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EXTENDED TO NOVEMBER 15, 2010

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**GREATER BERKS FOOD BANK**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1011 TUCKERTON COURT

City or town, state or country, and ZIP + 4

READING, PA 19605**F Name and address of principal officer: MARGARET BIANCA****C/O THE ORGANIZATION****D Employer identification number****22-2456238****E Telephone number****610-926-5802****G Gross receipts \$****6,842,857.****H(a) Is this a group return**

for affiliates?

☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.BERKSFOODBANK.ORG****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1983** **M State of legal domicile:** **PA****Part I Summary****1** Briefly describe the organization's mission or most significant activities: **TO FEED THE HUNGRY BY ACQUIRING AND DISTRIBUTING FOOD TO PEOPLE IN NEED.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** **17****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **17****5** Total number of employees (Part V, line 2a)**5** **14****6** Total number of volunteers (estimate if necessary)**6** **784****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**7a** **0.****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0.****8** Contributions and grants (Part VIII, line 1h)**Prior Year****5,720,441.****Current Year****6,466,915.****9** Program service revenue (Part VIII, line 2g)**337,284.****353,536.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**18,829.****12,880.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**11,723.****9,526.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**6,088,277.****6,842,857.****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**4,939,419.****5,246,377.****14** Benefits paid to or for members (Part IX, column (A), line 4)**491,352.****486,674.****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**605,492.****595,440.****16a** Professional fundraising fees (Part IX, column (A), line 11)**6,036,263.****6,328,491.****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **113,864.****52,014.****514,366.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)**605,492.****595,440.****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**6,036,263.****6,328,491.****19** Revenue less expenses Subtract line 18 from line 12**52,014.****514,366.****20** Total assets (Part X, line 16)**Beginning of Current Year****2,553,558.****End of Year****3,088,779.****21** Total liabilities (Part X, line 26)**43,201.****62,215.****22** Net assets or fund balances Subtract line 21 from line 20**2,510,357.****3,026,564.****Part II Signature Block**

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

Sign
Here

Signature of officer

Date

MARGARET BIANCA, EXECUTIVE DIRECTOR

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signature**WILLIAM G. KOCH, JR., CPA**

Date

11/10/10Check if
self-employedPreparer's identifying number
(see instructions)Firm's name (or
yours if
self-employed),
address, and
ZIP + 4**WILLIAM G. KOCH & ASSOCIATES****2650 WESTVIEW DRIVE****WYOMISSING, PA 19610-1187**

EIN ▶

Phone no. ▶ **(610) 678-9700**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)SCANNED DEC 09 2010
Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

RECEIVED
NOV 16 2010
OFFICE OF THE ATTORNEY GENERAL
STATE OF PENNSYLVANIA

616 15

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE MISSION OF THE GREATER BERKS FOOD BANK (GBFB) IS TO FEED THE
HUNGRY BY ACQUIRING AND DISTRIBUTING FOOD TO PEOPLE IN NEED. GBFB IS A
NON-PROFIT, HUNGER RELIEF ORGANIZATION FOUNDED IN 1983 AND SERVES
BERKS AND SCHUYLKILL COUNTIES. GBFB ACCEPTS GOVERNMENT COMMODITIES,
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 5,254,175. including grants of \$ 4,676,096.) (Revenue \$ 316,667.)
GBFB DISTRIBUTES FOOD AND GROCERY PRODUCTS THROUGH A NETWORK OF OVER
250 GRASSROOTS AND COMMUNITY AGENCIES THAT ARE EXEMPT UNDER IRC
501(C)(3), THAT OFFER A BROAD VARIETY OF SERVICES INCLUDING HOMELESS
SHELTERS, SOUP KITCHENS, FOOD CUPBOARDS, AND AFTER SCHOOL PROGRAMS.
FOOD SUPPLIED BY THE GBFB PROVIDED MORE THAN 1,500,000 MEALS AT SOUP
KITCHENS AND SHELTERS. AN AVERAGE OF 22,000 INDIVIDUALS RECEIVED FOOD
PACKAGES MONTHLY FROM A FOOD PANTRY/CUPBOARD. GBFB OPERATES A WAREHOUSE
AND FLEET OF DISTRIBUTION VEHICLES, AND EMPLOYS 14 INDIVIDUALS.
- 4b (Code:) (Expenses \$ 400,779. including grants of \$ 164,155.) (Revenue \$ 27,144.)
THROUGH ITS KIDS CAFE PROGRAM THE GBFB SUPPLIES NUTRITIONALLY BALANCED
MEALS AFTER SCHOOL TO CHILDREN THAT MIGHT NOT OTHERWISE RECEIVE A MEAL
AT HOME. THE GBFB SPONSORS 22 KIDS CAFES THROUGHOUT THE CITY OF
READING. AS MANY AS 850 MEALS ARE SERVED EACH WEEKNIGHT AND MORE THAN
ONE MILLION MEALS HAVE BEEN SERVED SINCE THE PROGRAMS STARTED IN 1997.
THE KIDS CAFES PROVIDE HOMEWORK HELP AS WELL AS RECREATIONAL AND SOCIAL
ACTIVITIES. THE KIDS CAFES HOST LOCATIONS DO NOT INCUR ANY EXPENSES FOR
PARTICIPATION IN THIS PROGRAM. THE MEALS ARE SERVED FREE OF CHARGE TO
THE CHILDREN.
- 4c (Code:) (Expenses \$ 274,362. including grants of \$ 244,176.) (Revenue \$ 201.)
THROUGH GBFB'S MANAGEMENT OF THE COMMODITY SUPPLEMENTAL FOOD PROGRAM
NEARLY 800 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 GBFB DELIVERS THE PREPACKAGED
TOTES TO MORE THAN 50 LOW INCOME SENIOR HIGH RISE LOCATIONS.
- 4d Other program services (Describe in Schedule O.)
 (Expenses \$ 181,968. including grants of \$ 161,948.) (Revenue \$ 19,050.)
- 4e Total program service expenses ► \$ 6,111,284.

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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		
• 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.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes X	No X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	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 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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 in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	17	
1b Enter the number of voting members that are independent	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
ORGANIZATION - (610) 926-5802
1011 TUCKERTON COURT, READING, PA 19605

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY KAY BERNOSKY BOARD MEMBER	1.00	X						0.	0.	0.
TYNA KALTENBAUGH BOARD MEMBER	1.00	X						0.	0.	0.
REV. RICH LEIBY BOARD MEMBER	1.00	X						0.	0.	0.
JAY MAHONEY BOARD MEMBER	1.00	X						0.	0.	0.
ADRIENNE TREGO BOARD MEMBER	1.00	X						0.	0.	0.
RAY AUCHTER BOARD MEMBER	1.00	X						0.	0.	0.
JOHN BADAL BOARD MEMBER	1.00	X						0.	0.	0.
ED WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
JUDY DETEMPLE BOARD MEMBER	1.00	X						0.	0.	0.
RICK OTT BOARD MEMBER	1.00	X						0.	0.	0.
BOB RIPLEY BOARD MEMBER	1.00	X						0.	0.	0.
ANN HOWE BOARD MEMBER	1.00	X						0.	0.	0.
REV. BILL MILLER BOARD MEMBER	1.00	X						0.	0.	0.
KIM HUBRIC VICE PRESIDENT	5.00			X				0.	0.	0.
BRIAN LOWE SECRETARY	5.00			X				0.	0.	0.
ROBERT BARTO TREASURER	5.00			X				0.	0.	0.
BOB SPENGLER PRESIDENT	5.00			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								0.	0.	0.

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	23,803.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,737,009.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,706,103.				
	g Noncash contributions included in lines 1a-1f \$		4,725,520.				
	h Total. Add lines 1a-1f			6,466,915.			
Program Service Revenue	2 a FOOD DISTRIBUTION	Business Code	624200	353,536.	353,536.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			353,536.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			12,880.			12,880.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)			8,508.			
	d Net rental income or (loss)			8,508.	8,508.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 23,803. of contributions reported on line 1c). See Part IV, line 18	a		0.			
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS		900099	1,018.	1,018.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			1,018.				
12 Total revenue. See instructions.			6,842,857.	363,062.	0.	12,880.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21	5,246,377.	5,246,377.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	401,267.	321,014.	32,101.	48,152.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,694.	14,955.	1,496.	2,243.
9 Other employee benefits	33,854.	27,084.	5,861.	909.
10 Payroll taxes	32,859.	26,287.	4,600.	1,972.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	15,400.	3,080.	12,320.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	4,433.	887.	3,546.	
12 Advertising and promotion	1,100.		1,100.	
13 Office expenses	11,551.	10,403.	1,148.	
14 Information technology				
15 Royalties				
16 Occupancy	49,668.	34,730.	8,443.	6,495.
17 Travel	4,775.	4,775.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,313.		740.	573.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,021.	34,795.	8,464.	3,762.
23 Insurance	6,180.	4,944.	1,236.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>KID'S CAFE</u>	216,331.	216,331.		
b <u>CONTRACT LABOR-TEMPORAR</u>	56,367.	45,094.	11,273.	
c <u>TRUCK EXPENSE</u>	51,735.	51,735.		
d <u>KID'S CAFE & ANNUAL CAM</u>	48,293.			48,293.
e <u>COMMUNITY DEVELOPMENT</u>	33,314.	33,314.		
f All other expenses	47,959.	35,479.	11,015.	1,465.
25 Total functional expenses. Add lines 1 through 24f	6,328,491.	6,111,284.	103,343.	113,864.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	400.	1	400.
	2 Savings and temporary cash investments	769,128.	2	1,219,966.
	3 Pledges and grants receivable, net	58,468.	3	46,263.
	4 Accounts receivable, net	9,850.	4	11,383.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	949,215.	8	966,337.
	9 Prepaid expenses and deferred charges	6,038.	9	13,361.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 1,244,288.		
	b Less accumulated depreciation	10b 453,197.	10c	791,091.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	7,964.	12	9,805.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	33,243.	15	30,173.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,553,558.	16	3,088,779.
Liabilities	17 Accounts payable and accrued expenses	43,201.	17	62,215.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	43,201.	26	62,215.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,510,357.	27	3,026,564.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,510,357.	33	3,026,564.
	34 Total liabilities and net assets/fund balances	2,553,558.	34	3,088,779.

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ...
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5213393.	5061085.	5254993.	5720441.	6466915.	27716827.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5213393.	5061085.	5254993.	5720441.	6466915.	27716827.
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)						2952480.
6 Public support. Subtract line 5 from line 4						24764347.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5213393.	5061085.	5254993.	5720441.	6466915.	27716827.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,455.	30,349.	36,147.	27,661.	20,988.	136,600.
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 IV)	447.		4,507.	3,215.	1,018.	9,187.
11 Total support. Add lines 7 through 10						27862614.
12 Gross receipts from related activities, etc. (see instructions)					12	1,485,389.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	88.88 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	91.81 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number

22-2456238

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

- | | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|--|
| ☐ Preservation of land for public use (e.g., recreation or pleasure) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of a certified historic structure |
| ☐ Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance

(a) Current year

(b) Prior year

(c) Two years back

(d) Three years back

(e) Four years back

7,964.

12,279.

b Contributions

c Net investment earnings, gains, and losses

1,841.

<4,315.>

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

9,805.

7,964.

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 100.00 %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	173,665.			173,665.
b Buildings	395,944.		210,023.	185,921.
c Leasehold improvements				
d Equipment	674,679.		243,174.	431,505.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				791,091.

Schedule D (Form 990) 2009

Part VII	Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII	Investments - Program Related. See Form 990, Part X, line 13
------------------	---

[illegible]

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	---

[illegible]

Part X	Other Liabilities. See Form 990, Part X, line 25.
---------------	--

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,842,857.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,328,491.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	514,366.
4	Net unrealized gains (losses) on investments	4	1,841.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,841.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	516,207.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,844,698.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,841.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,841.
3	Subtract line 2e from line 1	3	6,842,857.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,842,857.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,328,491.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,328,491.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,328,491.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENT FUND REPRESENTS DESIGNATED FUNDS HELD

AND INVESTED BY THE BERKS COUNTY COMMUNITY FOUNDATION. THE EARNINGS MAY BE

APPLIED TOWARDS THE GENERAL PURPOSES AS DETERMINED FROM TIME TO TIME BY

THE ORGANIZATION'S GOVERNING BODY.

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
 ► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

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22-2456238

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- ☐ Yes ☐ No

- [illegible]

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 WORLD FOOD DAY (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	23,803.			23,803.
	2 Less: Charitable contributions	23,803.			23,803.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,000.			4,000.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,905.			1,905.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(5,905.)
	11 Net income summary. Combine line 3, column (d), and line 10				<5,905.>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

	Yes	No
9a		
10a		
11		
12		

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

_____☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2009

Open to Public Inspection

**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.

Name of the organization

GREATER BERKS FOOD BANK

Part I General Information on Grants and Assistance

Employer identification number
22-2456238

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAC HELPING HANDS			0.	198,488.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
READING SALVATION ARMY			0.	174,150.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOPE LUTHERAN CHURCH			0.	168,301.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
KENNEDY HOUSE, CATHOLIC CHARITIES			0.	155,353.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NEW JOURNEY UNITED METHODIST CHURCH			0.	149,899.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
OPPORTUNITY HOUSE/SHELTER			0.	148,337.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
Enter total number of section 501(c)(3) and government organizations							135.
Enter total number of other organizations							

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number
22-2456238

GREATHER BERKS FOOD BANK

Part I: Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SSC/KIDS CAFE VENDOR			0.	142,442.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
OLEY VALLEY FOOD PANTRY			0.	112,524.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
FRIEND, INC.			0.	108,284.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST. LUKE'S LUTHERAN CHURCH			0.	103,013.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BOYERTOWN SALVATION ARMY			0.	96,488.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
TEEN CHALLENGE TRAINING CENTER			0.	91,659.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
FAMILY FIRST RESOURCE CENTER			0.	90,186.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NORTH 6TH STREET CHURCH OF GOD			0.	86,165.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number
22-2456238

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMBURG SDA CHURCH			0.	85,173.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BETHEL TULPEHOCKEN			0.	82,521.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MUHLENBERG CHURCHES FOOD PANTRY			0.	80,891.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NORTHERN BERKS FOOD PANTRY			0.	77,986.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NORTHEAST LOUISIANA FOOD BANK			0.	76,913.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST. JAMES CHAPEL COGIC			0.	72,936.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
POTTSVILLE SALVATION ARMY			0.	70,978.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOPE RESCUE MISSION			0.	69,438.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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Schedule I-1 (Form 990) 2009

Name of the organization

GREATHER BERKS FOOD BANK

Employer identification number
22-2456238

Part I: Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK COUNTY FOOD BANK			0.	65,428.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST. JOHN'S LUTHERAN CHURCH			0.	62,573.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CONRAD WEISER			0.	60,846.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
OPPORTUNITY HOUSE/PANTRY			0.	60,012.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MARY'S SHELTER			0.	59,045.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MULTICULTURAL AND LITERACY INSTITUTE			0.	56,570.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MANNA - MINISTRY OF GRACE E.C. CHURCH			0.	54,774.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
FLEETWOOD AREA FOOD PANTRY			0.	54,494.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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Schedule I-1 (Form 990) 2009

Name of the organization

Employer identification number
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GREATHER BERKS FOOD BANK

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
Part I	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
	CHRIST LUTHERAN CHURCH/GLENSIDE BLESSINGS			0.	53,893.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED	
	HAMPDEN HEIGHTS SDA CHURCH			0.	50,703.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED	
	HARVEST FELLOWSHIP OF COLEBROOKDALE			0.	50,015.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED	
	BERKS COUNTY HEAD START / BCIU			0.	49,484.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED	
	FIRST UNITARIAN UNIVERSALIST			0.	48,791.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED	
	OLIVET BOYS & GIRLS CLUB'S			0.	48,164.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED	
	ST. JOSEPH'S RCC			0.	47,977.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED	
	ST. PAUL'S LUTHERAN CHURCH			0.	47,023.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED	

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number
22-2456238

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROMANTIAN COMMUNITY CHRISTIAN CHURCH			0.	46,406.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
SPRING VALLEY CHURCH OF GOD			0.	42,347.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
WILSON FOOD PANTRY			0.	42,032.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BERKS ENCORE - WERNERSVILLE CENTER			0.	41,215.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CONEWAGO/FIRETREE LTD			0.	41,011.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CHRIST LUTHERAN CHURCH			0.	39,598.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA DUI			0.	37,802.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST. PAUL'S UCC			0.	37,014.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
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Internal Revenue Service

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GREATER BERKS FOOD BANK

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYERTOWN SALVATION ARMY			0.	36,447.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MT. PENN ELEMENTARY SCHOOL			0.	35,887.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
READING ELDERLY HOUSING			0.	34,609.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOLY SPIRIT LUTHERAN CHURCH			0.	33,495.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
POTTSTOWN SALVATION ARMY			0.	33,020.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
READING HISPANIC SDA			0.	32,635.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
TAMAQUA PRIMITIVE METHODIST CHURCH			0.	32,161.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
KENNEDY TOWERS			0.	31,227.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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GREATHER BERKS FOOD BANK

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKBROOK HOUSING			0.	30,334.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BETHANY LUTHERAN CHURCH			0.	30,038.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NEW PERSON CENTER			0.	29,536.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
RHODES APARTMENTS			0.	29,504.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
FIRST ECC/VIDA NUEVA			0.	28,849.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CITY LIGHT MINISTRY			0.	28,321.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BEACON HOUSE			0.	26,971.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
EISENHOWER APARTMENTS			0.	26,627.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
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Inspection

Name of the organization

GREATHER BERKS FOOD BANK

Employer identification number
22-2456238

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL ELEMENTARY / WEEKENDER			0.	26,293.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
TRINITY UCC			0.	26,252.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BERKS ENCORE - MIFFLIN CENTER			0.	26,188.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MUHLENBERG ELEM CENTER			0.	25,432.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HUB OF HOPE PANTRY			0.	25,174.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA MEN'S SAFE HOUSE			0.	25,049.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CIRCLE OF FRIENDS DROP IN CENTER			0.	23,893.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NEW FIRST BAPTIST CHURCH OF BIRDSBORO			0.	21,248.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number
22-2456238

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INCARNATION LUTHERAN CHURCH			0.	20,512.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
EASY DOES IT - WALNUT STREET			0.	20,013.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOLY TRINITY CHURCH OF GOD			0.	19,065.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
21ST CENTURY GRANT ADMINISTRATION			0.	18,580.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BERKS AREA YOUTH RECREATION INC.			0.	17,710.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
DAYSRING HOMES, INC.			0.	17,666.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BERNVILLE ELEMENTARY SCHOOL			0.	17,091.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
GRACE AND HOPE MISSION			0.	16,687.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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Schedule I-1 (Form 990) 2009

Name of the organization

Employer identification number
22-2456238

GREATER BERKS FOOD BANK

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH 8TH STREET CHURCH OF GOD			0.	16,425.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
DANKEN HOUSE			0.	15,999.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
JEWISH FAMILY SERVICE			0.	15,664.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BERKS WOMEN IN CRISIS			0.	15,402.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NEW JOURNEY UNITED METHODIST CHURCH			0.	15,231.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
SPANISH SPEAKING SENIORS/HISPANIC CENTER			0.	14,817.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA MEN'S BRIDGE HOUSE			0.	13,572.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CATHOLIC SOUP KITCHEN			0.	13,460.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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

Schedule I-1 (Form 990) 2009

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number
22-2456238

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BCC/MATERNAL INTERVENTION & SUPPORT SERVICES			0.	13,288.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
FREEDOM GATE MINISTRY, INC.			0.	13,260.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA HONOR HOUSE			0.	12,638.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
EASY DOES IT - HILLTOP MEN'S PROGRAM			0.	12,440.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA Y-HAVEN			0.	12,377.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
WEST WYOMISSING ELEMENTARY SCHOOL			0.	11,940.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CONRAD WEISER WEST ELEMENTARY			0.	11,810.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BETHEL AME CHURCH			0.	11,687.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number
22-2456238

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IGLESIA BAUTISTA BETANIA PANTRY			0.	11,630.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
RHODES APARTMENTS			0.	11,629.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CAMP FIRE/CAMP ADAHI			0.	11,588.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
KENNEDY TOWERS			0.	11,392.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
POTTSVILLE SALVATION ARMY			0.	11,353.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
EASY DOES IT - HILLTOP WOMEN'S PROGRAM			0.	11,160.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
OLIVET BOYS & GIRLS CLUB/PAL/KIDS5			0.	10,397.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CALVARY COMMUNITY CENTER			0.	10,140.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number
22-2456238

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENCIT TOWNE HOUSE APARTMENTS			0.	10,096.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST. BENEDICT'S RCC			0.	10,069.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ZION BLUE MTN UNITED CHURCH OF CHRIST			0.	10,057.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
SCHUYLKILL VALLEY PASTORS' ASSOCIATION			0.	10,004.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
AGENCY DEVELOPMENT			0.	9,969.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
EPISCOPAL HOUSE OF READING			0.	9,589.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HUGH CARSELLA APARTMENTS			0.	9,586.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
VICTORY CHRISTIAN CENTER CHURCH			0.	9,275.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public**
Inspection

Name of the organization

Employer identification number
22-2456238**GREATER BERKS FOOD BANK****Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARKET SQUARE APARTMENTS SCHUYLKILL			0.	8,646.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
KIDS PEACE BERKS CAMPUS			0.	7,825.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
3RD & SPRUCE RECREATION CENTER/KIDS6			0.	7,764.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
SPRING VALLEY CHURCH OF GOD/YOUTH PROGRAM			0.	7,732.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOPE LUTHERAN CHURCH			0.	7,275.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
QUEEN OF ANGELS			0.	7,057.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
TWIN VALLEY FOOD PANTRY			0.	7,015.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA WOMEN'S SAFE HOUSE			0.	6,616.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule I-1 (Form 990) 2009**

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number
22-2456238

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES, DIOCESE OF ALLENTOWN			0.	6,414.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOLY TRINITY COG DAY HOUSE			0.	6,378.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
LAUREL TERRACE			0.	6,336.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NECHO ALLEN			0.	6,236.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BAAV/BERKS ADVOCATES AGAINST VIOLENCE			0.	6,226.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BERKS AIDS NETWORK (CO-COUNTY WELLNESS SERVICES)			0.	6,183.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HENSLER HOMES			0.	5,968.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST. JAMES CHAPEL COGIC			0.	5,964.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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

Schedule I-1 (Form 990) 2009

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number
22-2456238

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY SPIRIT LUTHERAN CHURCH			0.	5,945.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MINERSVILLE HIGH RISE APARTMENTS			0.	5,857.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BOYERTOWN MULTI-SERVICE			0.	5,777.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
SHENANDOAH HIGH RISE			0.	5,547.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BCIU / HOMELESS CHILDREN'S INITIATIVE			0.	5,509.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
SCHUYLKILL COUNTY YMCA			0.	5,354.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
GATEWAY SCHOOL OF COMMUNICATION & TECHNOLOGY			0.	5,245.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BERKS WOMEN IN CRISIS/EMMA'S PLACE			0.	5,194.	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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

Schedule I-1 (Form 990) 2009

Employer identification number

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number

22-2456238

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	377	4,725,520.	USDA AND AVG WHOLESAL
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number
22-2456238

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

PRODUCE, FOOD AND NON FOOD GROCERY PRODUCTS DONATED BY BOTH NATIONAL
AND LOCAL FOOD MANUFACTURERS AND DISTRIBUTORS, AS WELL AS CONCERNED
COMMUNITY INDIVIDUALS WHO CONDUCT FOOD DRIVES. THROUGH THE EFFORTS OF
THE GBFB OPERATIONS APPROXIMATELY 3.94 MILLION POUNDS OF GROCERY
PRODUCTS WERE DISTRIBUTED TO LOW INCOME INDIVIDUALS AND FAMILIES. THE
FOOD COLLECTED IS DISTRIBUTED FREE OF CHARGE TO THOSE IN NEED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE GREATER BERKS FOOD BANK DEVELOPS AND SUPPLIES THE RESOURCES NEEDED
FOR OPERATION OF THE BACKPACK PROGRAM. THIS PROGRAM PROVIDES A BACKPACK
OF FOOD TO ELEMENTARY SCHOOL STUDENTS EVERY FRIDAY AT THE END OF THE
SCHOOL DAY. OUTREACH IS CONDUCTED AT THE SCHOOL, TYPICALLY BY THE
SCHOOL NURSE WHO IDENTIFIES THE CHILDREN ELIGIBLE TO PARTICIPATE. GBFB
SUPPORTS SEVEN BACKPACK PROGRAM SITES THROUGHOUT BERKS COUNTY BY
PROVIDING THE FOOD AND GROCERY PRODUCTS NEEDED TO FILL A TOTAL OF
ALMOST 500 BACKPACKS WEEKLY. GBFB IS ACTIVELY WORKING TO EXPAND THIS
PROGRAM TO SERVE MORE CHILDREN.

EXPENSES \$ 181968. INCLUDING GRANTS OF \$ 161948. REVENUE \$ 19050.

FORM 990, PART VI, SECTION B, LINE 11: BEFORE THE 990 IS FINALIZED THE
BOARD DESIGNEE IS GIVEN A DRAFT OF THE RETURN WITH TIME GIVEN TO SUBMIT
QUESTIONS TO THE TAX PREPARER.

FORM 990, PART VI, SECTION B, LINE 12C: BY ANNUAL REVIEW OF CONFLICT OF
INTEREST STATEMENTS AND SOLICITING BIDS ON SAME SERVICE/COVERAGE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number
22-2456238

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR COMPLETES A
9 PAGE PERFORMANCE EVALUATION WHICH IS PART QUESTIONS TO RATE SPECIFIC
CATEGORIES SUCH AS LEADERSHIP WHICH IS SUBMITTED TO THE EXECUTIVE
COMMITTEE. THEY REVIEW IT, DISCUSS IT AND PRESENT THEIR OPINION TO THE
BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE THEN MAKES A RECOMMENDATION
FOR COMPENSATION TO THE BOARD A PERCENTAGE OR A PERCENTAGE PLUS A BONUS.
WHEN THE COMPENSATION IS AGREED UPON THEN ONE OR TWO OF THE MEMBERS OF THE
EX. COMMITTEE SIT DOWN AND DISCUSS THE EVALUATION AND THE RESULTS WITH
EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

990, PART XI, LINE 2C:

NO CHANGES

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	GREATER BERKS FOOD BANK		22-2456238
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	1011 TUCKERTON COURT		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	READING, PA 19605		

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ORGANIZATION

- The books are in the care of **1011 TUCKERTON COURT, READING, PA - 19605**
 Telephone No **(610) 926-5802** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **William S. Hochstetler** Title **CPA** Date **8/13/10**

Form 8868 (Rev. 4-2009)