	FOOD RELIEF
KEYSTONE MILITARY FAMILIES							
331 MAIN STREET, P O BOX 358							
SHOEMAKERSVILLE, PA 19555	47-1244270	501(C)3	0.	155 007	USDA & AVG	FOOD	FOOD RELIEF
SHOEMARERSVILLE, FA 19333	47-1244270	501(0/3	1	133,037.	OSDA & AVG	FOOD	FOOD RELIEF
TILDEN ELEMENTARY CENTER							
524 WEST STATE STREET							
	23-1667967	501(C)3	0.	7 926	USDA & AVG	FOOD	FOOD RELIEF
HAMBURG, PA 19555	23-100/90/	501(C)3	1	7,920.	USDA & AVG	FOOD	FOOD RELIEF
ZION BLUE MTN UNITED CHURCH OF							
CHRIST - 6673 OLD ROUTE 22 -							
STRAUSSTOWN, PA 19559	23-2021133	501(C)3	0.	29 956	USDA & AVG	FOOD	FOOD RELIEF
BIRAUSSIOWN, FA 19339	23-2021133	501(0/3	1	20,030.	OSDA & AVG	FOOD	FOOD RELIEF
JEWISH FAMILY SERVICE							
1100 BERKSHIRE BLVD							
	23-1728784	501(C)3	0.	90 197	USDA & AVG	FOOD	FOOD RELIEF
WYOMISSING, PA 19560	23-1720704	501(0/3	1	30,137.	OSDA & AVG	FOOD	FOOD RELIEF
HAMPDEN HEIGHTS SDA CHURCH							
2706 PRICETOWN ROAD							
READING , PA 19560	23-1728784	501(C)3	0.	60 600	USDA & AVG	FOOD	FOOD RELIEF
READING , FA 19300	23-1720704	501(0/3	1	09,009.	OSDA & AVG	FOOD	FOOD RELIEF
SPRING VALLEY CHURCH OF GOD							
2727 OLD PRICETOWN ROAD							
TEMPLE, PA 19560	23-1988874	501(C)3	0.	40 516	USDA & AVG	FOOD	FOOD RELIEF
1EMFLE, FA 19300	23-1900074	501(0/3	1	40,510.	OSDA & AVG	FOOD	FOOD RELIEF
CONRAD WEISER FOOD PANTRY							
108 SOUTH ROBESON STREET	22 2461725	E01/G\2		74 041	Haba c ava	HOOD	ECOD DELTER
ROBESONIA, PA 19567	22-2461725	501(C)3	0.	74,241.	USDA & AVG	FOOD	FOOD RELIEF
TIEE CUIDOU DEADING							
LIFE CHURCH READING							
621 CENTRE AVE	02 244000:	E01/G) 2		40.00=	110D3 c 3***	E005	TOOD DELLET
READING , PA 19601	23-3110904	501(C)3	0.	48,097.	USDA & AVG	FOOD	FOOD RELIEF

Schedule I (Form 990) REDFING I	HAVAFOI LV	ESH FOOD BA	1117				12-2430230 Pa
Part II Continuation of Grants and Other	r Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	urt 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
REHOBOTH SDA CHURCH							
1502 SNYDER AVE							
READING , PA 19601	23-6000040	501(C)3	0.	49 055	USDA & AVG	FOOD	FOOD RELIEF
MIDING , IN 19001	23 0000040	501(0/5	· ·	45,033.	ODDII W NVC	1 002	TOOD KEELEE
KENNEDY TOWERS							
300 SOUTH 4TH STREET							
READING , PA 19601	23-2041081	501(C)3	0.	11.540.	USDA & AVG	FOOD	FOOD RELIEF
,				, -			
KENNEDY TOWERS - MOBILE DIRECT							
300 SOUTH 4TH STREET							
READING , PA 19601	23-2041081	501(C)3	0.	5,010.	USDA & AVG	FOOD	FOOD RELIEF
READING ELDERLY HOUSING							
100 NORTH FRONT STREET							
READING , PA 19601	22-2251607	501(C)3	0.	29,687.	USDA & AVG	FOOD	FOOD RELIEF
RENEWED SPIRIT							
521 WALNUT STREET							
READING , PA 19601	23-1489824	501(C)3	0.	56,492.	USDA & AVG	FOOD	FOOD RELIEF
ROAD TO DAMASCUS							
234 NORTH 6TH STREET		504 (5) 0		4== 000			L
READING , PA 19601	83-4527817	501(C)3	0.	175,083.	USDA & AVG	FOOD	FOOD RELIEF
800 COURT, LLC - MOBILE DIRECT							
800 COURT STREET							
READING , PA 19601	23-2981155	501(C)3	0.	79 311	USDA & AVG	FOOD	FOOD RELIEF
CHRIST LUTHERAN / GLENSIDE	23 2701133	501(0/5	· ·	15,544.	DDM & AVG	1 000	LOOD REDIEF
BLESSINGS MOBILE DIRECT - 1301							
LUZERNE STREET - READING , PA							
19601	23-2149121	501(C)3	0.	5 <i>A</i> 11	USDA & AVG	FOOD	FOOD RELIEF
	23 2147121	551(5/5	· · · · · ·	٥, ٠٠٠٠	00D11 W 11VG	1 200	LOOP KUUTUI
HOPE LUTHERAN CHURCH							
601 NORTH FRONT STREET							

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	rugo
(a) Name and address of organization or government	<b>(b)</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 NORTH 6TH STREET							
READING , PA 19601	23-2268032	501(C)3	0.	47 707	USDA & AVG	FOOD	FOOD RELIEF
,				27,727.			
11TH AND PIKE MOBILE - CSFP							
11 & PIKE STREET							
READING , PA 19601	23-2981155	501(C)3	0.	6,681.	USDA & AVG	FOOD	FOOD RELIEF
11TH & PIKE MOBILE MARKET							
11 & PIKE STREET							
READING , PA 19601	23-2981155	501(C)3	0.	73,856.	USDA & AVG	FOOD	FOOD RELIEF
KENNEDY HOUSE							
300 SOUTH 4TH STREET		504 ( 5) 2					L
READING , PA 19601	23-2041081	501(C)3	0.	57,660.	USDA & AVG	FOOD	FOOD RELIEF
CHRIST LUTHERAN CHURCH -CSFP							
1301 LUZERNE STREET							
READING , PA 19601	23-2149121	501(C)3	0.	12 942	USDA & AVG	FOOD	FOOD RELIEF
MADING , IN 19001	23 2143121	501(0/5		12,542.	ODDII W NVC	1002	I COD KEELEL
CHARIS COMMUNITY CHURCH							
123 NORTH 6TH STREET							
READING , PA 19601	23-2268032	501(C)3	0.	55,765.	USDA & AVG	FOOD	FOOD RELIEF
OPPORTUNITY HOUSE/SHELTER							
430 NORTH 2ND STREET							
READING , PA 19601	23-2543677	501(C)3	0.	27,328.	USDA & AVG	FOOD	FOOD RELIEF
HOPE RESCUE MISSION							
645 NORTH 6TH STREET							
READING , PA 19601	23-1413677	501(C)3	0.	44,504.	USDA & AVG	FOOD	FOOD RELIEF
OUDTON LUMBERAN COURSE							
CHRIST LUTHERAN CHURCH							
1301 LUZERNE STREET	22 21 401 21	E01/C) 2		20 700	Hana c ava	ECOD	EOOD DELTEE
READING , PA 19601	23-2149121	DOT (C) 2	0.	32,/86.	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>(b)</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
NIDGLE OF EDIENDS DOOD IN CENMED							
CIRCLE OF FRIENDS DROP IN CENTER							
11 NORTH 5TH STREET, 2ND FLOOR READING , PA 19601	23-2735283	501(C)3	0.	22 647	USDA & AVG	FOOD	FOOD RELIEF
READING , IA 19001	23 2733203	501(0/5	· · ·	33,047.	ODDA & AVG	FOOD	FOOD REDIEF
NEW JOURNEY COMMUNITY OUTREACH							
138 SOUTH 6TH STREET							
READING , PA 19602	36-4630419	501(C)3	0.	571 053.	USDA & AVG	FOOD	FOOD RELIEF
,				, , , , , ,			
ST. PAUL'S LUTHERAN CHURCH							
1559 PERKIOMEN AVE							
READING , PA 19602	23-6478890	501(C)3	0.	22,514.	USDA & AVG	FOOD	FOOD RELIEF
GLENSIDE MOBILE MARKET							
AVENUE A - COMMUNITY CENTER							
READING , PA 19602	23-6003364	501(C)3	0.	38,452.	USDA & AVG	FOOD	FOOD RELIEF
BARLEY SQUARE APARTMENTS							
220 GRAPE STREET							
READING , PA 19602	81-1059912	501(C)3	0.	6,487.	USDA & AVG	FOOD	FOOD RELIEF
FIRST UNITARIAN UNIVERSALIST							
416 FRANKLIN STREET	22 2020021	E01/Q\2	0	22 222	Hana c ara	HOOD	ECOD DELTEE
READING , PA 19602	23-2038931	501(C)3	0.	23,222.	USDA & AVG	FOOD	FOOD RELIEF
SOUP - NEW JOURNEY COMMUNITY							
OUTREACH - 138 SOUTH 6TH STREET -							
READING , PA 19602	36-4630419	501(C)3	0.	37 239	USDA & AVG	FOOD	FOOD RELIEF
, 111 23 00 2	00 1000112	551(5)5	•	07,203.			
B'NAI B'RITH - MOBILE DIRECT							
1026 FRANKLIN STREET							
READING , PA 19602	23-2044750	501(C)3	0.	7,962.	USDA & AVG	FOOD	FOOD RELIEF
,				, , , , , ,			
CLARE OF ASSISI HOUSE							
325 SOUTH 12TH STREET							
READING , PA 19602	47-1044541	501(C)3	0.	24,048.	USDA & AVG	FOOD	FOOD RELIEF

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
EISENHOWER APARTMENTS							
835 FRANKLIN STREET							
READING , PA 19602	23-6003364	501(C)3	0.	10,871.	USDA & AVG	FOOD	FOOD RELIEF
B'NAI B'RITH APARTMENTS							
1026 FRANKLIN STREET							
READING , PA 19602	23-2044750	501(C)3	0.	18,210.	USDA & AVG	FOOD	FOOD RELIEF
ST. JAMES CHAPEL CHURCH OF GOD IN							
CHRIST - 11-15 SOUTH 9TH STREET -							
READING , PA 19602	23-2389425	501(C)3	0.	18 557	USDA & AVG	FOOD	FOOD RELIEF
READING , PA 19002	23-2303423	501(0/3	0.	18,557.	OSDA & AVG	FOOD	FOOD REDIEF
RHODES APARTMENTS							
815 FRANKLIN STREET							
READING , PA 19602	23-6003364	501(C)3	0.	9 364	USDA & AVG	FOOD	FOOD RELIEF
READING , IA 19002	23 0003304	501(0/5		7,304.	ODDA & AVG	FOOD	FOOD RELIEF
HOGAR CREA INC.							
302 SOUTH 5TH STREET							
READING , PA 19602	23-2014027	501(C)3	0.	26 028	USDA & AVG	FOOD	FOOD RELIEF
SNACK - COMMUNITIES IN SCHOOLS OF	23-2014027	501(0/3	1	20,020.	OSDA & AVG	FOOD	FOOD RELIEF
EASTERN PENNSYLVANIA, INC 2							
WOODLAND ROAD - WYOMISSING, PA							
19602	23-2222874	501(C)3	0.	9 626	USDA & AVG	FOOD	FOOD RELIEF
19002	23-2222074	501(C)3	1	0,020.	USDA & AVG	FOOD	FOOD RELIEF
HUBERT APARTMENTS							
125 NORTH 10TH STREET							
	23-6003364	501(C)3	0.	5 301	USDA & AVG	FOOD	FOOD RELIEF
READING , PA 19602	23-6003364	501(C)3	1	5,391.	USDA & AVG	FOOD	FOOD KELLER
FRANKLIN APARTMENTS							
120 SOUTH 6TH STREET	22 6002264	E01/G\2		E 217	Hana c ava	ECOD	EOOD BELLEE
READING , PA 19602	23-6003364	501(C)3	0.	5,317.	USDA & AVG	FOOD	FOOD RELIEF
COMMINITATES IN SQUARES OF EXCEPTS							
COMMUNITIES IN SCHOOLS OF EASTERN							
PENNSYLVANIA, INC 2 WOODLAND	22 2222274	E01/G) 2		20.050	11003 6 3110	TOOR	HOOD DELTER
ROAD - WYOMISSING, PA 19602	23-2222874	DOT(C)3	0.	20,068.	USDA & AVG	FOOD	FOOD RELIEF

(a) Name and address of	(I-) EIN	(-) IDOti	(-1) A	(-) A	(C) NA atla a al a C	(a) December of	(h) D
(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
DAYSPRING HOMES, INC.							
430 HAZEL STREET							
READING , PA 19602	23-2622102	501(C)3	0.	5 126	USDA & AVG	FOOD	FOOD RELIEF
MEMBING, IN 19002	23 2022102	501(0/5	· · ·	3,120.	ODDII W NVC	1 000	TOOD REBIEF
RAVEN'S FOOD PANTRY/THE FOUNDATION							
FOR RACC - 10 S 2ND STREET -							
READING , PA 19602	23-2273163	501(C)3	0.	13 332	USDA & AVG	FOOD	FOOD RELIEF
READING , IA 19002	25 2275105	501(0/5		13,332.	ODDA & AVG	FOOD	FOOD REDIEF
READING RECREATION COMMISSION							
320 SOUTH 3RD STREET							
	20 2060042	E01/Q\2		7 404	Hana c arra	HOOD	HOOD DELTER
READING , PA 19602	38-3860043	501(C)3	0.	7,404.	USDA & AVG	FOOD	FOOD RELIEF
CM DAILI 'G LUMURDAN GUUDGU GGRD							
ST. PAUL'S LUTHERAN CHURCH - CSFP							
1559 PERKIOMEN AVE	02 6450000	E01/G)2					
READING , PA 19602	23-6478890	501(C)3	0.	7,578.	USDA & AVG	FOOD	FOOD RELIEF
am Toanny'a naa							
ST. JOSEPH'S RCC							
1018 NORTH 8TH STREET		504 (5) 0		20			L
READING , PA 19604	23-1370431	501(C)3	0.	39,558.	USDA & AVG	FOOD	FOOD RELIEF
WERNERSVILLE MOBILE MARKET							
2 EAST PENN AVE							
WERNERSVILLE, PA 19604	22-2456238	501(C)3	0.	67,129.	USDA & AVG	FOOD	FOOD RELIEF
MAHANOY CITY MOBILE MARKET							
139 WEST CENTRE STREET							
MAHONOY CITY, PA 19604	22-2456238	501(C)3	0.	63,741.	USDA & AVG	FOOD	FOOD RELIEF
HELPING HARVEST EMERGENCY FOOD BOX							
117 MORGAN DRIVE							
READING , PA 19604	22-2456238	501(C)3	0.	6,248.	USDA & AVG	FOOD	FOOD RELIEF
SHENANDOAH MOBILE MARKET							
2 HERALD ROAD							
SHENANDOAH, PA 19604	22-2456238	501(C)3	0.	73,308.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other		mestic Organizations		vernments (Sch	edule I (Form 990), Pa		- 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>(b)</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
PENN'S COMMON - MOBILE DIRECT							
1040 PENN STREET							
READING , PA 19604	22-2456238	501(C)3	0.	5,988.	USDA & AVG	FOOD	FOOD RELIEF
·				,			
RACC MOBILE MARKET							
2ND AND CHESTNUT STREETS							
READING , PA 19604	22-2456238	501(C)3	0.	104,631.	USDA & AVG	FOOD	FOOD RELIEF
MUHLENBERG MOBILE MARKET							
2934 NORTH 5TH STREET							
READING , PA 19604	22-2456238	501(C)3	0.	105 447	USDA & AVG	FOOD	FOOD RELIEF
READING , IA 15004	22 2430230	501(0/5	•	103,447.	ODDA & AVG	FOOD	FOOD REDIEF
READING HISPANIC SDA							
1228 NORTH 10TH STREET							
READING , PA 19604	23-2771368	501(C)3	0.	26,529.	USDA & AVG	FOOD	FOOD RELIEF
•				,			
GIRARDVILLE MOBILE MARKET - CSFP							
4TH AND B STREETS							
GIRARDVILLE, PA 19604	22-2456238	501(C)3	0.	5,173.	USDA & AVG	FOOD	FOOD RELIEF
MUHLENBERG MOBILE MARKET - CSFP							
2934 NORTH 5TH STREET HIGHWAY		504 ( 5) 0		5 000			L
READING , PA 19604	22-2456238	501(C)3	0.	5,020.	USDA & AVG	FOOD	FOOD RELIEF
POTTSVILLE MOBILE MARKET							
500 PROGRESS STREET							
POTTSVILLE , PA 19604	22-2456238	501(C)3	0.	216 572	USDA & AVG	FOOD	FOOD RELIEF
, 19001		002(0)0	1	220,072.			1 000 11222
ST. THOMAS CHURCH							
536 N MAIN STREET							
BERNVILLE, PA 19604	22-2456238	501(C)3	0.	22,381.	USDA & AVG	FOOD	FOOD RELIEF
				-			
CSFP-DIRECT DISTRIBUTION							
117 MORGAN DRIVE							
READING , PA 19604	22-2456238	501(C)3	0.	16,411.	USDA & AVG	FOOD	FOOD RELIEF

Part II Continuation of Grants and Other		mestic Organizations		vernments (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
MOHNTON MOBILE MARKET							
57 NORTH CHURCH STREET							
MOHNTON, PA 19604	22-2456238	501(C)3	0.	46 513.	USDA & AVG	FOOD	FOOD RELIEF
				, -			
TOPTON MOBILE MARKET							
200 WEST WEIS STREET							
TOPTON, PA 19604	22-2456238	501(C)3	0.	42,370.	USDA & AVG	FOOD	FOOD RELIEF
AUBURN MOBILE MARKET							
200 PEARSON STREET			_				
AUBURN, PA 19604	22-2456238	501(C)3	0.	46,711.	USDA & AVG	FOOD	FOOD RELIEF
GOLUMN GOLUMNIALIT MODILE MADAEM							
SOUTH SCHUYLKILL MOBILE MARKET							
1506 CENTRE TURNPIKE	22 2456220	E01/G\2		46 001	Hana c alia	HOOD	ECOD DELTEE
ORWIGSBURG, PA 19604	22-2456238	501(C)3	0.	40,091.	USDA & AVG	FOOD	FOOD RELIEF
READING SCHOOL DISTRICT							
800 WASHINGTON STREET							
READING , PA 19604	23-6004134	501(C)3	0.	46 901	USDA & AVG	FOOD	FOOD RELIEF
111 13001	23 0001131	301(0)3	•	10,301.	55211 u 1175	1 502	TOOD REBEEL
HUGH CARCELLA - MOBILE DIRECT							
505 NORTH 10TH STREET							
READING , PA 19604	23-1923419	501(C)3	0.	13,141.	USDA & AVG	FOOD	FOOD RELIEF
				,			
HUGH CARCELLA APARTMENTS							
505 NORTH 10TH STREET							
READING , PA 19604	23-1923419	501(C)3	0.	17,215.	USDA & AVG	FOOD	FOOD RELIEF
GIRARDVILLE MOBILE MARKET							
4TH AND B STREETS							
GIRARDVILLE, PA 19604	22-2456238	501(C)3	0.	48,490.	USDA & AVG	FOOD	FOOD RELIEF
OAKBROOK MOBILE MARKET							
1040 LIGGETT AVE			_				
READING , PA 19604	22-2456238	501(C)3	0.	61,871.	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.)	7 2 2 2 3 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
OAKBROOK PLAYGROUND WALK-UP MOBILE							
MARKET - 1046 PATTON AVE - READING							
, PA 19604	22-2456238	501(C)3	0.	49 777	USDA & AVG	FOOD	FOOD RELIEF
, 111 13001	22 2130230	501(0/5	1	25,777.	obbit u nve	1 502	1 COD KEDIEI
RINGTOWN MOBILE MARKET							
155 ZION GROVE ROAD							
RINGTOWN, PA 19604	22-2456238	501(C)3	0.	50,137.	USDA & AVG	FOOD	FOOD RELIEF
				, -			
MINERSVILLE MOBILE MARKET							
40 HIGH SCHOOL LANE							
MINERSVILLE, PA 19604	22-2456238	501(C)3	0.	54,190.	USDA & AVG	FOOD	FOOD RELIEF
GLENSIDE ELEMENTARY							
500 LACKAWANNA STREET							
READING , PA 19604	23-6004134	501(C)3	0.	10,171.	USDA & AVG	FOOD	FOOD RELIEF
TAMAQUA MOBILE MARKET							
502 PENN STREET							
TAMAQUA, PA 19604	22-2456238	501(C)3	0.	49,060.	USDA & AVG	FOOD	FOOD RELIEF
BERN REFORMED UCC MOBILE MARKET							
3196 BERNVILLE ROAD							
LEESPORT, PA 19604	22-2456238	501(C)3	0.	54,993.	USDA & AVG	FOOD	FOOD RELIEF
OLEY MOBILE MARKET							
26 JEFFERSON STREET		504 (5) 2					L
OLEY, PA 19604	22-2456238	501(C)3	0.	44,780.	USDA & AVG	FOOD	FOOD RELIEF
HUFF'S CHURCH MOBILE MARKET							
540 CONRAD ROAD	22 2456220	E01/G) 2		21 202	Hana c ava	ECOD	EOOD DELTEE
ALBURTIS, PA 19604	22-2456238	501(C)3	0.	21,292.	USDA & AVG	FOOD	FOOD RELIEF
READING AIRPORT MOBILE MARKET							
2501 BERNVILLE ROAD							
	22-2456238	501(C)3	0.	61 420	USDA & AVG	FOOD	FOOD RELIEF
READING , PA 19604	42-2430230	POT (C/3	<u> </u>	01,430.	אמ א אתפט	F 00D	FOOD RELIEF

(a) Name and addings of	(b) EIN	(a) IDO anation	(al) Amazzzzak a f	(a) Amarinat a f	(f) Mother of of	(a) Description of	(h) Dumana of such
(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
VALLEY VIEW MOBILE MARKET							
524 GAP STREET							
HIGENS, PA 19604	22-2456238	501(C)3	0.	58.321.	USDA & AVG	FOOD	FOOD RELIEF
,				,			
MUHLENBERG ELEMENTARY CENTER							
610 SHARP AVENUE							
READING , PA 19605	23-6004190	501(C)3	0.	12,785.	USDA & AVG	FOOD	FOOD RELIEF
MUHLENBERG JUNIOR HIGH SCHOOL							
801 BELLVIEW AVE							
READING , PA 19605	23-6004190	501(C)3	0.	7,135.	USDA & AVG	FOOD	FOOD RELIEF
C.E. COLE INTERMEDIATE SCHOOL							
3630 KUTZTOWN ROAD							
READING , PA 19605	23-6004190	501(C)3	0.	8,862.	USDA & AVG	FOOD	FOOD RELIEF
MUHLENBERG CHURCHES FOOD PANTRY							
1301 EAST BELLEVUE AVE	45 5335404	E01/G\2		46 011			
READING , PA 19605	45-5335491	501(C)3	0.	46,911.	USDA & AVG	FOOD	FOOD RELIEF
MOUNT PENN PRIMARY CENTER							
201 NORTH 25TH STREET							
READING , PA 19606	23-1667957	501(C)3	0.	9 116	USDA & AVG	FOOD	FOOD RELIEF
READING , TA 15000	23 1007337	501(0/5	0.	5,110.	ODDA & AVG	1.000	FOOD REDIEF
EXETER AREA FOOD PANTRY							
3670 PERKIOMEN AVE							
READING , PA 19606	23-1946582	501(C)3	0.	93 359.	USDA & AVG	FOOD	FOOD RELIEF
		, _ , _	1				
HANNAH'S HOPE MINISTRIES							
736 UPLAND AVENUE							
READING , PA 19606	45-4674547	501(C)3	0.	5,220.	USDA & AVG	FOOD	FOOD RELIEF
•				,			
TRINITY UCC							
705 FRIEDENSBURG ROAD							
READING , PA 19606	23-1353353	501(C)3	0.	15,026.	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>(b)</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.	5 576	USDA & AVG	FOOD	FOOD RELIEF
MIDING, III 1900	23 2007337	501(0)5	· ·	3,370.	obbit a five	1 002	Tool Relief
SENCIT TOWNE HOUSE APARTMENTS							
20 SOUTH SUMMIT AVENUE							
READING , PA 19607	23-2584838	501(C)3	0.	10,819.	USDA & AVG	FOOD	FOOD RELIEF
·				,			
SHILLINGTON CHURCH OF CHRIST							
475 PHILADELPHIA AVENUE							
SHILLINGTON, PA 19607	23-2003261	501(C)3	0.	9,298.	USDA & AVG	FOOD	FOOD RELIEF
GRACE EVANGELICAL LUTHERAN CHURCH							
30 LIBERTY STREET							
SHILLINGTON, PA 19607	23-1365088	501(C)3	0.	22,734.	USDA & AVG	FOOD	FOOD RELIEF
WILSON AREA FOOD PANTRY							
4125 PENN AVE							L
SINKING SPRING, PA 19608	46-0909537	501(C)3	0.	47,011.	USDA & AVG	FOOD	FOOD RELIEF
aver ou ver a se susumanu aavoor							
SHILOH HILLS ELEMENTARY SCHOOL							
301 SAGE DRIVE	23-1667988	501(C)3		E 4E0	USDA & AVG	FOOD	FOOD RELIEF
SINKING SPRING, PA 19608	23-166/988	501(C)3	0.	5,459.	USDA & AVG	FOOD	FOOD RELIEF
COMMUNITY EVANGELICAL CHURCH							
51 GREEN VALLEY ROAD							
SINKING SPRING, PA 19608	23-2852515	501(C)3	0.	33 877	USDA & AVG	FOOD	FOOD RELIEF
<u> </u>		001(0)0	· ·				
SPRING RIDGE ELEMENTARY SCHOOL							
1211 BROADCASTING ROAD							
WYOMISSING, PA 19608	23-1667988	501(C)3	0.	6,461.	USDA & AVG	FOOD	FOOD RELIEF
,				, _,			
CALVARY BIBLE FELLOWSHIP							
4891 PENN AVE							
SINKING SPRING, PA 19608	23-1955166	501(C)3	0.	46,260.	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
WYOMISSING HILLS ELEMENTARY CENTER							
110 WOODLAND ROAD							
WYOMISSING, PA 19610	23-1667989	501(C)3	0.	5 525	USDA & AVG	FOOD	FOOD RELIEF
STS. CONSTANTINE AND HELEN GREEK	23 1007303	301(0/3	· ·	3,323.	ODDA & AVO	1 000	I GOD KEDIEI
ORTHODOX CHURCH - 1001 EAST							
WYOMISSING BLVD - READING , PA							
19611	23-1412035	501(C)3	0.	45 532	USDA & AVG	FOOD	FOOD RELIEF
15011	23 1112033	301(0)3	•	13,332.	00011 W 1110	1 002	TOOD REELES
ST. PATRICK'S POTTSVILLE AREA							
KITCHEN - 504 MAHANTONGA STREET -							
POTTSVILLE , PA 19611	23-1598117	501(C)3	0.	6 680.	USDA & AVG	FOOD	FOOD RELIEF
				, -			
BETHANY LUTHERAN CHURCH							
336 FRANKLIN STREET							
WEST READING, PA 19611	23-2265966	501(C)3	0.	17,720.	USDA & AVG	FOOD	FOOD RELIEF
				,			
OLIVET BOYS & GIRLS CLUB							
1161 PERSHING BLVD							
READING , PA 19611	23-1365380	501(C)3	0.	72,124.	USDA & AVG	FOOD	FOOD RELIEF
				,			
CATHOLIC CHARITIES, DIOCESE OF							
ALLENTOWN - 234 GRACE STREET -							
READING , PA 19611	23-1598117	501(C)3	0.	10,448.	USDA & AVG	FOOD	FOOD RELIEF
MARY'S SHELTER							
615 KENHORST BLVD							
READING , PA 19611	23-2722494	501(C)3	0.	7,795.	USDA & AVG	FOOD	FOOD RELIEF

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
t IV Supplemental Information. Provide the informa	tion required in Part I, lin	e 2; Part III, colum	n (b); and any other ac	Iditional information.	

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection

**Employer identification number** 

	HELPING HARVE	EST FR	ESH FOOD I	BANK	22-	24562	238	
Pai	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X		6,912,499.	USDA & AVG	WHOI	LES <i>I</i>	ALE
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ( )							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	-	•					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>		1		
							Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of t		ntribution, and whi	ich isn't required to be used t	for			37
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							77
31	Does the organization have a gift acceptance p	•	•	•	ions?	. 31		X
32a	Does the organization hire or use third parties of		•					77
	contributions?					32a		X
	If "Yes," describe in Part II.		_					
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	tor which column (a) is chec	cked,			

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

Schedule M (Form 990) 2023

## 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.

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HELPING HARVEST FRESH FOOD BANK

Employer identification number 22-2456238

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

HUNGER RELIEF ORGANIZATION FOUNDED IN 1983 AND SERVES BERKS AND

SCHUYLKILL COUNTIES. HH ACCEPTS COMMODITIES, PRODUCE, FOOD AND NON

FOOD GROCERY ITEMS DONATED BY GOVERNMENT, OTHER ORGANIZATIONS AND

INDIVIDUALS.

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 8,254,108 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
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2** 

Name of the organization HELPING HARVEST FRESH FOOD BANK	Employer identification number 22-2456238
INTEREST STATEMENTS AND SOLICITING BIDS ON SAME SERVICE/CO	VERAGE.
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 DETE	RMINING HIS/HER
SALARY. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS COMPE	NSATION
DETERMINATIONS IN THE ORGANIZATION'S MEETING MINUTES OR OT	HER INTERNAL
DOCUMENTS, WHICH ARE CREATED AT THE TIME COMPENSATION IS A	PPROVED AND
REFLECT THE REASONS UNDERLYING PARTICULAR COMPENSATION DET	ERMINATIONS.
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.	