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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

2010

A F-	- 4 h a '	 2010 calendar year, or tax year beginr	ing 01-01-2010 and ending 12-31-20	110					
		C Name of organization	and ending 12-31-20	,10	D Employer i	identification number			
_	dress ch	GREATER DERKS FOOD DANK			22-2456	238			
_	me chai	Doing Business As							
_					E Telephone	number			
_	tial retui minated	1011 THE FORM COLDT	mail is not delivered to street address)	Room/suite	(610) 926	5-5802			
_	ended i	READING, PA 19605	1 ZIP + 4		G Gross receip	ots \$ 7,767,974			
Apı	plication	pending							
		F Name and address of pr MARGARET BIANCA	incipal officer	H(a) Is this	a group return for affili	ıates ⁷ √ Yes			
		1011 TUCKERTON COUR	Т	H(b) Ans -11	-66.1	?			
		READING,PA 19605		If "No		t (see instructions)			
T a	x-exem	pt status 🔽 501(c)(3) 🗂 501(c)() 🖪	(insert no) 4947(a)(1) or 527	H(c) Grou	ıp exemption n	umber F			
ı w	ebsit e	∷► WWW BERKSFOODBANK ORG		1					
∢ For	m of org	ganization 🔽 Corporation 🗀 Trust 🦳 Associat	ion Cther ►	L Year of fo	rmation 1983	M State of legal domicile PA			
Pa	rt I	Summary							
Governance	1	Briefly describe the organization's miss	-	OPLE IN NEED					
Š	2 (Check this box 🛏 if the organization o	discontinued its operations or disposed	d of more than 2	5% of its net a	assets			
	3 1	Number of voting members of the gover	ning body (Part VI, line 1a)		3	17			
Activities &	4 1	Number of independent voting members	of the governing body (Part VI, line 1	b)	. 4	17			
Ĕ	5	Fotal number of individuals employed in	n calendar year 2010 (Part V , line 2a)		5	15			
Ş	6	Fotal number of volunteers (estimate if	necessary)		6	992			
4,		Total unrelated business revenue from	, , , , , , , , , , , , , , , , , , , ,		7a	0			
	ь	Net unrelated business taxable income	from Form 990-T, line 34		7b	0			
				Prio	r Year	Current Year			
<u>a</u>	8	Contributions and grants (Part VIII,	•	6,466,915 353,536	7,405,367				
Ē.	9		rogram service revenue (Part VIII, line 2g)						
Revent	10	·	nn (A), lines 3, 4, and 7d)	•	12,880	4,346			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), li		9,526	10,798			
	12				6,842,857	7,767,974			
	13		t IX, column (A), lines 1-3)		5,246,377	6,551,471			
	14	Benefits paid to or for members (Part	IX, column (A), line 4)		0	0			
øb.	15		ee benefits (Part IX, column (A), lines	5-	406.674	550 257			
Expenses		10)	(loon (A.) loo d d)		486,674	550,357			
<u>क</u>	16a	Professional fundraising fees (Part IX			0	0			
Д	Ь	Total fundraising expenses (Part IX, column (101.005			
	17		, lines 11a-11d, 11f-24f)		595,440	491,086			
	18 19		ust equal Part IX, column (A), line 25) e 18 from line 12		6,328,491 514,366	7,592,914			
ن س	1.5	Revenue less expenses Subtract line		Reginning	g of Current	, , , , , , , , , , , , , , , , , , ,			
က်ားဆို ၁၅					ear	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			3,088,779	3,389,879			
4 E	21	Total liabilities (Part X, line 26) .			62,215	187,161			
ŽΪ	22	Net assets or fund balances Subtrac	t line 21 from line 20		3,026,564	3,202,718			
	rt II	Signature Block							
mow		ties of perjury, I declare that I have exami and belief, it is true, correct, and complete		cer) is based on	all information o				
Sian		****** Signature of officer)11-10-14 ate				
Sigr Her		MARGARET BIANCA EXECUTIVE DIRECTOR Type or print name and title							
			Preparer's signature WILLIAM G KOCH JR	Date	Check if self-	PTIN			
Paid		CPA	CPA	2011-10-13	employed 🕨 🦵				
Prep	arer	Firm's name WILLIAM G KOCH & ASSOCIATE	5 			Firm's EIN			
Use (Firm's address • 2650 WESTVIEW DRIVE WYOMISSING PA 19610118				Phone no 🕨 (610) 678- 9700			

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

Forn	n 990 (2010)	Page
Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
TO I SCH NON WEL OPE	MISSION OF THE GREATER BERKS FOOD BANK (GBFB) IS TO FEED THE HUNGRY BY ACQUIRING AND DPEOPLE IN NEED GBFB IS A NON-PROFIT, HUNGER RELIEF ORGANIZATION FOUNDED IN 1983 AND SEFULL OF THE PROPERTY OF THE PROPET	RVES BERKS AND RODUCE, FOOD AND DISTRIBUTORS, AS OF THE GBFB) W INCOME
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 ex Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amour allocations to others, the total expenses, and revenue, if any, for each program service reported	·
4a	(Code) (Expenses \$ 6,472,979 including grants of \$ 5,813,477) (Revenue \$	299,691)
	GBFB DISTRIBUTES FOOD AND GROCERY PRODUCTS THROUGH A NETWORK OF OVER 250 GRASSROOTS AND COMMUNITY AGENCIES IRC 501(C)(3), THAT OFFER A BROAD VARIETY OF SERVICES INCLUDING HOMELESS SHELTERS, SOUP KITCHENS, FOOD CUPBOARDS PROGRAMS FOOD SUPPLIED BY THE GBFB PROVIDED MORE THAN 1,500,000 MEALS AT SOUP KITCHENS AND SHELTERS AN AVERAGE RECEIVED FOOD PACKAGES MONTHLY FROM A FOOD PANTRY/CUPBOARD GBFB OPERATES A WAREHOUSE AND FLEET OF DISTRIBUTE 15 INDIVIDUALS	, AND AFTER SCHOOL E OF 25,000 INDIVIDUALS
	(Code) (Expenses \$ 257,102 including grants of \$ 167,748) (Revenue \$	25,382)
70	THROUGH ITS KIDS CAFE PROGRAM THE GBFB SUPPLIES NUTRITIONALLY BALANCED MEALS AFTER SCHOOL TO CHILDREN THAT MIGHMEAL AT HOME THE GBFB SPONSORS 25 KIDS CAFES THROUGHOUT THE CITY OF READING AS MANY AS 850 MEALS ARE SERVED EATHAN ONE MILLION MEALS HAVE BEEN SERVED SINCE THE PROGRAM STARTED IN 1997 THE KIDS CAFES PROVIDE HOMEWORK HELP AND SOCIAL ACTIVITIES THE KIDS CAFES HOST LOCATIONS DO NOT INCUR ANY EXPENSES FOR PARTICIPATION IN THIS PROGRAM OF CHARGE TO THE CHILDREN	IT NOT OTHERWISE RECEIV CH WEEKNIGHT AND MORE AS WELL AS RECREATIONA
<u></u>	(Code) (Expenses \$ 428,190 including grants of \$ 384,564) (Revenue \$	0)
	THROUGH GBFB'S MANAGEMENT OF THE COMMODITY SUPPLEMENTAL FOOD PROGRAM NEARLY 1300 LOW INCOME SENIOR CITIZENS SCHUYLKILL COUNTIES RECEIVE A TOTE FILLED WITH NUTRITIONAL FOOD EVERY MONTH THIS PACKAGE CONTAINS FOOD OF HIGH SUPPLEMENT FOR THE SENIOR CITIZENS DIETS EACH MONTH THE GBFB DELIVERS THE PREPACKAGED TOTES TO MORE THAN 70 LOY LOCATIONS	NUTRITIONAL VALUE AND IS
	Other program services (Describe in Schedule O) See also Additional Data for Description	
	(Expenses \$ 206,746 including grants of \$ 185,682) (Revenue \$	24,680)
40	Total program service expenses 1 7 365 017	

Part IV	Checklist	of Red	uired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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 1	6		No
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	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νο
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
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		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096. Enter-0- if not applicable. Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable. Did the organization comply with backup withholding rules for reparable payments to venders and reportable gaming (gambing) with mapped to the proper enters? Include number of amplyage reported on Form 4-3, Tracontrated singularly for applying the number of amplyage reported on Form 4-3, Tracontrated singularly for applying the number of amplyage reported on Form 4-3, Tracontrated singularly for applying the number of amplying the number of a public singular for a public singular forms and analysis of the singu	a i	Check if Schedule O contains a response to any question in this Part V			
Enter the number of Forms W-26 included in line 1a. Enter-0- if not appricable Die the organization comply with packup withholding rules for reportable payments to ventions and reportable payments of the composition of th		<u> </u>		Yes	No
Extent the number of Forms W-26 included in line 1a. Enter-0-(Find approach) 1b of the apparatable of apparatable camply with backup withholding nulse for reportable payments is a understand reportable approach in the called reportable approach is a understand of the called reportable approach is a contract of the called reportable and in great or the called reportable and great process in the called reportable approach is a first called reportable and great process. The called reportable and great process in the called reportable and great process in the called reportable and great process. The called reportable and great process in the called reportable and great process in the called reportable and great process. The called reportable and great process in the called reportable and great process in the called reportable and great process. The called reportable and great process in the called reportable and great process in the called reportable and great process. The called reportable and great process in the called reportable and great process in the called reportable and great process. The called reportable and great process in the called reportable and great process. The called reportable and great process in the called reportable and great process. The called reportable and great process in the called reportable and great process. The called reportable and great process in the called reportable and great process. The called reportable and great process in the called reportable and great process and great process and great process and great process and great process. The called reportable and great process and great process and great process. The called great process and					
Due the organization comply with backup withholding rules for reportable payments to ventions and reportable garming (gambing) winnings to prize winnings. It is less to make the properties for the calcular year anding with or within the year covered by this payment of properties for the calcular year anding with or within the year covered by this payment that is not to the payment of the properties of the properties of the payment of the payment of the properties of the payment of	L	 			
Electric the number of employees reported on Form W-3, Transmitted of Wage and Tax Storomores file for the calendar year ending with or within the year covered by this If at least one is reported on line 23, did the organization file all required federal immitorment tax returns? If at least one is reported on line 23, did the organization file all required federal immitorment tax returns? Note, If the sum of files 1 and 2 a greater than 250, you may be required to enfire (see instructions) Did the organization have unritated business gives income of \$1,000 or more during the 1497? If Year, has it filed a Form 990-1 for this year? If You're provide a replication in a Control or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts of the foreign country (such as a bank account, securities account, or other financial accounts of the foreign country (such as a bank account, securities account, or other financial accounts for from 10 Pol-22 1, Report of Foreign Bank and Financial accounts. If Yes, a that is harmony from the foreign country (such as a bank account, securities account, or other financial accounts for foreign foreign country (such as a bank account, securities account, or other financial accounts as a foreign foreign country (such as a bank account, securities account, or other financial	,	1b 0			
Size-months field for the calendary year ending with or when they war covered by the table 1 to fit teach one is reported on line 2s, did the organization file all required federal employment tax returns? 10 the organization have unrelated business pross in notine of \$1,000 or more during the vasin' (if Yes), has it filed a form 990. The thing year? If Way, 'provide an explanation in Schedule 0	5		1c		
return					
Note, if the sum of lines 1s and 2a is greater than 250, you may be required to shells (see instructions) Did the organization have unrelised business gross income of \$1,000 or more during the year? 17 ms, has it filed a Form 990. The thin year 1f ms, formula an explanation in Schedule O. 3b 1					
Note, if the sum of lines is a and 2 as greater than 250, you may be required to a-file (see instructions) If "Yes," this is thied a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3b 1 1 1 1 1 1 1 1 1	,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2h	Vac	
Year?		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
At any time during the calendar year, did the organization have an interest in, or a signature or other authority or calendar year, did the organization have an interest in, or a signature or other authority account? If Yes, "enter the name of the foreign country (section as a bank account, or other financial accounts). Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? See instructions for fining requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? So If Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization party to a prohibited tax shelter transaction at any time during the tax year? So If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? Organization solicit any contributions that were not tax deductable? Organizations that may receive deductable contributions under section 170(c). But the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? Organizations that may receive deductable contributions under section 170(c). But the organization receive a payment in excess of 575 medip party as a contribution and partly for goods and services provided to the payor? If Yes," did the organization motify the donor of the value of the goods or services provided? If Yes, and the organization services any payment in excess of 575 medip partly as a contribution and partly for goods and services provided to the payor? If Yes, and the organization services any payment in excess of 575 medip partly as a contribution of quiting the year. Jo the organization services and contribution of undersective, to pay premiums on a personal benefit contract? Jo the organization received and partly tax payon the payon payon the payon the payon payon the payo			3a		No
At any time during the catendar 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)? If Yes, "anter the name of the foreign country See instructions for fining requirements for Form TD F98-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So Did any taxable party notify the organization that it was or a party to a prohibited tax shelter transaction? The year to line Sa or 5b, did the organization that it was or a party to a prohibited tax shelter transaction? Does the organization have annual grass receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Does the organization and with every solicitation an express statement that such contributions or gifts were not tax deductible? The yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? The yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? The yes," did the organization include that are normally greater than \$100,000, and did the organization received to the payor? The yes," did the organization and in excess of \$75 made partly as a contribution and partly for goods and services provided? The yes," indicate the number of Forms \$228 Zified during the year. The yes," indicate the number of Forms \$228 Zified during the year. The organization is excessed a contribution of qualified intellectual property, did the organization file Form \$999 as required? The organization received a contribution of qualified intellectual propert	,	,			
See instructions for filing requirements for Form TD F 99-2-21, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b 75 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 75 Sc 75 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for organization should with every solicitation an express statement that such contributions or gifts were not tax deductible? 17 17 17 17 17 17 17 18 17 17 17 17 17 17 17		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	4a		Νο
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5)				
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line Sa or 55, did the organization file Form 8086-T7 Sc 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and file form \$2827. If "Yes," did the organization solicity the donor of the value of the goods or services provided? Did the organization solicity excepts, or otherwise dispose of trangible personal property for which it was required to file Form \$282? If "Yes," midste the number of Forms \$282 filed during the year. Did the organization sell, exchange, or otherwise dispose of trangible personal property for which it was required to file Form \$282? If "Yes," midste the number of Forms \$282 filed during the year. Did the organization freceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? To If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? To If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To If the organization make a contribution of qualified intellectual property, did the organization file Form 8899 as required? To If the organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds. Did the organization make any taxable distribution to a donor, donor advisor,		See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
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If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Sc					No
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? If "yes," did he organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Organization that may receive deductible contributions under section 170(c). Organization that may receive deductible contributions under section 170(c). Did the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b			OD .		
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file Form 8282?			7b		
If "Yes," indicate the number of Forms 8282 filed during the year			7c		No
Contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Note. See the instructions for additional information the organization must report on Schedule 0 13a Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a figure figu					140
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the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			7h		No
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Did the organization make a distribution to a donor, donor advisor, or related person?		Sponsoring organizations maintaining donor advised funds.			
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Initiation fees and capital contributions included on Part VIII, line 12		Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders					
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Section 501(c)(12) organizations. Enter Gross income from members or shareholders					
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Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?)				
Did the organization receive any payments for indoor tanning services during the tax year? 14a 1	:	Enter the amount of reserves on hand			
If "Vac " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schodule 0			14a		Νo

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

Chack if Schadula O	contains a response to an	y question in this Part VI									J
Check if Schedule O	contains a response to an	y question in this Fait vi	-	-	•	•	-	•	•		. *

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		N o N o
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a		No
b	governing body?	7a 7b		No
		76		NO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
	evenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			-110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		Νo
b	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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by			
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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?	16a		No
Ь	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?	16b		
Se	ection 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 Form 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization PORGANIZATION
 1011 TUCKERTON COURT READING PA

READING, PA 19605

(610) 926-5802

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi [†]	((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) MARY KAY BERNOSKY BOARD MEMBER	1 00	х						0	0	0
(2) TYNA KALTENBAUGH BOARD MEMBER	1 00	х						0	0	0
(3) REV RICH LEIBY BOARD MEMBER	1 00	х						0	0	0
(4) JAY MAHONEY PRESIDENT	5 00	х		х				0	0	0
(5) ADRIENNE TREGO BOARD MEMBER	1 00	х						0	0	0
(6) RAY AUCHTER BOARD MEMBER	1 00	х						0	0	0
(7) JOHN BADAL BOARD MEMBER	1 00	х						0	0	0
(8) ED WILLIAMS TREASURER	5 00	х		х				0	0	0
(9) JUDY DETEMPLE BOARD MEMBER	1 00	х						0	0	0
(10) RICK OTT BOARD MEMBER	1 00	Х						0	0	0
(11) BOB RIPPLEY BOARD MEMBER	1 00	Х						0	0	0
(12) KIM HUBRIC BOARD MEMBER	1 00	х						0	0	0
(13) BRIAN LOWE SECRETARY	5 00	х		х				0	0	0
(14) ROBERT BARTO VICE PRESIDENT	5 00	х		х				0	0	0
(15) ANN HOWE BOARD MEMBER	1 00	х						0	0	0
(16) THERESE BOGIA BOARD MEMBER	1 00	Х						0	0	0

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

	(A) Name and Title	(B) Average hours per	1	(tion that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o compens	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	,	from torganizati relat organiza	the on and ed
	ERIC WHITE D MEMBER	1 00	х						(0		0
(18)	MARGARET BIANCA	40 00			Х				73,452		0		10,244
	UTIVE DIRECTOR										<u>+</u>		
											$\frac{1}{1}$		
											=		
											<u></u>		
1b	Sub-Total				<u> </u>	٠.	٠	 			\dashv		
С	Total from continuation sheets	to Part VII, Se	ction A				-				\top		
d	Total (add lines 1b and 1c) .							Þ	73,452		0		10,244
2	Total number of individuals (incl \$100,000 in reportable compen	-				ted	above) who	received more tha	an			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci					ey e	mploy •	ee, c	or highest compens	ated employee	3		No
4	For any individual listed on line organization and related organiz	,									4		No
5	Did any person listed on line 1a services rendered to the organiz										5		No
Se	ection B. Independent Con	itractors	_										
1	Complete this table for your five \$100,000 of compensation from	n the organization		ndep	end	ent d	ontra	ctors	that received mor				
	Nar	(A) me and business ad	dress						Desc	(B) ription of services		(C Comper	
_													

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		2010)					P	age 9
rait	<u> </u>	Statement of Reven	ue		(A) Total revenue	or	(C) Unrelated business	
						exempt function revenue	revenue	excluded from tax under sections
								512, 513, or 514
記号	1a	Federated campaigns	1a					
<u>च</u> == 20	ь	Membership dues	. 1b					
18. H	С	Fundraising events	. 1c	26,956				
를,ਰ	d	Related organizations	. 1d					
은 - 등 - 등	е	Government grants (contributions)	1e	2,375,421				
章章	f	All other contributions, gifts, grants similar amounts not included above	, and 1f	5,002,990		İ	j	j
불	g	Noncash contributions included in li		5,726,740				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f			7,405,367			
				Business Code				
Program Serwice Revenue	2a	FOOD DISTRIBUTION		624200	347,463	347,463		
æ	b		<u></u>					
MSA	С							
Š	d		<u></u>					
E S	e f	All other program service re						
D _o l								
		Total. Add lines 2a-2f			347,463			
	3	Investment income (including and other similar amounts)			4,346			4,34
	4	Income from investment of tax-ex						
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents Less rental	8,508					
	-	expenses Rental income	8,508					
		or (loss)	<u> </u>		0.500			0.50
	d	Net rental income or (loss)		(II) O ther	8,508			8,50
	7a	Gross amount	(ı) Securities	(II) O thei				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
		Gain or (loss)	<u>.</u>					
άs		Net gain or (loss) Gross income from fundraisi						
Other Revenue	oa	(not including	ig events					
eve		\$ 26,956 of contributions reported on	line 1c)					
μ Œ		See Part IV, line 18						
ŧ	L .		a L	0				
0	ı	Less direct expenses . Net income or (loss) from ful		0	0			
			ctivities See Part IV, line 19 . a					
	ı			ь				
		Net income or (loss) from ga						
	104	Gross sales of Inventory, les returns and allowances .	s a					
	ı	Less cost of goods sold .						
	С	Net income or (loss) from sa Miscellaneous Revenue	les of inventory •	Business Cada				
	112	Miscellaneous Revenue MISCELLANEOUS		Business Code 900099	2,290	2,290		
	b	-			_,	, == -		
	c	-						
	-	All other revenue						
		Total. Add lines 11a-11d		-	2 200			
			•		2,290			
	12	Total revenue. See Instructi	ons		7,767,974	349,753	0	12,85

	990 (2010)				Page 10
Par					
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus ll other organizations must complete column (A) but are not required to c	-		(D)	
	ot include amounts reported on lines 6b,		(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,551,471	6,551,471	general enponeer	
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	83,695	66,957	7,310	9,428
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	373,948	299,158	29,916	44,874
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,776	11,020	882	1,874
9	Other employee benefits	36,147	28,918	6,107	1,122
10	Payroll taxes	42,791	34,233	5,991	2,567
а	Fees for services (non-employees) Management	·			
ь	Legal				
с	Accounting	15,925	3,185	12,740	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	3,676	735	2,941	
12	Advertising and promotion	386		386	
13	Office expenses	15,141	13,636	1,505	
14	Information technology	10,111	10,000	2,555	
15	Royalties				
16	Occupancy	50,138	35,072	8,524	6,542
17	Travel	5,775	5,775	0,321	0,312
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,773	3,773		
19	Conferences, conventions, and meetings	1,511		851	660
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	63,468	46,967	11,424	5,077
23	Insurance	5,409	4,327	1,082	2,511
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	5,.02	1,021	2,002	
а	KID'S CAFE	70,324	70,324		
b	CONTRACT LABOR-TEMPORAR	59,814	47,851	11,963	
c	TRUCK EXPENSE	57,766	· · ·	<u> </u>	
d	COMMUNITY DEVELOPMENT	43,664	43,664		
e	KID'S CAFE & ANNUAL CAM	40,973			40,973
f	All other expenses	57,116	43,958	11,633	1,525
25	Total functional expenses. Add lines 1 through 24f	7,592,914		113,255	114,642
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	.,552,527	.,555,617	125,255	11,,012
	combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 400 400 1 Cash—non-interest-bearing 1 1,219,966 1.512.985 2 Savings and temporary cash investments 179,328 46,263 3 11,383 4 15,381 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 966,337 883,723 Prepaid expenses and deferred charges 13,361 15,001 10a Land, buildings, and equipment cost or other basis Complete 1.260.535 10a Part VI of Schedule D 10b 515.075 ь Less accumulated depreciation 791.091 10c 745,460 11 11 9.805 12 12 Investments—other securities See Part IV, line 11 13 10,898 13 Investments—program-related See Part IV, line 11 . . 14 14 30,173 15 26,703 15 16 3,088,779 16 3,389,879 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 39,164 62.215 17 17 Accounts payable and accrued expenses . 18 18 19 19 147.997 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 62.215 26 187,161 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 3.026.564 3,192,718 Temporarily restricted net assets 10,000 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 3,026,564 33 3,202,718 33 Total net assets or fund balances 3.088,779 34 Total liabilities and net assets/fund balances 3,389,879

Pa	Check if Schedule O contains a response to any question in this Part XI			.√	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7.7	767,974
2	Total expenses (must equal Part IX, column (A), line 25)	2			592,914
3	Revenue less expenses Subtract line 2 from line 1	3		1	175,060
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,0	26,564
5	Other changes in net assets or fund balances (explain in Schedule O)	5			1,094
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,2	202,718
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 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				
			2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated 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?		3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	quired	3b	Yes	

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization GREATER BERKS FOOD BANK

22-2456238

Par	τI	Reason for Public Charity Status (All organizations must complete this part.) See instructions
he o	rganız	ration is not a private foundation because it is (For lines 1 through 11, check only one box)
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
		section 170(b)(1)(A)(iv). (Complete Part II)
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	굣	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in
		section 170(b)(1)(A)(vi) (Complete Part II)
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
.0	\sqcap	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).
.1	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III c Type III - Functionally integrated d Type III - Other
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization check this box
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization?

	(ii) a family member of a person described in (i) above?	11g(ii)	
	(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
1	Provide the following information about the supported organization(s)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

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

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

<u> </u>	ection A. Public Support	: organization	ialis to qualify u	nuer the tests	iistea below, pie	ase co	inpiete i	<u>'ait III.)</u>
	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
	ın) ▶ Gıfts, grants, contributions, and	.,_,,	(.,	(-)	· / =	·-/-		
1	membership fees received (Do not	5 054 00	5 254 000	5 720 444	6 466 045	_	405.067	20,000,001
	include any "unusual	5,061,08	5,254,993	5,720,441	6,466,915	/	,405,367	29,908,801
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3	5,061,08	5 5,254,993	5,720,441	6,466,915	/	,405,367	29,908,801
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							4,300,566
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from line 4							25,608,235
S	ection B. Total Support	•	1		1			
Cale	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	beginning in) • A mounts from line 4	5,061,085	5,254,993	5,720,441	6,466,915	7	,405,367	29,908,801
7 8	Gross income from interest,	3,001,003	3,234,333	3,720,441	0,400,515	<u> </u>	,403,307	23,300,001
•	dividends, payments received on							
	securities loans, rents, royalties	30,349	36,147	27,661	20,988		12,854	127,999
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or not the business is regularly							
	carried on							
10	Other income Do not include							
	gain or loss from the sale of		4,507	3,215	1,018		2,290	11,030
	capital assets (Explain in Part		1,507	3,213	1,010		2,230	11,030
	IV)							
11	Total support (Add lines 7 through 10)							30,047,830
12	Gross receipts from related activition	es, etc (See ins	tructions)			12		1,580,822
13	First Five Years If the Form 990 is i	for the organizat	ion's first, second,	, thırd, fourth, or f	ifth tax year as a !	501(c)(3	3) organiz	ation,
	check this box and stop here							► □
	ection C. Computation of Pub	lic Support I	Dorcontago					
14	Public Support Percentage for 2010			11 column (f))		14		85 220 %
15	Public Support Percentage for 2009	•		(.,,		15		88 880 %
	33 1/3% support test—2010. If the	•	•	on line 13 and l	ine 14 is 33 1/3%		checkt	
	and stop here. The organization qua	-		·		0,	,	▶✓
b	33 1/3% support test—2009. If the				a, and line 15 is 3	3 3 1/3%	or more,	check this_
	box and stop here. The organization							►
17a	10%-facts-and-circumstances test-							
	is 10% or more, and if the organization mee			,		-	•	· A d
	organization	.co the lacts all	a circumstances	cost The Organiza	acion quannes as	a pablici	, support	.eu ▶□
Ь	10%-facts-and-circumstances test-	–2009. If the ord	janization did not d	heck a box on lin	ne 13, 16a, 16b, o	r 17a ar	id line	· •
	15 is 10% or more, and if the organ	ıızatıon meets th	ne "facts and circu	mstances" test, o	check this box and	stop he	ere.	
	Explain in Part IV how the organiza	tion meets the "	facts and circumst	ances" test The	organization qual	ıfıes as a	a publicly	
	supported organization			46-46147		L		► □
18	Private Foundation If the organizat instructions	ion aid not checl	k a box on line 13,	16a, 16b, 17a oi	r 1 / b, check this l	box and	see	▶ □
								- 1

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Additional Data

Software ID:

Software Version:

EIN: 22-2456238

Name: GREATER BERKS FOOD BANK

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 206,746 including grants of \$ 185,682) (Revenue \$ 24,680)

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 TEN BACKPACK PROGRAM SITES THROUGHOUT BERKS COUNTY BY PROVIDING THE FOOD AND GROCERY PRODUCTS NEEDED TO FILL A TOTAL OF ALMOST 1,000 BACKPACKS WEEKLY GBFB IS ACTIVELY WORKING TO EXPAND THIS PROGRAM TO SERVE MORE CHILDREN

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493293009161

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

elital Nevertue Service	tacii to Foriii 990. F See separate ilistructions.		Inspection
Name of the organization		Employer identif	ication number
GREATER BERKS FOOD BANK		22-2456238	
	onor Advised Funds or Other Simila		its. Complete if the
organization answered "Yes" to	Form 990, Part IV, line 6. (a) Donor advised funds	/h) Funds on	d other accounts
Total number at end of year	(a) Donor advised funds	(b) Fullus all	d other accounts
·			
Aggregate contributions to (during year) Aggregate grants from (during year)			
Aggregate grants from (during year) Aggregate value at end of year			
	donor advisors in writing that the assets held in ect to the organization's exclusive legal control		┌ Yes ┌ No
· · · · · · · · · · · · · · · · · · ·	nors, and donor advisors in writing that grant fuor the benefit of the donor or donor advisor, or f	•	┌ Yes ┌ No
Part II Conservation Easements. Co	omplete if the organization answered "Ye	s" to Form 990, Part	IV, line 7.
Purpose(s) of conservation easements held Preservation of land for public use (e g Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held	, recreation or pleasure) Preservation of	of an historically import of a certified historic sti form of a conservation	•
, , , , , , , , , , , , , , , , , , , ,		Held at t	he End of the Year
a Total number of conservation easements		2a	
b Total acreage restricted by conservation e	as e ments	2b	
c Number of conservation easements on a ce	ertified historic structure included in (a)	2c	
d Number of conservation easements include	ed in (c) acquired after 8/17/06	2d	
the taxable year ▶	ed, transferred, released, extinguished, or termi		on during
	o conservation easement is located		and Yes No
Staff and volunteer hours devoted to monitor	oring, inspecting and enforcing conservation ea	sements during the yea	ar ►
A mount of expenses incurred in monitoring	, inspecting, and enforcing conservation easem	ents during the year ►	\$
Does each conservation easement reported 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	d on line 2(d) above satisfy the requirements of	section	┌ Yes
· · · · · · · · · · · · · · · · · · ·	reports conservation easements in its revenue se text of the footnote to the organization's finar ion easements	•	•
	collections of Art, Historical Treasure swered "Yes" to Form 990, Part IV, line 8		ır Assets.
art, historical treasures, or other similar as	der SFAS 116, not to report in its revenue stat sets held for public exhibition, education or res e to its financial statements that describes the	earch in furtherance of	
	der SFAS 116, to report in its revenue stateme s held for public exhibition, education, or resear lese items		-
(i) Revenues included in Form 990, Part V	III, line 1	► \$	
(ii) Assets included in Form 990, Part X		► \$	
If the organization received or held works o following amounts required to be reported u	f art, historical treasures, or other similar asse inder SFAS 116 relating to these items		
a Revenues included in Form 990, Part VIII,	line 1	► \$	

Assets included in Form 990, Part X

ar	Titl Organizations Maintaining Co	llections of Art	t, Hist	torica	<u>al Tr</u>	<u>easur</u>	es, or O	<u>the</u>	r Simila	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of the	e follo	wing tl	hat are	a significa	nt u	ise of its co	ollectio	n	
а	Public exhibition		d		Loan o	rexcha	ange progr	ams				
b	Scholarly research		e	Γ (Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın how	they	furthei	r the or	ganızatıon	's ex	kempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Fo	rm 990	Ο,	
	Part IV, line 9, or reported an an											
la	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions or	other ass	etsı	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ıng tab	ole		Г		ı			
_							-	4		A mou	unt	
c	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance							1 f				
а	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?							Г	Yes	No
	If "Yes," explain the arrangement in Part XIV											
a	rt V Endowment Funds. Complete	If the organization (a)Current Year					orm 990, Years Back		Three Years		NE aur Va	ara Da ale
a	Beginning of year balance	9,805	(D)	Prior Ye	7,964	(C)TWO	12,279	+`-	Tillee fears	Dack (e	e)rour re	ears Back
ь Б	Contributions	-,			-,			\vdash				
c	Investment earnings or losses	1,093			1,841		-4,31	5				
d	Grants or scholarships	,					,	+				
e	Other expenditures for facilities							T				
	and programs											
f	Administrative expenses											
g	End of year balance	10,898			9,805		7,964	+				
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	100 000 %										
b	Permanent endowment 🕨											
c	Term endowment ►											
Ba	Are there endowment funds not in the posse	ssion of the organiz	atıon t	hat ar	e held	and ad	mınıstered	d for	the			
	organization by (i) unrelated organizations									2-/:\	Yes	No
				•		• •		•		3a(i) 3a(ii)	res	No
ь	(ii) related organizations							٠.		3b		110
	Describe in Part XIV the intended uses of th	·										
aı	t VI Investments—Land, Buildings					90, Pai	rt X, line	10.				
	Description of investment			(a)	Cost or (inves	other	(b)Cost or o	other	(c) Accum deprecia		(d) Bo	ok value
a	Land			1	1	173,665						173,66
ь	Buildings				3	395,944				225,068		170,876
	Leasehold improvements									-		-
d	Equipment				6	590,926				290,007		400,919
e	Other											

745,460

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		

Par	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,767,974
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,592,914
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	175,060
4	Net unrealized gains (losses) on investments	4	1,094
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 - 8	9	1,094
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	176,154
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	7,769,068
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	1,094
3	Subtract line 2e from line 1	3	7,767,974
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	O
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,767,974
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	7,592,914
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	o
3	Subtract line 2e from line 1	3	7,592,914
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b]	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,592,914
Par	t XIV Supplemental Information		
Can	onlote this part to provide the descriptions required for Part II, lines 3, 5, and 0, Part III, lines 1, and 4, P	ort 11/	lines 1h and 2h

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, 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

Ident if ier	Ret urn Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	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

In-person solicitations

DLN: 93493293009161

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Inspection

Name of the organization **Employer identification number** GREATER BERKS FOOD BANK 22-2456238 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Special fundraising events Phone solicitations

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes

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

Pai	rt II		ents. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported 00 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) O ther Events	(d) Total Events (Add col (a) through col (c))			
Φ	1	Gross receipts	26,956	5		26,956			
Revenue	2	Less Charitable contributions	26,956	5		26,956			
<u>~</u>	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
မှာ	5	Non-cash prizes							
Expenses	6	Rent/facility costs	3,800			3,800			
益	7	Food and beverages							
Direct	8	Entertainment							
ā	9	Other direct expenses .	3,040			3,040			
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	6,840			
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		-6,840			
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than			
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))			
		Gross revenue							
Ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	Γ Yes % Γ No	Γ Yes % Γ No	┌ Yes %				
		Direct expense summary Add lines Net gaming income summary Com							
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac			· · Fyes Fno			
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno			

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493293009161 OMB No 1545-0047

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

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

Inspection

Employer identification number

GREATER BERKS FOOD BANK 22-2456238 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant valuation non-cash assistance or assistance cash or government ıf applıcable assistance (book, FMV, appraisal, other) See Additional Data Table

Ident if ier

Return Reference

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

Explanation

Schedule I (Form 990) 2010

Software ID:

Software Version:

EIN: 22-2456238

Name: GREATER BERKS FOOD BANK

California Cal		,	na omen moonstand	- 10 00101111111	ana organization			
YORK COUNTY FOOD BANK 577,082 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED SHARE FOOD PROGRAM 8,928 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED WOLF SANCTUARY OF PA 28,880 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED LAC HELPING HANDS 306,832 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED BOYERTOWN MULTI- SERVICE 5,514 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED HARVEST FELLOWSHIP OF COLEBROOKDALE NEW JOURNEY UNITED WHOLESALE NEW JOURNEY UNITED WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED NEW JOURNEY UNITED WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED NEW JOURNEY UNITED WHOLESALE METHODIST CHURCH FOOD TO HELP FEED THE IMPOVERISHED ALC HELPING HANDS TO HELP FEED THE IMPOVERISHED CONRAD WEISER CONRAD WEISER FOOD TO HELP FEED THE IMPOVERISHED	organization	(b) EIN	1	1	cash	(book, FMV, appraisal,		
SHARE FOOD PROGRAM SHARE	SSCKIDS CAFE VENDOR				148,053		FOOD	l .
WOLF SANCTUARY OF PA 28,880 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED LAC HELPING HANDS 306,832 USDA & AVG WHOLESALE BOYERTOWN MULTI- SERVICE BOYERTOWN MULTI- SERVICE HARVEST FELLOWSHIP OF COLEBROOK DALE NEW JOURNEY UNITED METHODIST CHURCH SPRING VALLEY CHURCH OF GOD TO HELP FEED THE IMPOVERISHED CONRAD WEISER CONRAD WEISER FOOD TO HELP FEED THE IMPOVERISHED CHRIST LUTHERAN CHURCH OF GOD TO HELP FEED THE IMPOVERISHED	YORK COUNTY FOOD BANK				577,082		FOOD	
LAC HELPING HANDS 306,832 USDA & AVG WHOLESALE BOYERTOWN MULTI- SERVICE BOYERTOWN MULTI- SERVICE 15,514 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED HARVEST FELLOWSHIP OF COLEBROOKDALE FOOD TO HELP FEED THE IMPOVERISHED TO HELP FEED THE IMPOVERISHED NEW JOURNEY UNITED WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED CONRAD WEISER G2,454 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED	SHARE FOOD PROGRAM				8,928		FOOD	
BOYERTOWN MULTI- SERVICE BOYERTOWN MULTI- SERVICE SERVI	WOLF SANCTUARY OF PA				28,880		FOOD	l .
SERVICE 5,514 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED HARVEST FELLOWSHIP OF COLEBROOKDALE 61,513 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED NEW JOURNEY UNITED METHODIST CHURCH 57,498 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED SPRING VALLEY CHURCH OF GOD 42,798 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED HOLY TRINITY CHURCH OF GOD TO HELP FEED THE IMPOVERISHED CONRAD WEISER 62,454 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED CHRIST LUTHERAN CHURCHGLENSIDE 100 TO HELP FEED THE IMPOVERISHED	LAC HELPING HANDS				306,832		FOOD	
COLEBROOKDALE COLEBROOKDALE 61,513 WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED CONRAD WEISER 62,454 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED CHRIST LUTHERAN CHURCHGLENSIDE FOOD TO HELP FEED THE IMPOVERISHED					5,514		FOOD	
METHODIST CHURCH SPRING VALLEY CHURCH OF GOD SPRING VALLEY CHURCH OF GOD HOLY TRINITY CHURCH OF GOD CONRAD WEISER CHRIST LUTHERAN CHURCHGLENSIDE TO HELP FEED THE IMPOVERISHED					61,513		FOOD	
OF GOD 42,798 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED TO HELP FEED THE IMPOVERISHED TO HELP FEED THE IMPOVERISHED CONRAD WEISER 62,454 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED					172,498		FOOD	
GOD 21,523 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED CONRAD WEISER 62,454 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED CHRIST LUTHERAN CHURCHGLENSIDE 66,585 USDA & AVG WHOLESALE FOOD TO HELP FEED THE IMPOVERISHED					42,798		FOOD	
CHRIST LUTHERAN CHURCHGLENSIDE 62,454 WHOLESALE FOOD IMPOVERISHED USDA & AVG FOOD TO HELP FEED THE					21,523		FOOD	l .
CHURCHGLENSIDE SOOD TO HELP FEED THE	CONRAD WEISER				62,454		FOOD	
	CHURCHGLENSIDE				66,585		FOOD	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIEND INC				132,905	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HAMPDEN HEIGHTS SDA CHURCH				48,584	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HAMBURG SDA CHURCH				96,127	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
KENNEDY HOUSE CATHOLIC CHARITIES				181,976	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BETHEL AME CHURCH				12,296	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
FLEETWOOD AREA FOOD PANTRY				47,363	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST BENEDICT'S RCC				6,879	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
READING SALVATION ARMY				248,813	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
GRACE AND HOPE MISSION				21,319	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
TRINITY UCC				42,220	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NORTHERN BERKS FOOD PANTRY				85,622	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
FAMILY FIRST RESOURCE CENTER				110,391	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITARIAN UNIVERSALIST				79,166	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
JEWISH FAMILY SERVICE				34,195	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NORTH 8TH STREET CHURCH OF GOD				19,101	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BERKS ENCORE - MIFFLIN CENTER				31,231	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CHRIST LUTHERAN CHURCH				51,333	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
PITTSBURGH CITY OUTREACH				7,818	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BERKS ENCORE- WERNERSVILLE CENTER				44,138	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BETHEL TULPEHOCKEN				86,526	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST PAUL'S UCC				40,344	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOPE LUTHERAN CHURCH				191,967	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BOYERTOWN SALVATION ARMY				140,506	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST JAMES CHAPEL COGIC				110,395	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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				28,724	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
IGLESIA BAUTISTA BETANIA PANTRY				11,095	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
OLEY VALLEY FOOD PANTRY				140,741	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BETHANY LUTHERAN CHURCH				24,137	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
INCARNATION LUTHERAN CHURCH				21,319	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST PAULS LUTHERAN CHURCH				54,928	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
READING HISPANIC SDA				48,383	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
FIRST ECCVIDA NUEVA				33,533	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST JOSEPHS RCC				69,409	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
POTTSVILLE SALVATION ARMY				11,302	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN				8,663	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
POTTSTOWN SALVATION ARMY				20,781	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
RHODES APARTMENTS				44,621	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
EISENHOWER APARTMENTS				14,714	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
TAMAQUA PRIMITIVE METHODIST CHURCH				11,420	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NEW FIRST BAPTIST CHURCH OF BIRDSBORO				25,756	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
3RD & SPRUCE RECREATION CENTER KIDS6				12,899	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
SCHUYLKILL VALLEY PASTORS' ASSOCIATION				18,944	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MANNA- MINISTRY OF GRACE EC CHURCH				48,196	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST LUKE'S LUTHERAN CHURCH				120,820	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
WILSON FOOD PANTRY				45,934	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NORTH 6TH STEET CHURCH OF GOD				81,994	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MULTICULTURAL AND LITERACY INSTITUTE				26,845	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MUHLENBERG CHURCHES FOOD PANTRY				114,596	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUB OF HOPE PANTRY				18,960	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST JOHN'S LUTERAN CHURCH				55,258	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ROMANIAN COMMUNITY CHRISTIAN CHURCH				59,886	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
OPPORTUNITY HOUSEPANTRY				46,615	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ZION BLUE MTN UNITED CHURCH OF CHRIST				27,758	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
TWIN VALLEY FOOD PANTRY				82,403	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
VICTORY CHRISTIAN CENTER CHURCH				30,884	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
PRODUCE FOR KIDS				54,936	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
STS CONSTANTINE & HELEN GREEK ORTHODOX CHURCH				15,301	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BERKS COUNTY HEAD START BCIU				28,756	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NEW JOURNEY UNITED METHODIST CHURCH				13,945	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
OLIVET BOYS & GIRLS CLUB				83,264	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
SPANISH SPEAKING SENIO RSHISPANIC CENTER				23,625	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CAMP FIRECAMP ADAHI				31,819	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST JAMES CHAPEL COGIC				5,633	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BETHEL AME SOUP KITCHEN				32,093	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOLY TRINITY COG - DAY HOUSE				6,427	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NEW CREATION COMMUNTITY CHURCH				40,511	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BOYERTOWN SALVATION ARMY				42,393	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
READING SALVATION ARMY				8,157	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CIRCLE OF FRIENDS DROP IN CENTER				23,420	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
21ST CENTURY GRANT ADMINISTRATION				12,000	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
READING BERKS CONFERENCE OF CHURCHES				5,317	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOLY SPIRIT LUTHERAN CHURCH				5,115	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
BERKS AREA YOUTH RECREATION INC				19,213	USDA & AVG WHOLESALE	I FOOD!	TO HELP FEED THE IMPOVERISHED
AGENCY DEVELOPMENT				7,202	USDA & AVG WHOLESALE	I FOOD!	TO HELP FEED THE IMPOVERISHED
JAMESTOWN VILLAGE APARTMENTS				9,982	USDA & AVG WHOLESALE	I FOOD!	TO HELP FEED THE IMPOVERISHED
SPRING VALLEY CHURCH OF GOD YOUTH PROGRAM				39,095	USDA & AVG WHOLESALE	I FOOD	TO HELP FEED THE IMPOVERISHED
BCC MATERNAL INTERVENTION AND SUPPORT SERVICES				6,642	USDA & AVG WHOLESALE		TO HELP FEED THE IMPOVERISHED
GATEWAY SCHOOL OF COMMUNICATION & TECHNOLOGY				5,601	USDA & AVG WHOLESALE	I FOODI	TO HELP FEED THE IMPOVERISHED
CITY LIGHT MINISTRY				54,718	USDA & AVG WHOLESALE	I FOOD	TO HELP FEED THE IMPOVERISHED
CALVARY COMMUNITY CENTER				15,132	USDA & AVG WHOLESALE	1 E(1(1)1)	TO HELP FEED THE IMPOVERISHED
BCC ACT PROGRAM				13,449	USDA & AVG WHOLESALE	I FOODI	TO HELP FEED THE IMPOVERISHED
HIGH POINT CAMP				6,618	USDA & AVG WHOLESALE	I FOOD	TO HELP FEED THE IMPOVERISHED
BERKS WOMEN IN CRISIS				17,155	USDA & AVG WHOLESALE	I FOOD	TO HELP FEED THE IMPOVERISHED
DAYSPRING HOMES INC				22,830	USDA & AVG WHOLESALE		TO HELP FEED THE IMPOVERISHED

	•			_			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM GATE MINISTRY INC				7,085	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOPE RESCUE MISSION				101,874	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
OPPORTUNITY HOUSE SHELTER				92,957	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOGAR CREA INC				51,792	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MARY'S SHELTER				18,620	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
EASY DOES IT WALNUT STREET				22,050	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BCC COTTON STREET				5,794	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA MEN'S BRIDGE HOUSE				12,222	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CONEWAGO FIRETREE LTD				63,375	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA Y-PASSAGES				6,639	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA HONOR HOUSE				14,062	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA MEN'S SAFE HOUSE				20,259	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA WOMEN'S SAFE HOUSE				5,330	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
DANKEN HOUSE				19,179	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BCC PERKIOMEN AVENUE				5,396	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
EASY DOES IT- HILLTOP MEN'S PROGRAM				10,437	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
FRIENDSHIP HOUSE CLOUD HOME				10,624	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA TWIN PEAKS				10,928	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NEW PERSON CENTER				25,759	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
YMCA DUI				35,693	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
EASY DOES IT- HILLTOP WOMEN'S PROGRAM				10,498	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
TEEN CHALLENGE TRAINING CENTER				130,125	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
SENCIT TOWNE HOUSE APARTMENTS				13,046	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
READING ELDERLY HOUSING				42,534	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEEN OF ANGELS				15,936	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HISPANIC CENTER				13,207	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HUGH CARSELLA APARTMENTS				13,195	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
SCHUYLKILL HAVEN HIGH RISE APARTMENTS				5,441	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MINERSVILLE HIGH RISE APARTMENTS				6,214	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HENSLER HOMES				8,909	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HUBERT APARTMENTS				10,107	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
SHENANDOAH HIGH RISE				5,584	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MARKET SQUARE APARTMENTS SCHUYLKILL				8,921	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
RHODES APARTMENTS				15,277	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
ST JOHNS UCC CHURCH				5,497	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
CSFP- DIRECT DISTRIBUTION				7,849	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA UREL TERRA CE				5,938	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NECHO ALLEN				5,709	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
KENNEDY TOWERS				33,141	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
EPISCOPAL HOUSE OF READING				13,169	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
SCHUYKILL COUNTY OFFICE OF SENIOR SERVICES				7,961	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
NORTH 6TH STREET CHURCH OF GOD- CSFP				5,862	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
WYNDCLIFFE APARTMENTS				9,986	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
TAMAQUA HIGH RISE				8,772	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MAHANOY ELDERLY				8,809	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
HOLY SPIRIT LUTHERAN CHURCH				34,846	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
MUHLENBERG ELEMENTARY CENTER				18,321	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED
BETHEL ELEMENTARY WEEKENDER				18,459	USDA & AVG WHOLESALE	FOOD	TO HELP FEED THE IMPOVERISHED

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
WEST WYOMISSING ELEMENTARY SCHOOL				13,851	USDA & AVG WHOLESALE	I F()()()	TO HELP FEED THE IMPOVERISHED
BERNVILLE ELEMENTARY SCHOOL				13,330	USDA & AVG WHOLESALE	I FOOD	TO HELP FEED THE IMPOVERISHEDTO HELP FEED THE IMPOVERISHED
MT PENN ELEMENTARY SCHOOL				35,025	USDA & AVG WHOLESALE	I	TO HELP FEED THE IMPOVERISHED
CONRAD WEISER WEST ELEMENTARY SCHOOL				15,186	USDA & AVG WHOLESALE	I FOOD	TO HELP FEED THE IMPOVERISHED
BIRDSBORO ELEMENTARY CENTER				22,716	USDA & AVG WHOLESALE	I FOOD	TO HELP FEED THE IMPOVERISHED
SCHUYLKILL VALLEY ELEMENTARY CENTER				13,947	USDA & AVG WHOLESALE	1 EOOD	TO HELP FEED THE IMPOVERISHED

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DLN: 93493293009161

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determining of amounts		ntribut	ion
1 Art—Works of art			- 				
2 Art—Historical treasures							
3 Art—Fractional interests							
4 Books and publications							
5 Clothing and household							
oods							
6 Cars and other vehicles .							
7 Boats and planes							
8 Intellectual property							
9 Securities—Publicly traded							
.0 Securities—Closely held stock							
Stock							
LLC, or trust interests .							
2 Securities—Miscellaneous							
3 Qualified conservation contribution—Historic structures							
4 Qualified conservation contribution—Other							
5 Real estate—Residential .							
6 Real estate—Commercial							
7 Realestate—Other							
8 Collectibles							
9 Food inventory	Х	354	5,726,740	USDA AND AVG W	HOLES	A LE/L	
O Drugs and medical supplies							
1 Taxıdermy							
2 Historical artifacts							
3 Scientific specimens							
4 Archeological artifacts .							
5 Other ► ()							
6 Other ►()							
7 Other ►()							
.8 Other ► ()							
29 Number of Forms 8283 received							
for which the organization compl	eted Form 8	3283, Part IV, Donee Ackn	owledgement	29			
						Yes	No
30a During the year, did the organiza							
must hold for at least three year			on, and which is not require	d to be used			
for exempt purposes for the enti	re holding p	eriod?			30a		No
b If "Yes," describe the arrangeme	ent in Part I	ΞI					
1 Does the organization have a gif	tacceptand	e policy that requires the r	eview of any non-standard	contributions?	31		Νo
Does the organization hire or us contributions?	·	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo
b If "Yes," describe in Part II							-110
33 If the organization did not report	revenuesi	n column (c) for a type of n	roperty for which column (a) is checked.			
describe in Part II				,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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DLN: 93493293009161

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization GREATER BERKS FOOD BANK Employer identification number

22-2456238

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		BEFORE THE 990 WAS FINALIZED A DRAFT OF THE ORGANIZATION'S 990 WAS SENT BY THE PREPARER TO THE EXECUTIVE COMMITTEE FOR THEIR REVEW AND COMMENT THE ORGANIZATION'S TREASURER UTILIZED A 990 CHECKLIST AND SHARED HIS COMMENTS WITH THE PREPARER AND THE EXECUTIVE COMMITTEE THE PREPARER RESPONDED TO THE EXECUTIVE COMMITTEE ADDRESSING ALL COMMENTS UPON FURTHER REVIEW THE EXECUTIVE COMMITTEE AUTHORIZED THE PREPARER TO FINALIZE THE RETURN

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

ldentifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FOOD BANK HAS AN OPEN BOOK POLICY OF DISCLOSURE OF INFORMATION TO THE PUBLIC GOVERNING DOCUMENTS ARE MADE AVAILABLE TO ANY ONE WHO ASKS FOR THEM

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,094

ldentifier	Return Reference	Explanation
	990, PART XII, LINE 2C	NO CHANGES