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Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Short Form
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 fruist or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

	A	For th	ne 2011 (calendar year, or tax year beginning OCT 1, 2011 and end	ling SE	P 3	0, 2	2012
	В	Check (1 applicat	f ole	C Name of organization		D Emp	oloyer id	dentification number
		Addr	ess change					
		Nam	e change	BERKS COALITION TO END HOMELESSNESS, INC		3	7-15	575390
٠		Initia	l return		Room/suite	E Tele	phone	number
		Term	nnated	336 SOUTH 18TH STREET		6	10.3	372.7222
		Ame	nded return	City or town, state or country, and ZIP + 4		F Gro	up Exer	nption
		Applic	ation pending	READING, PA 19602		Nur	nber 🕨	•
	G .	Accour	nting Meth	od: X Cash Accrual Other (specify)		H Che	eck 🕨	X if the organization is not
	1 '	Websi	te: 🕨 N	T/A		req	uired to	attach Schedule B
	J.	Tax-ex	empt stat	us (check only one) $ X$ 501(c)(3) $-$ 501(c) () $◄$ (insert no.) $-$ 4947(a)(1) c	r 527	(Fo	rm 990,	990-EZ, or 990-PF).
	K	Check		if the organization is not a section 509(a)(3) supporting organization or a section 527 organization		ross re	ceipts a	re normally not more than
	;	\$50,00	0. A Form	990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructio	ons). B	ut if the	organization chooses to file
		a returi	n, be sure	to file a complete return.				
2013	L	Add Iın	es 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets (Part	II,		
20		line 25	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	142,857.
ശ	P	art I	_ Rev	enue, Expenses, and Changes in Net Assets or Fund Balances (see the instri	ıctıons	for Par	t l.)
			Check	if the organization used Schedule O to respond to any question in this Part I				<u>X</u>
MAR		1	Contribu	tions, gifts, grants, and similar amounts received			1	<u>113,897.</u>
Ξ		2	Program	service revenue including government fees and contracts			2	
$\overline{}$		3	Member	ship dues and assessments			3	<u>26,897.</u>
Ü		4	Investme	nt income			4	
3		5a		nount from sale of assets other than inventory 5a			[[]	
3		b		st or other basis and sales expenses 5b				
SCANNED		C		oss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
U)		6		and fundraising events			1.1	
	ě	a		come from gaming (attach Schedule G if greater than			Sec. 2.	
	Revenue		\$15,000	<u> </u>				
	Ŗ	b		come from fundraising events (not including \$ of contributions				
		ľ		draising events reported on line 1) (attach Schedule G if the sum of such			* ;	
			-	ome and contributions exceeds \$15,000)	1,8	14.		
		C		ect expenses from gaming and fundraising events 6c			>>,	
		d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	1,814.
		7a		es of inventory, less returns and allowances 7a				
		b		t of goods sold 7b			- '- \	
		C		ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)	T F 0		7c	240
		8		enue (describe in Schedule 0) SEE SCHEDU	IPE O		8	249.
		10	1	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	142,857.
		11	Banafife	nd sinfilaramの確認的組織的 Schedule 0) paul to ar for members			10	
		1	Salarios	order compensation, and employs the nefits			11	93 057
	Ses	12	Drofocout	gal fees and other payments to independent contractors		i	12	93,057. 1,631.
	Expenses	13		gal less and office payments to independent contractors by rent, utilities, and maintenance Services SEE SCHEDU	TT.E ()		13	4,008.
	Ä	14	. и	publi gations/jobstagetand aprip ping	TIE O			1,539.
		15		enses (describe in schedule 0) SEE SCHEDU	מוד.		15 16	37,075.
		16 17		enses Add lines 10 through 16	U 1111	•	17	137,310.
		18		(deficit) for the year (Subtract line 17 from line 9)			18	5,547.
	ets	19		s or fund balances at beginning of year (from line 27, column (A))			'0	<u> </u>
	\SS	' "		ree with end-of-year figure reported on prior year's return)		j	19	66,563.
	Net Assets	20		inges in net assets or fund balances (explain in Schedule O)			20	00,303.
	Z	21		s or fund balances at end of year. Combine lines 18 through 20		•	21	72,110.

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

Form **990-EZ** (2011)

Form 990-EZ (2011) BERKS COALITION TO END HO	MELESSNESS,	INC	<u> 37-15753</u>	90 Page 2
Part II Balance Sheets. (see the instructions for Part II	-			(==1
Check if the organization used Schedule O to re	spond to any quest		(D) C	X
00 O-sh		(A) Beginning of year	 	nd of year
22 Cash, savings, and investments	-	56,426		70,712.
23 Land and buildings 24 Other assets (describe in Schedule O) SEE SCHEDULE (, <u> </u>	10,927	23	1,398.
24 Other assets (describe in Schedule O) SEE SCHEDULE (25 Total assets) 	67,353		$\frac{1,390.}{72,110.}$
	, 	790		0.
•	' ⊢	66,563		72,110.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishme	nts (see the instruc			penses
Check if the organization used Schedule O to re	•	•	(Required	for section
What is the organization's primary exempt purpose? SEE SCHEDULE (ion in this r are in	50 I(C)(3)	and 501(c)(4)
				ons and section) trusts; optional
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant information of the services provided.		ses in a clear and concise	for others.	
28 SEE SCHEDULE O			<u> </u>	
to dan beninbeni o				
				
(Grants \$ 112,575.) If this amount includes foreign	grants check here		28a	137,310.
29	grants, check here	<u></u>	202	137,310.
			-	
				
(Grants \$) If this amount includes foreign	grants, check here	•	29a	
30	granto, orioon more	<u></u>		
			_	
			_	
(Grants \$) If this amount includes foreign	grants, check here		30a	
31 Other program services (describe in Schedule O)				
(Grants \$) If this amount includes foreign	grants, check here	>	31a	
32 Total program service expenses (add lines 28a through 31a)				137,310.
Part IV List of Officers, Directors, Trustees, and Key I	mployees. List each on	e even if not compensated (s	ee the instructions fo	or Part IV)
Check if the organization used Schedule O to re-	spond to any quest	ion in this Part IV	<u> </u>	<u> </u>
	(b) Title and average hou		d) Health benefits, contributions to	(e) Estimated
(a) Name and address	per week devoted to	compensation (Forms W-2/1099-MISC)		(0) 2011111111111
			employee benefit	amount of other
	position	(if not paid, enter -0-)		, , ,
SHARON W PARKER	EXECUTIVE DI	(if not paid, enter -0-)	employee benefit plans, and deferred compensation	amount of other
	<u> </u>	(if not paid, enter -0-)	employee benefit plans, and deferred	amount of other
SHARON W PARKER DAVID G REYHER	EXECUTIVE DI	(If not paid, enter -0-) RECTOR 50,030.	employee benefit plans, and deferred compensation	amount of other compensation
	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00	(If not paid, enter -0-) RECTOR 50,030.	employee benefit plans, and deferred compensation	amount of other compensation
	EXECUTIVE DI 40.00 PAST CHAIR/E	(if not paid, enter -0-) RECTOR 50,030. BOARDMEMBER	employee benefit pilans, and deferred compensation 0 •	amount of other compensation
DAVID G REYHER	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR 1.00	(if not paid, enter -0-) RECTOR 50,030. BOARDMEMBER	employee benefit plans, and deferred compensation	amount of other compensation
DAVID G REYHER	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR	(if not paid, enter -0-) RECTOR 50,030. OARDMEMBER 0.	employee benefit pilans, and deferred compensation 0 •	amount of other compensation 0.
DAVID G REYHER GEORGE J VOGEL, JR	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR 1.00 SECRETARY 1.00	(if not paid, enter -0-) RECTOR 50,030. OARDMEMBER 0.	employee benefit pilans, and deferred compensation 0 •	amount of other compensation 0.
DAVID G REYHER GEORGE J VOGEL, JR	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR 1.00 SECRETARY	(if not paid, enter -0-) RECTOR 50,030. BOARDMEMBER 0.	employee benefit plans, and deferred compensation 0 • 0 •	amount of other compensation 0. 0.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR 1.00 SECRETARY 1.00	(if not paid, enter -0-) RECTOR 50,030. BOARDMEMBER 0.	employee benefit plans, and deferred compensation 0 • 0 •	amount of other compensation 0. 0.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER	(if not paid, enter -0-) RECTOR 50,030. BOARDMEMBER 0. 0.	employee benefit pilans, and deferred compensation 0. 0.	amount of other compensation 0. 0. 0.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00	(if not paid, enter -0-) RECTOR 50,030. BOARDMEMBER 0. 0.	employee benefit pilans, and deferred compensation 0. 0.	amount of other compensation 0. 0. 0.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON	(if not paid, enter -0-) RECTOR 50,030. BOARDMEMBER 0. 0.	employee benefit plans, and deferred compensation 0. 0.	amount of other compensation 0. 0. 0. 0.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00 BOARD MEMBER	(if not paid, enter -0-) RECTOR 50,030. BOARDMEMBER 0. 0.	employee benefit pilans, and deferred compensation 0. 0. 0.	amount of other compensation 0. 0. 0. 0.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME SHEILA BRESSLER	EXECUTIVE DI 40.00 PAST CHAIR/F 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00	(if not paid, enter -0-) RECTOR 50,030. BOARDMEMBER 0. 0.	employee benefit plans, and deferred compensation 0. 0.	amount of other compensation 0. 0. 0. 0.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00 BOARD MEMBER	(if not paid, enter -0-) RECTOR 50,030. BOARDMEMBER 0. 0.	employee benefit pilans, and deferred compensation 0. 0. 0.	amount of other compensation 0. 0. 0. 0. 0.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME SHEILA BRESSLER YVONNE STROMAN	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00 BOARD MEMBER 1.00	(if not paid, enter -0-) RECTOR	employee benefit plans, and deferred compensation 0. 0. 0. 0.	amount of other compensation 0. 0. 0. 0.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME SHEILA BRESSLER	EXECUTIVE DI 40.00 PAST CHAIR/F 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00 BOARD MEMBER 1.00 0.00 BOARD MEMBER	(if not paid, enter -0-) RECTOR	employee benefit plans, and deferred compensation 0. 0. 0. 0. 0.	amount of other compensation O. O. O. O. O. O.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME SHEILA BRESSLER YVONNE STROMAN PATRICIA GILES	EXECUTIVE DI 40.00 PAST CHAIR/F 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00	(if not paid, enter -0-) RECTOR	employee benefit plans, and deferred compensation 0. 0. 0. 0.	amount of other compensation 0. 0. 0. 0. 0.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME SHEILA BRESSLER YVONNE STROMAN	EXECUTIVE DI 40.00 PAST CHAIR/F 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER	(if not paid, enter -0-) RECTOR 50,030. BOARDMEMBER 0. 0. 0. 0. 0.	employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	amount of other compensation O. O. O. O. O. O. O.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME SHEILA BRESSLER YVONNE STROMAN PATRICIA GILES KEN BORKEY	EXECUTIVE DI 40.00 PAST CHAIR/F 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00	(if not paid, enter -0-) RECTOR	employee benefit plans, and deferred compensation 0. 0. 0. 0. 0.	amount of other compensation O. O. O. O. O. O.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME SHEILA BRESSLER YVONNE STROMAN PATRICIA GILES	EXECUTIVE DI 40.00 PAST CHAIR/E 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00 BOARD MEMBER	(if not paid, enter -0-) RECTOR	employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0.	amount of other compensation O. O. O. O. O. O. O. O. O. O
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME SHEILA BRESSLER YVONNE STROMAN PATRICIA GILES KEN BORKEY JOHN HART	EXECUTIVE DI 40.00 PAST CHAIR/F 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00 BOARD MEMBER 1.00	(if not paid, enter -0-) RECTOR	employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	amount of other compensation O. O. O. O. O. O. O.
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME SHEILA BRESSLER YVONNE STROMAN PATRICIA GILES KEN BORKEY	EXECUTIVE DI 40.00 PAST CHAIR/F 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00 BOARD MEMBER	(if not paid, enter -0-) RECTOR	employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0.	amount of other compensation O. O. O. O. O. O. O. O. O. O
DAVID G REYHER GEORGE J VOGEL, JR MINDY MCCORMICK JAY WORRALL MODESTO FIUME SHEILA BRESSLER YVONNE STROMAN PATRICIA GILES KEN BORKEY JOHN HART	EXECUTIVE DI 40.00 PAST CHAIR/F 1.00 VICE CHAIR 1.00 SECRETARY 1.00 TREASURER 1.00 CHAIRPERSON 1.00 BOARD MEMBER 1.00	(if not paid, enter -0-) RECTOR	employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	amount of other compensation O. O. O. O. O. O. O. O. O. O

<u>F</u> orn	1990-EZ (2011) BERKS COALITION TO END HOMELESSNESS, INC 37-1575	390		Page 3
Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in t	he	
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	nis Pa		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			***
	on lines 2, 6a, and 7a, among others)?	35a	37 /	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	05.		
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	36		x
27.	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions.	t -	۲.,,	<u> </u>
	Did the organization file Form 1120-POL for this year?	37b	. ,	x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	2 3 2	, , , , ,	7 17.4
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A	~ · .	44.6%	1,5
39	Section 501(c)(7) organizations. Enter:]	1	
a	Initiation fees and capital contributions included on line 9		1. 13	×
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		1. 1	Š.
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	*		7.
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0 .	•	Ŷ	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	\$ t	- (F)	1
	or disqualified persons during the year under sections 4912, 4955, and 4958	इंड	<i>,</i> ,	
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
۵	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	(3, 1,	11.	100
٠	transaction? If "Yes," complete Form 8886-T	40e	10 4 7	x
41	List the states with which a copy of this return is filed. NONE			
	The organization's books are in care of ► SHARON W PARKER Telephone no. ► 610.3	72.7	222	
	Located at ▶ 336 S 18TH STREET, READING, PA ZIP+4 ▶ 1	L960	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		r	,
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	ļ	<u>X</u>
	If "Yes," enter the name of the foreign country:] *. ; <i>*</i>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	. *		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year	14/17		
			Yes	No
442	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	٩	1	1.05%
	Form 990-EZ	44a	1	X
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	4. 1.	¥3.5	
_	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	المراز أ	7 mg	150
	ın Schedule O	44d		<u></u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			1 3
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	00 ==	(0044)
		rorm C	rwiiet/	(2011)

Form 990-EZ (²⁰¹¹⁾ BERKS	COALITION	TO END	HOMELESS!	NESS, I	NC	37-1575			age 4
	organization engage, direc		itical campaign acti	vities on behalf of	or in opposition	to candidates for pu	iblic office?	-	'es	No
	Section 501(c)(3 organizations and sec) organizations ction 4947(a)(1) non	exempt charitabl	e trusts must an	swer question	s 47-49b and 52,	_			X c)(3)
	for lines 50 and 51 C	heck if the organiza	tion used Schedi	ule O to respond	to any questi	on in this Part VI		Y	'es	No.
48 Is the org 49a Did the o b If "Yes," v	organization engage in lot ganization a school as de organization make any tra was the related organizati e this table for the organi	scribed in section 170 nsfers to an exempt no on a section 527 organ	(b)(1)(A)(ii)? If "Yes on-charitable related nization?	s," complete Scheo d organization?	lule E			47 48 49a 49b	ved n	X X X
	0,000 of compensation f (a) Name and add		If there is none, ent e	(b) Title and per week	average hours devoted to ition	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit plans, and deferre compensation	s, (e) E	stima	ated other
51 Complete organizat	nber of other employees e this table for the organi tion. If there is none, ente d address of each indepe	zation's five highest co er "None." NON	E	· · · · · · · · · · · · · · · · · · ·	who each received (b) Type of			ation from		
					<u> </u>			<u> </u>		
					11 5 4551					
						 				
52 Did the or charitable	nber of other independer rganization complete Sch e trusts must attach a con if perjury, I declare that I pave parer (other that officers) is ba	nedule A? <mark>Note:</mark> All sed moleted Schedule A	ction 501(c)(3) orga	anizations and 494	.,,,	•	belief, it is true, co	X Yes	comple	No ste
Sign Here	Signature of officer MUDes To Type or print name and titl	P. FEU	nd, to	ursouch		Person	Date 2/7/	/3		
Paid Preparer Use Only	Print/Type preparer's I JOSEPH D. 1 CPA Firm's name JO	DANTAS,	Preparer's signature of the control	8>,0	Date 30	Check X self- emplo	yed	2008 7674		
	Firm's address ▶ 6		A AVENUE	-		Phone no.	64.0.0		_	0
May the IRS dis	scuss this return with the	preparer shown abov	e? See instructions	S			▶ [Yes Form 990)-EZ (No 2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

pen to Public Inspection

Name of the organization

Employer identification number

Par	F	Reason	BERKS (OALITION TO	END H	OMELE	SSNES	S, IN	C	37	<u>-1575</u>	390	_
-				ity Status (All organiz					ructions.				
1	yanı			because it is (For lines									
2	=			s, or association of chur		ribea in se	ction 170	(D)(1)(A)(I)	·-				
Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:												
	=								#. \/ 4\/ A \/**	*			
4 L				operated in conjunction	with a nos	pitai desci	ibea in se	ction 1/U	(I)(A)(I)	ı). Enter tn	e nospitai	s name,	
5	_	•		benefit of a college or us	nworesty o	wood or or	orated by	a govern	mental upr	t describer	1 in		-
J _			(b)(1)(A)(iv). (Compl	-	inversity of	wiled of of	delated by	a governi	nemai uni	t described	ווו ע		
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8 [section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9 [=			eives: (1) more than 33			rom oontr	hutiana m	ambarahi	n food one	d araaa raa	ainta fram	
•				nctions - subject to certa									
				axable income (less sect							-		,,
			509(a)(2). (Complete		lion on ta	x) 110111 bu	311103303	icquired b	y tile orga	ii iizalioi i ai	ter surie s	0, 1973.	
10 [perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	ı,				
11 Ē										v out the n	urnoses o	f one or	
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			- · · ·	¬ - `		•		egrated		d 🔲	Type III · C	Other	
e [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 II c Type III - Functionally integrated d Type III - Other 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). If the organization received a written determination from the IRS that it is a Type II, Type III											
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	ıt ıt ıs a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check tl	nis box									
g		Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?			
		(i) A perso	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons d	lescribed i	ın (ıı) and (ιιι) below,		Yes No	,_
		the gove	erning body of the s	upported organization?							11g(i)		
		(ii) A famıly	member of a perso	n described in (i) above?							11g(ii)		_
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	?					11g(iii)		_
h		Provide the f	ollowing information	about the supported or	ganızatıon((s)							
				(m) T (1				_
		of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organization	the on in col.	(vii) Am	ount of	
	orga	nization		(described on lines 1-9	in col. (i) lis governing (organızat (i) of youi		(i) organiz U S	ed in the	sup	oort	
				above or IRC section (see instructions))									
				(see instructions))	Yes	No	Yes	No	Yes	No			_
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Schedule A (Form 990 or 990-EZ) 2011 BERKS COALITION TO END HOMELESSNESS, INC37-1575390 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (d) 2010 (e) 2011 (f) Total (b) 2008(c) 20091 Gifts, grants, contributions, and membership fees received. (Do not 95,307. 112,193. 166,648. 140,794. 516,492. 1,550. include any "unusual 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 ,550 307 112. 193 166,648 516,492. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 516,492. 6 Public support. Subtract line 5 from line Section B. Total Support (e) 2011 (d) 2010 (a) 2007 (c) 2009 (f) Total Calendar year (or fiscal year beginning in) (b) 2008 166,648. 140,794 1,550 112,193. 516,492. 95,307 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 108. 244. 72. 64 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 141 assets (Explain in Part IV.) 516,877. 11 Total support. Add lines 7 through 10 1995 李良 经税率 . 5,5 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.93 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 15 99.96 15 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2011 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

Sec	ction A. Public Support	elow, please com	olete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	(d, 3 / 15 -)			Activities .		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	r the organization':	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiza	ation,
	check this box and stop here	 		· · · · · · · · · · · · · · · · · · ·		·- · · · · · · · · · · · · · · · · · ·	
	ction C. Computation of Publ					 	
	Public support percentage for 2011 (I	• •	•	column (f))		15	9
	Public support percentage from 2010				 	16	9
	tion D. Computation of Inves					<u> </u>	
	Investment income percentage for 20 Investment income percentage from 2	•	• • •	ne 13, column (f))	•	17	9
19a	33 $1/3\%$ support tests - 2011. If the more than 33 $1/3\%$, check this box a						7 is not ▶☐
b	33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che	_					nd ▶□
20	Private foundation. If the organization						▶□

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011

Name of the organization **Employer identification number** 37-1575390 BERKS COALITION TO END HOMELESSNESS. INC FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: INTEREST INCOME 108. 141. **MISCELLANEOUS** TOTAL TO FORM 990-EZ, LINE 8 249. FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE: DESCRIPTION OF EXPENSES: AMOUNT: DEPRECIATION 218. 3,790. OTHER EXPENSES TOTAL TO FORM 990-EZ, LINE 14 4,008. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: PAYROLL TAXES 7,451. OUTREACH ASSISTANCE AND DIRECT INTERVENTION 14,217. INSURANCE 2,628. TRAVEL/MILEAGE REIMBURSEMENT 1,166. OFFICE EXPENSES 3,751. TELEPHONE 3,093. DATA PROCESSING 1,227. DUES & SUBSCRIPTIONS 195. EQUIPMENT MAINTENANCE 230. PUBLIC RELATIONS 2,765. MISCELLANEOUS 352. TOTAL TO FORM 990-EZ, LINE 16 37.075.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public : Inspection

Name of the organization

Employer identification number 37-1575390

BERKS COALITION TO END H	1 , ,	1575390
FORM 990-EZ, PART II, LINE 24, OTHER ASS	ETS:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CONTRIBUTIONS RECEIVABLE	10,000.	0.
OTHER DEPRECIABLE ASSETS	927.	1,398.
TOTAL TO FORM 990-EZ, LINE 24	10,927.	1,398.
FORM 990-EZ, PART II, LINE 26, OTHER LIA	BILITIES:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL WITHHOLDINGS	790.	0.
FORM 990-EZ, PART III, PRIMARY EXEMPT PU OF REPRESENTATIVES OF LOCAL COMMUNITY AN GOAL IS TO ELIMINATE HOMELESSNESS IN BER STRATEGIES INCLUDING ADVOCACY, EDUCATION	D GOVERNMENT AGENCIES	WHOSE DINATED
FORM 990-EZ, PART III, LINE 28, PROGRAM	SERVICE ACCOMPLISHMENT	S:
PROVIDE ASSISTANCE TO BERKS COUNTY HOMEL	ESSNESS IN THE	<u>.</u>
FORM OF EMERGENCY RENT AND UTILITY PAYME	NTS; GROCERY	
VOUCHERS; TOILETRY SUPPLIES; BUS PASSES	AND HOMELESS	
SHELTER STAYS WITH THE GOAL OF ULTIMATEL	Y EDUCATING CONSUMERS	TO BECOME
SELF SUFFICIENT.		
FORM 990-EZ, PART V, INFORMATION REGARDI	NG PERSONAL BENEFIT CO	NTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEA	R, RECEIVE ANY FUNDS,	DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 99		rm 990 or 990-EZ) (2011)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** 37-1575390 BERKS COALITION TO END HOMELESSNESS INC THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Page 2 Schedule O (Form 990 or 990-EZ) (2011) Employer identification number Name of the organization BERKS COALITION TO END HOMELESSNESS, INC 37-1575390 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated (b) Title and average hours (C) Reportable compensation (Forms per week devoted to amount of other (a) Name and address W-2/1099-MISC) compensation position (If not paid, enter -0-) MARY KAY BERNOSKY BOARD MEMBER 0 0. 0. 1.00 CAROL BAILEY BOARD MEMBER 0. 1.00 0 0. BOARD MEMBER KEN PICK 0. 1.00 0 0. BOARD MEMBER LENIN AGUDO 0 0 0. 1.00 LORENA KEELY BOARD MEMBER 0. 0. 0 1.00 JERRY COX BOARD MEMBER 0 0. 0 1.00 MICHAEL KAUCHER BOARD MEMBER 0. 0 0 1.00 MARIA VAZOUEZ BOARD MEMBER 0 0. 0. 1.00 STACEY KEPPEN BOARD MEMBER 0. 0. 0. 1.00 BOARD MEMBER GWEN DIDDEN 1.00 0. 0. 0. CHRIS FOLK BOARD MEMBER 0. 0 0 1.00 CAROLYN BAZIK BOARD MEMBER 0. 0. 0. 1.00