

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
HELPING HARVEST FRESH FOOD BANK

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
READING, PA 19608

D Employer identification number
22-2456238

E Telephone number
(610) 926-5802

G Gross receipts \$ 15,794,436

F Name and address of principal officer:
JAY WORRALL
117 MORGAN DRIVE
READING, PA 19608

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.HELPINGHARVEST.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1983 **M** State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO FEED THE HUNGRY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	17
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	32
6 Total number of volunteers (estimate if necessary)	1,177
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	23,430,325	14,833,302
9 Program service revenue (Part VIII, line 2g)	432,838	836,955
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,760	98,821
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,133	25,358
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,897,056	15,794,436
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,922,206	10,398,823
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,901,674	2,017,427
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 232,651		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,528,202	2,962,169
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,352,082	15,378,419
19 Revenue less expenses. Subtract line 18 from line 12	5,544,974	416,017
Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,878,221	13,213,395
21 Total liabilities (Part X, line 26)	1,335,691	1,246,825
22 Net assets or fund balances. Subtract line 21 from line 20	11,542,530	11,966,570

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2022-11-11

JAY WORRALL PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Firm's name ▶ MCKONLY & ASBURY LLP		2022-11-11		P02449735
Firm's address ▶ 415 FALLOWFIELD ROAD			Firm's EIN ▶ 23-1909723	
CAMP HILL, PA 17011			Phone no. (717) 761-7910	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF HELPING HARVEST FRESH FOOD BANK (HH) IS TO FEED THE HUNGRY. HH IS A NON-PROFIT, HUNGER RELIEF ORGANIZATION FOUNDED IN 1983 AND SERVES BERKS AND SCHUYLKILL COUNTIES. HH ACCEPTS GOVERNMENT COMMODITIES, PRODUCE, FOOD AND NON FOOD GROCERY PRODUCTS DONATED BY BOTH NATIONAL AND LOCAL FOOD MANUFACTURERS AND DISTRIBUTORS, AS WELL AS CONCERNED COMMUNITY INDIVIDUALS WHO CONDUCT FOOD DRIVES THROUGH THE EFFORTS OF THE HH OPERATIONS, APPROXIMATELY 8,254,108 POUNDS OF GROCERY PRODUCTS WERE DISTRIBUTED TO LOW INCOME INDIVIDUALS AND FAMILIES. THE FOOD IS DISTRIBUTED FREE OF CHARGE TO THOSE IN NEED.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,034,638 including grants of \$ 9,801,797) (Revenue \$ 862,313)
See Additional Data

4b (Code:) (Expenses \$ 651,858 including grants of \$ 591,621) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 47,293 including grants of \$ 5,405) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 14,733,789

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question/Description, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 4 columns: Question/Section, Sub-question, Yes/No, and a column for numerical input (e.g., 2a, 3a, 3b, 4a, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17). Rows include questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 117 MORGAN DRIVE READING, PA 19608 (610) 926-5802

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RYAN HASSLER VICE PRESIDENT	1.00	X		X			0	0	0	
(2) MARIANNE PESSOGNELLI TREASURER	1.00	X		X			0	0	0	
(3) JOHN FLICKINGER CHAIR	1.00	X		X			0	0	0	
(4) NICOLE PEASE SECRETARY	1.00	X		X			0	0	0	
(5) BOB BARTO BOARD MEMBER	1.00	X					0	0	0	
(6) KEN BORKEY BOARD MEMBER	1.00	X					0	0	0	
(7) TASHA ISAAC BOARD MEMBER	1.00	X					0	0	0	
(8) LOLLY LESHNER BOARD MEMBER	1.00	X					0	0	0	
(9) DAVE LIPTOK BOARD MEMBER	1.00	X					0	0	0	
(10) JEANNE PORTER BOARD MEMBER	1.00	X					0	0	0	
(11) COURTNEY POWERS BOARD MEMBER	1.00	X					0	0	0	
(12) KIM SCAFFIDI BOARD MEMBER	1.00	X					0	0	0	
(13) DON SCHALK BOARD MEMBER	1.00	X					0	0	0	
(14) LEANN SMULLIGAN BOARD MEMBER	1.00	X					0	0	0	
(15) JOSH WEISS BOARD MEMBER	1.00	X					0	0	0	
(16) WILLIAM WIDING BOARD MEMBER	1.00	X					0	0	0	
(17) PAM WITMER BOARD MEMBER	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAY WORRALL PRESIDENT	40.00			X				158,926	0	19,960
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								158,926	0	19,960

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,398,823	10,398,823		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	178,886	152,570	17,393	8,923
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,481,104	1,270,725	135,649	74,730
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	31,703	25,759	4,508	1,436
9 Other employee benefits	209,521	170,240	29,792	9,489
10 Payroll taxes	116,213	94,426	16,524	5,263
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,458	10,890	43,568	
12 Advertising and promotion				
13 Office expenses	194,129	159,804	24,379	9,946
14 Information technology				
15 Royalties				
16 Occupancy	145,810	102,067	24,788	18,955
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,951		1,093	858
20 Interest	19,852		19,852	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	198,770	147,089	35,777	15,904
23 Insurance	25,085	20,069	5,016	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD PURCHASES	1,643,377	1,643,377		
b TRUCK EXPENSE	230,144	230,144		
c EQUIPMENT RENT AND MAIN	189,148	174,018	15,130	
d OTHER FUNDRAISING EXPEN	83,090			83,090
e All other expenses	176,355	133,788	38,510	4,057
25 Total functional expenses. Add lines 1 through 24e	15,378,419	14,733,789	411,979	232,651
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	400	1	400
	2 Savings and temporary cash investments	6,784,534	2	7,166,209
	3 Pledges and grants receivable, net	75,468	3	566,247
	4 Accounts receivable, net	7,123	4	3,430
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,006,777	8	894,252
	9 Prepaid expenses and deferred charges	2,631	9	29,841
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,572,849		
	b Less: accumulated depreciation	1,146,662		
		3,891,679	10c	4,426,187
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	29,421	13	32,653
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	80,188	15	94,176	
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,878,221	16	13,213,395	
Liabilities	17 Accounts payable and accrued expenses	220,361	17	160,077
	18 Grants payable		18	
	19 Deferred revenue	620,501	19	806,996
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	494,829	23	279,752
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,335,691	26	1,246,825
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,542,530	27	11,966,570
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	11,542,530	32	11,966,570	
33 Total liabilities and net assets/fund balances	12,878,221	33	13,213,395	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,794,436
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,378,419
3	Revenue less expenses. Subtract line 2 from line 1	3	416,017
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,542,530
5	Net unrealized gains (losses) on investments	5	8,023
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,966,570

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 22-2456238

Name: HELPING HARVEST FRESH FOOD BANK

Form 990 (2021)

Form 990, Part III, Line 4a:

HELPING HARVEST FRESH FOOD BANK DISTRIBUTES FOOD AND GROCERY PRODUCTS THROUGH A NETWORK OF OVER 320 PROGRAMS THAT ARE EXEMPT UNDER IRS 501 (C)3. THESE PROGRAMS PROVIDE FOOD TO NEIGHBORS IN NEED THROUGH PANTRIES, SOUP KITCHENS, SNACK PROGRAMS, SHELTERS, MOBILE MARKETS, AND DIRECT SERVICE PROGRAMS. FOOD SUPPLIED BY HELPING HARVEST FOOD BANK PROVIDED 458,785 INDIVIDUALS WITH FOOD FROM A PANTRY PROGRAM WHILE 1,223,897 MEALS WERE PROVIDED AT SOUP KITCHENS, SNACK PROGRAMS AND SHELTER PROGRAMS. HELPING HARVEST FOOD BANK OPERATES A WAREHOUSE AND FLEET OF DISTRIBUTION VEHICLES AND EMPLOYS 32 INDIVIDUALS.

Form 990, Part III, Line 4b:

THROUGH HH'S MANAGEMENT OF THE COMMODITY SUPPLEMENTAL FOOD PROGRAM, 1,815 LOW INCOME SENIOR CITIZENS LIVING IN BERKS AND SCHUYLKILL COUNTIES RECEIVE A TOTE FILLED WITH NUTRITIONAL FOOD EVERY MONTH THIS PACKAGE CONTAINS FOOD OF HIGH NUTRITIONAL VALUE AND IS A SUPPLEMENT FOR THE SENIOR CITIZENS DIETS EACH MONTH THE HHFFB DELIVERS THE PREPACKAGED TOTES TO MORE THAN 77 DISTRIBUTION LOCATIONS INCLUDING LOW INCOME SENIOR HIGH RISES.

Form 990, Part III, Line 4c:

HELPING HARVEST FRESH FOOD BANK DEVELOPS AND SUPPLIES THE RESOURCES NEEDED FOR OPERATION OF THE WEEKENDER PROGRAM. THIS PROGRAM PROVIDES A WEEKLY BAG OF SHELF-STABLE PRODUCT TO HELP MEET THE GAP BETWEEN THE FREE AND REDUCED MEALS THAT FOOD INSECURE CHILDREN RECEIVE IN THEIR K-12 SCHOOLS. ENROLLMENT IN THE PROGRAM IS CONDUCTED AT THE SCHOOL BY A DESIGNATED STAFF MEMBER (TEACHER, COUNSELOR, SOCIAL WORKER, NURSE) WHO IDENTIFIES STUDENTS WHO ARE ELIGIBLE TO PARTICIPATE. HELPING HARVEST FOOD BANK SUPPORTS 36 WEEKENDER PROGRAM SITES THROUGHOUT BERKS AND SCHUYLKILL COUNTIES BY PROVIDING THE FOOD AND GROCERY PRODUCTS NEEDED TO FILL AN AVERAGE OF 1,800 BAGS WEEKLY. HELPING HARVEST IS ACTIVELY WORKING TO EXPAND THIS PROGRAM TO SERVE MORE STUDENTS.

SCHEDULE A
(Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
HELPING HARVEST FRESH FOOD BANK

Employer identification number
22-2456238

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	11,774,418	10,395,153	11,123,088	23,430,325	14,833,302	71,556,286
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	11,774,418	10,395,153	11,123,088	23,430,325	14,833,302	71,556,286
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						9,380,684
6 Public support. Subtract line 5 from line 4.						62,175,602

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .	11,774,418	10,395,153	11,123,088	23,430,325	14,833,302	71,556,286
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	5,673	1,644	5,384	3,301	94,635	110,637
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .				17,133	25,358	42,491
11 Total support. Add lines 7 through 10						71,709,414

12 Gross receipts from related activities, etc. (see instructions) **12** 3,406,320

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	86.700 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	85.350 %

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2020. 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—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2020. 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 VI 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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2021 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: HELPING HARVEST FRESH FOOD BANK Employer identification number: 22-2456238

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about fund values and questions 5-6 about donor notification.

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

Form for Part II with questions 1-9 regarding conservation easements, including a sub-table for 'Held at the End of the Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions 1a-1b and 2a-2b regarding reporting on art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,421	26,506	19,914	20,964	18,063
b Contributions					
c Net investment earnings, gains, and losses	3,232	2,915	6,592	-1,050	2,901
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	32,653	29,421	26,506	19,914	20,964

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| 3a(i) Unrelated organizations | Yes | No |
| 3a(ii) Related organizations | No | No |
| 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		594,770		594,770
b Buildings		4,372,191	817,462	3,554,729
c Leasehold improvements				
d Equipment		605,888	329,200	276,688
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,426,187

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	15,802,459
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,023	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	8,023
3	Subtract line 2e from line 1		3	15,794,436
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	15,794,436

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	15,378,419
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	15,378,419
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	15,378,419

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-2456238

Name: HELPING HARVEST FRESH FOOD BANK

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	LONG TERM STABILITY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020. THE ORGANIZATION WAS ORGANIZED UNDER THE PENNSYLVANIA NON-PROFIT LAW OF 1988 AND, AS SUCH, IS EXEMPT FROM STATE INCOME TAXES. THE ORGANIZATION ADHERES TO THE PROVISIONS OF FASB ASC 740, INCOME TAXES. ASC 740 ESTABLISHES RULES FOR RECOGNIZING AND MEASURING TAX POSITIONS TAKEN IN AN INCOME TAX RETURN, INCLUDING DISCLOSURES OF UNCERTAIN TAX POSITIONS (UTPS). ASC 740 MANDATES THAT COMPANIES EVALUATE ALL MATERIAL INCOME TAX POSITIONS FOR PERIODS THAT REMAIN OPEN UNDER APPLICABLE STATUTES OF LIMITATION, AS WELL AS POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS. THE UTP RULES THEN IMPOSE A RECOGNITION THRESHOLD ON EACH TAX POSITION. A COMPANY CAN RECOGNIZE AN INCOME TAX BENEFIT ONLY IF THE POSITION HAS A "MORE LIKELY THAN NOT" (I.E., MORE THAN 50 PERCENT) CHANCE OF BEING SUSTAINED ON THE TECHNICAL MERITS. FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, THE ORGANIZATION HAS TAKEN NO MATERIAL TAX POSITIONS ON ITS APPLICABLE TAX FILINGS THAT DO NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD. AS A RESULT, NO AMOUNT FOR UTPS HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION'S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY THE APPROPRIATE TAXING AUTHORITIES FOR THE YEARS PRIOR TO 2018.</p>

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization HELPING HARVEST FRESH FOOD BANK

Employer identification number 22-2456238

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 22-2456238
Name: HELPING HARVEST FRESH FOOD BANK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
11TH & PIKE - MOBILE DIRECT 11TH PIKE STREETS READING, PA 19604	22-2456238	501(C)3	0	80,402	USDA & AVG	FOOD	FOOD RELIEF
800 COURT LLC - MOBILE DIRECT 800 COURT STREET READING, PA 19601	23-2981155	501(C)3	0	95,488	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHLAND AREA FOOD PANTRY 35 N 9TH ST ASHLAND, PA 17921	23-1670456	501(C)3	0	100,400	USDA & AVG	FOOD	FOOD RELIEF
AUBURN MOBILE MARKET 200 PEARSON STREET AUBURN, PA 17922	22-2456238	501(C)3	0	82,596	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS AREA YOUTH RECREATION INC 2009 OLD LANCASTER PIKE SINKING SPRING, PA 19608	23-3070480	501(C)3	0	7,009	USDA & AVG	FOOD	FOOD RELIEF
BERN REFORMED UCC - MOBILE DIRECT 3196 BERNVILLE ROAD LEESPORT, PA 19533	22-2456238	501(C)3	0	87,048	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHILDREN'S HOME 1863 BETHANY ROAD WOMELSDORF, PA 19567	23-2467038	501(C)3	0	19,584	USDA & AVG	FOOD	FOOD RELIEF
BETHANY LUTHERAN CHURCH 336 FRANKLIN STREET WEST READING, PA 19611	23-2265966	501(C)3	0	28,101	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL TULPEHOCKEN FOOD PANTRY 8410 LANCASTER AVENUE BETHEL, PA 19507	23-2236158	501(C)3	0	72,936	USDA & AVG	FOOD	FOOD RELIEF
BLUE MOUNTAIN ELEMENTARY EAST 675 RED DALE RD ORWIGSBURG, PA 17961	23-6005738	501(C)3	0	7,550	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE MOUNTAIN ELEMENTARY WEST 1383 LONG RUN ROAD FRIEDENSBURG, PA 17933	23-6005738	501(C)3	0	5,424	USDA & AVG	FOOD	FOOD RELIEF
B'NAI B'RITH - MOBILE DIRECT 1026 FRANKLIN STREET READING, PA 19602	23-2044750	501(C)3	0	12,507	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
B'NAI B'RITH APARTMENTS 1026 FRANKLIN STREET READING, PA 19602	23-2044750	501(C)3	0	17,610	USDA & AVG	FOOD	FOOD RELIEF
BOYERTOWN AREA MULTI-SERVICE 200 WEST SPRING STREET BOYERTOWN, PA 19512	23-7289405	501(C)3	0	171,578	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYERTOWN SALVATION ARMY 409 SOUTH READING AVENUE BOYERTOWN, PA 19512	13-5562351	501(C)3	0	353,733	USDA & AVG	FOOD	FOOD RELIEF
BRANDYWINE HEIGHTS ELEMENTARY SCHOOL 445 WEST BARKLEY STREET TOPTON, PA 19562	23-1671515	501(C)3	0	7,601	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN 234 GRACE ST READING, PA 19611	23-1598117	501(C)3	0	10,938	USDA & AVG	FOOD	FOOD RELIEF
CATHOLIC SOUP KITCHEN 530 SPRUCE STREET READING, PA 19602	27-4094688	501(C)3	0	9,900	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO HISPANO 501 WASHINGTON STREET 2ND FLOOR READING, PA 19601	23-2041081	501(C)3	0	20,419	USDA & AVG	FOOD	FOOD RELIEF
CHRIST LUTHERAN CHURCH 1301 LUZERNE STREET READING, PA 19601	23-2149121	501(C)3	0	23,019	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST LUTHERAN CHURCH GLENSIDE BLESSINGS - CSFP 1301 LUZERNE ST READING, PA 19601	23-2149121	501(C)3	0	18,457	USDA & AVG	FOOD	FOOD RELIEF
CHRISTIAN ASSOCIATION VISION FOR TODAY INC 145 SOUTH 8TH STREET READING, PA 19602	23-2611678	501(C)3	0	19,623	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST'S CUPBOARD 437 AIRPORT ROAD ASHLAND, PA 17921	23-1710010	501(C)3	0	35,690	USDA & AVG	FOOD	FOOD RELIEF
CIRCLE OF FRIENDS DROP IN CENTER 11 NORTH 5TH STREET 2ND FLOOR READING, PA 19601	23-2735283	501(C)3	0	86,498	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARE OF ASSISI HOUSE 325 S 12TH STREET READING, PA 19602	47-1044541	501(C)3	0	36,365	USDA & AVG	FOOD	FOOD RELIEF
COALDALE AREA FOOD PANTRY 151 2ND STREET COALDALE, PA 18218	23-1670456	501(C)3	0	36,203	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF EASTERN PENNSYLVANIA INC PANTRY 2 WOODLAND ROAD WYOMISSING, PA 19610	23-2222874	501(C)3	0	27,836	USDA & AVG	FOOD	FOOD RELIEF
CONRAD WEISER FOOD PANTRY 108 SOUTH ROBESON STREET ROBESONIA, PA 19551	22-2461725	501(C)3	0	136,322	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONRAD WEISER WEEKEDERS 108 SOUTH ROBESON STREET ROBESONIA, PA 19551	22-2461725	501(C)3	0	62,076	USDA & AVG	FOOD	FOOD RELIEF
CSFP-DIRECT DISTRIBUTION 117 MORGAN DRIVE READING, PA 19608	22-2456238	501(C)3	0	11,156	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANIEL BOONE AREA INTERMEDIATE CENTER 200 BOONE DRIVE DOUGLASSVILLE, PA 19518	23-1669194	501(C)3	0	9,530	USDA & AVG	FOOD	FOOD RELIEF
DANIEL BOONE AREA PRIMARY CENTER 576 MONOCACY CREEK RD BIRDSBORO, PA 19508	23-1669194	501(C)3	0	19,834	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYSPRING HOMES INC 430 HAZEL STREET READING, PA 19611	23-2622102	501(C)3	0	11,837	USDA & AVG	FOOD	FOOD RELIEF
DIAKON COMMUNITY SERVICES 118 SOUTH CENTRE STREET POTTSVILLE, PA 17901	46-5390969	501(C)3	0	85,692	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASY DOES IT - HILLTOP 1300 HILLTOP ROAD LEESPORT, PA 19533	23-2550089	501(C)3	0	32,564	USDA & AVG	FOOD	FOOD RELIEF
EISENHOWER APARTMENTS 835 FRANKLIN ST READING, PA 19602	23-6003364	501(C)3	0	17,964	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXETER AREA FOOD PANTRY 3670 PERKIOMEN AVE READING, PA 19606	23-1946582	501(C)3	0	220,678	USDA & AVG	FOOD	FOOD RELIEF
EXETER BIBLE FELLOWSHIP CHURCH 926 PHILADELPHIA AVENUE BIRDSBORO, PA 19508	23-6298606	501(C)3	0	38,021	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH ASSEMBLY OF GOD 18 S 2ND ST CRESSONA, PA 17929	23-2666290	501(C)3	0	51,771	USDA & AVG	FOOD	FOOD RELIEF
FIRST ENERGY MOBILE MARKET 1900 CENTRE AVENUE READING, PA 19601	22-2456238	501(C)3	0	308,253	USDA & AVG	FOOD	FOOD RELIEF

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FIRST UNITARIAN UNIVERSALIST 416 FRANKLIN STREET READING, PA 19602	23-2038931	501(C)3	0	78,666	USDA & AVG	FOOD	FOOD RELIEF
FLEETWOOD AREA FOOD PANTRY 261 MAIN STREET BLANDON, PA 19510	23-2274967	501(C)3	0	37,373	USDA & AVG	FOOD	FOOD RELIEF

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FRACKVILLE AREA FOOD PANTRY 48 S NICE STREET FRACKVILLE, PA 17931	23-1670456	501(C)3	0	42,237	USDA & AVG	FOOD	FOOD RELIEF
FRANKLIN APARTMENTS 120 SOUTH 6TH STREET READING, PA 19602	23-6003364	501(C)3	0	8,652	USDA & AVG	FOOD	FOOD RELIEF

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FREEDOM GATE MINISTRY INC 131 SOUTH 9TH STREET READING, PA 19602	23-1912750	501(C)3	0	10,195	USDA & AVG	FOOD	FOOD RELIEF
FRIEND INC 658 D NOBLE STREET KUTZTOWN, PA 19530	23-1924643	501(C)3	0	206,513	USDA & AVG	FOOD	FOOD RELIEF

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GIRARDVILLE AREA FOOD PANTRY 200 A STREET GIRARDVILLE, PA 17935	23-1670456	501(C)3	0	27,572	USDA & AVG	FOOD	FOOD RELIEF
GIRARDVILLE MOBILE MARKET 4TH B STREETS GIRARDVILLE, PA 17935	22-2456238	501(C)3	0	72,499	USDA & AVG	FOOD	FOOD RELIEF

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GLENSIDE HOMES - MOBILE DIRECT AVENUE A - COMMUNITY CENTER READING, PA 19601	23-6003364	501(C)3	0	74,602	USDA & AVG	FOOD	FOOD RELIEF
GOODKNIGHT THE CLUBHOUSE INC 645 WALNUT STREET READING, PA 19601	85-2280924	501(C)3	0	5,417	USDA & AVG	FOOD	FOOD RELIEF

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GRACE EVANGELICAL LUTHERAN CHURCH 30 LIBERTY STREET SHILLINGTON, PA 19607	23-1365088	501(C)3	0	66,794	USDA & AVG	FOOD	FOOD RELIEF
HAMBURG SDA CHURCH 22 WILLOW ROAD HAMBURG, PA 19526	23-6002044	501(C)3	0	115,168	USDA & AVG	FOOD	FOOD RELIEF

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HAMPDEN HEIGHTS SDA CHURCH 2706 PRICETOWN ROAD READING, PA 19560	23-1728784	501(C)3	0	71,049	USDA & AVG	FOOD	FOOD RELIEF
HAMPDEN PARK MOBILE MARKET 13TH ST HAMPEN BLVD READING, PA 19604	22-2456238	501(C)3	0	60,857	USDA & AVG	FOOD	FOOD RELIEF

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HARVEST FELLOWSHIP OF COLEBROOKDALE 584 COLEBROOKDALE ROAD BOYERTOWN, PA 19512	23-1988522	501(C)3	0	29,487	USDA & AVG	FOOD	FOOD RELIEF
HELPING HARVEST EMERGENCY FOOD BOX 117 MORGAN DRIVE READING, PA 19601	22-2456238	501(C)3	0	26,267	USDA & AVG	FOOD	FOOD RELIEF

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HISPANIC CENTER - CSFP 501 WASHINGTON STREET READING, PA 19601	23-2041081	501(C)3	0	134,014	USDA & AVG	FOOD	FOOD RELIEF
HOGAR CREA INC 302 SOUTH 5TH STREET READING, PA 19602	23-2014027	501(C)3	0	11,084	USDA & AVG	FOOD	FOOD RELIEF

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HOPE LUTHERAN CHURCH 601 NORTH FRONT STREET READING, PA 19601	23-6001181	501(C)3	0	373,933	USDA & AVG	FOOD	FOOD RELIEF
HOPE RESCUE MISSION 645 NORTH 6TH STREET READING, PA 19601	23-1413677	501(C)3	0	54,021	USDA & AVG	FOOD	FOOD RELIEF

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HOPE'S TABLE - HOPE LUTHERAN CHURCH 601 NORTH FRONT STREET READING, PA 19601	23-6001181	501(C)3	0	5,311	USDA & AVG	FOOD	FOOD RELIEF
HOPEWELL LOVE P O BOX 396 DOUGLASSVILLE, PA 19518	25-1915601	501(C)3	0	71,071	USDA & AVG	FOOD	FOOD RELIEF

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HUB OF HOPE PANTRY 1116 PERRY STREET READING, PA 19604	23-6266274	501(C)3	0	27,664	USDA & AVG	FOOD	FOOD RELIEF
HUBERT APARTMENTS 125 NORTH 10TH STREET READING, PA 19601	23-6003364	501(C)3	0	8,500	USDA & AVG	FOOD	FOOD RELIEF

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HUFF'S CHURCH MOBILE MARKET 540 CONRAD ROAD ALBURTIS, PA 18011	22-2456238	501(C)3	0	15,832	USDA & AVG	FOOD	FOOD RELIEF
HUGH CARCELLA - MOBILE DIRECT 505 NORTH 10TH STREET READING, PA 19604	23-1923419	501(C)3	0	7,568	USDA & AVG	FOOD	FOOD RELIEF

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HUGH CARCELLA APARTMENTS 505 NORTH 10TH STREET READING, PA 19604	23-1923419	501(C)3	0	26,297	USDA & AVG	FOOD	FOOD RELIEF
INCARNATION LUTHERAN CHURCH 1101 LANCASTER AVENUE READING, PA 19607	23-6005289	501(C)3	0	13,385	USDA & AVG	FOOD	FOOD RELIEF

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JEWISH FAMILY SERVICE 1100 BERKSHIRE BLVD WYOMISSING, PA 19610	23-1728784	501(C)3	0	125,424	USDA & AVG	FOOD	FOOD RELIEF
JW COOPER COMMUNITY CENTER 39 N WHITE STREET SHENANDOAH, PA 17976	45-4273366	501(C)3	0	261,745	USDA & AVG	FOOD	FOOD RELIEF

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KENNEDY TOWERS 300 SOUTH 4TH STREET READING, PA 19602	23-2041081	501(C)3	0	18,547	USDA & AVG	FOOD	FOOD RELIEF
KEYSTONE MILITARY FAMILIES 331 MAIN ST P O BOX 358 SHOEMAKERSVILLE, PA 19555	47-1244270	501(C)3	0	233,500	USDA & AVG	FOOD	FOOD RELIEF

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KUTZTOWN UNIVERSITYFRIEND INC 15175 KUTZTOWN ROAD KUTZTOWN, PA 19530	23-1924643	501(C)3	0	48,448	USDA & AVG	FOOD	FOOD RELIEF
LAUREL COURT 400 LAUREL BLVD POTTSVILLE, PA 17901	23-6051023	501(C)3	0	6,344	USDA & AVG	FOOD	FOOD RELIEF

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LAUREL COURT - MOBILE DIRECT 400 LAUREL BLVD POTTSVILLE, PA 17901	23-6051023	501(C)3	0	5,246	USDA & AVG	FOOD	FOOD RELIEF
LAUREL TERRACE - MOBILE DIRECT 410 LAUREL BLVD POTTSVILLE, PA 17901	23-6051023	501(C)3	0	7,539	USDA & AVG	FOOD	FOOD RELIEF

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LIFE CHURCH READING 621 CENTRE AVENUE READING, PA 19601	22-3110904	501(C)3	0	36,435	USDA & AVG	FOOD	FOOD RELIEF
MAHANoy AREA FOOD PANTRY 400 E MAHANoy AVE MAHANoy CITY, PA 17948	23-1670456	501(C)3	0	9,357	USDA & AVG	FOOD	FOOD RELIEF

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MAHANAY CITY MOBILE MARKET 139 W CENTRE STREET MAHANAY CITY, PA 17948	22-2456238	501(C)3	0	109,607	USDA & AVG	FOOD	FOOD RELIEF
MAHANAY ELDERLY 10 W CENTER ST MAHANAY CITY, PA 17948	22-3020146	501(C)3	0	11,534	USDA & AVG	FOOD	FOOD RELIEF

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MANNA - MINISTRY OF GRACE EC CHURCH 421 WEST MAIN STREET KUTZTOWN, PA 19530	23-6433584	501(C)3	0	56,098	USDA & AVG	FOOD	FOOD RELIEF
MARKET SQUARE APTS - MOBILE DIRECT 205 N 12TH ST POTTSVILLE, PA 17901	22-2180259	501(C)3	0	9,022	USDA & AVG	FOOD	FOOD RELIEF

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MARKET SQUARE READING - MOBILE DIRECT 801 PENN STREET READING, PA 19601	23-2821865	501(C)3	0	5,890	USDA & AVG	FOOD	FOOD RELIEF
MINERSVILLE AREA ELEMENTARY SCHOOL 300 N 5TH STREET MINERSVILLE, PA 17954	23-1668606	501(C)3	0	23,902	USDA & AVG	FOOD	FOOD RELIEF

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MINERSVILLE AREA FOOD CUPBOARD FOURTH LEWIS STS MINERSVILLE, PA 17954	23-1670456	501(C)3	0	5,622	USDA & AVG	FOOD	FOOD RELIEF
MINERSVILLE HIGH RISE APARTMENTS 300 LEWIS STREET POTTSVILLE, PA 17901	23-1667098	501(C)3	0	6,835	USDA & AVG	FOOD	FOOD RELIEF

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MINERSVILLE MOBILE MARKET 40 HIGH SCHOOL LANE MINERSVILLE, PA 17954	22-2456238	501(C)3	0	34,659	USDA & AVG	FOOD	FOOD RELIEF
MOHNTON MOBILE MARKET 57 N CHURCH STREET MOHNTON, PA 19540	22-2456238	501(C)3	0	57,777	USDA & AVG	FOOD	FOOD RELIEF

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MOUNT PENN ELEMENTARY SCHOOL 2310 CUMBERLAND AVENUE READING, PA 19606	23-1667957	501(C)3	0	5,215	USDA & AVG	FOOD	FOOD RELIEF
MOUNT PENN PRIMARY CENTER 201 NORTH 25 STREET READING, PA 19606	23-1667957	501(C)3	0	12,648	USDA & AVG	FOOD	FOOD RELIEF

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MUHLENBERG CHURCHES FOOD PANTRY 1301 E BELLEVUE AVENUE READING, PA 19605	45-5335491	501(C)3	0	95,688	USDA & AVG	FOOD	FOOD RELIEF
MUHLENBERG ELEMENTARY CENTER 610 SHARP AVENUE READING, PA 19605	23-6004190	501(C)3	0	15,433	USDA & AVG	FOOD	FOOD RELIEF

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MUHLENBERG MOBILE MARKET 2934 N 5TH STREET HIGHWAY READING, PA 19605	22-2456238	501(C)3	0	135,188	USDA & AVG	FOOD	FOOD RELIEF
NEW HOPE WESLEYAN CHURCH 32 S SPENCER ST FRACKVILLE, PA 17931	23-3023536	501(C)3	0	90,128	USDA & AVG	FOOD	FOOD RELIEF

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NEW JOURNEY COMMUNITY OUTREACH 138 SOUTH 6TH STREET READING, PA 19602	36-4630419	501(C)3	0	1,059,816	USDA & AVG	FOOD	FOOD RELIEF
NEW JOURNEY SOUP KITCHEN 138 SOUTH 6TH STREET READING, PA 19602	36-4630419	501(C)3	0	20,919	USDA & AVG	FOOD	FOOD RELIEF

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NEW RINGGOLD AREA FOOD PANTRY 6 S RACE ST NEW RINGGOLD, PA 17960	23-1670456	501(C)3	0	31,188	USDA & AVG	FOOD	FOOD RELIEF
CHARIS COMMUNITY CHURCH 123 NORTH 6TH STREET READING, PA 19601	23-2268032	501(C)3	0	23,020	USDA & AVG	FOOD	FOOD RELIEF

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CHARIS COMMUNITY CHURCH - CSFP 123 NORTH 6TH STREET READING, PA 19601	23-2268032	501(C)3	0	18,457	USDA & AVG	FOOD	FOOD RELIEF
NORTH SCHUYLKILL ELEMENTARY SCHOOL 38 LINE STREET ASHLAND, PA 17921	23-1671438	501(C)3	0	37,596	USDA & AVG	FOOD	FOOD RELIEF

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NORTHERN BERKS FOOD PANTRY 711 WINDSOR STREET HAMBURG, PA 19526	23-2614092	501(C)3	0	35,831	USDA & AVG	FOOD	FOOD RELIEF
OAKBROOK HOUSING 333 KENHORST BLVD READING, PA 19607	23-7249552	501(C)3	0	49,923	USDA & AVG	FOOD	FOOD RELIEF

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OAKBROOK MOBILE MARKET 1040 LIGGETT AVE READING, PA 19611	22-2456238	501(C)3	0	85,223	USDA & AVG	FOOD	FOOD RELIEF
OLEY MOBILE MARKET 26 JEFFERSON STREET OLEY, PA 19547	22-2456238	501(C)3	0	71,910	USDA & AVG	FOOD	FOOD RELIEF

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OLEY VALLEY FOOD PANTRY 1076 MEMORIAL HIGHWAY OLEY, PA 19547	23-7199273	501(C)3	0	169,870	USDA & AVG	FOOD	FOOD RELIEF
OLIVET BOYS & GIRLS CLUB'S 1161 PERSHING BLVD READING, PA 19611	23-1365380	501(C)3	0	20,689	USDA & AVG	FOOD	FOOD RELIEF

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ONE LUV INC 1335 PERRY STREET READING, PA 19604	82-2411514	501(C)3	0	5,906	USDA & AVG	FOOD	FOOD RELIEF
OPPORTUNITY HOUSESHELTER 430 NORTH 2ND STREET READING, PA 19601	23-2543677	501(C)3	0	146,747	USDA & AVG	FOOD	FOOD RELIEF

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORWIGSBURG AREA FOOD PANTRY 232 EAST MARKET STREET ORWIGSBURG, PA 17961	23-1692502	501(C)3	0	33,348	USDA & AVG	FOOD	FOOD RELIEF
PATTERSON APTS - MOBILE DIRECT 101 N 12TH ST POTTSVILLE, PA 17901	23-6051023	501(C)3	0	90,747	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PERRY ELEMENTARY CENTER 201 4TH STREET SHOEMAKERSVILLE, PA 19555	23-1667967	501(C)3	0	12,112	USDA & AVG	FOOD	FOOD RELIEF
PINE GROVE AREA FOOD PANTRY C/O 527 DAD BURNHAMS RD SCHUYLKILL HAVEN, PA 17972	23-2683569	501(C)3	0	31,490	USDA & AVG	FOOD	FOOD RELIEF

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POTTSTOWN SALVATION ARMY 137 KING STREET POTTSTOWN, PA 19464	13-5562351	501(C)3	0	19,952	USDA & AVG	FOOD	FOOD RELIEF
POTTSVILLE AREA FOOD PANTRY 400 N 7TH ST POTTSVILLE, PA 17901	23-1670456	501(C)3	0	134,411	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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POTTSVILLE MOBILE MARKET 500 PROGRESS AVENUE POTTSVILLE, PA 17901	22-2456238	501(C)3	0	212,008	USDA & AVG	FOOD	FOOD RELIEF
POTTSVILLE SALVATION ARMY 400 SANDERSON STREET POTTSVILLE, PA 17901	13-5562351	501(C)3	0	48,872	USDA & AVG	FOOD	FOOD RELIEF

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PRODUCE 4 KIDS 117 MORGAN DRIVE READING, PA 19608	22-2456238	501(C)3	0	90,086	USDA & AVG	FOOD	FOOD RELIEF
RACC MOBILE MARKET 2ND CHESTNUT STREETS READING, PA 19602	22-2456238	501(C)3	0	134,819	USDA & AVG	FOOD	FOOD RELIEF

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RAVEN'S FOOD PANTRY THE FOUNDATION FOR RACC 10 S 2ND STREET READING, PA 19602	23-2273163	501(C)3	0	16,092	USDA & AVG	FOOD	FOOD RELIEF
READING ELDERLY HOUSING 100 NORTH FRONT STREET READING, PA 19601	22-2251607	501(C)3	0	43,419	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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READING HISPANIC SDA 1228 NORTH 10TH STREET READING, PA 19604	23-2771368	501(C)3	0	44,693	USDA & AVG	FOOD	FOOD RELIEF
READING RECREATION COMMISSION 320 S 3RD STREET READING, PA 19602	38-3860043	501(C)3	0	193,828	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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READING SALVATION ARMY 301 SOUTH 5TH STREET READING, PA 19602	13-5562351	501(C)3	0	291,984	USDA & AVG	FOOD	FOOD RELIEF
REHOBOTH SDA CHURCH 1502 SNYDER STREET READING, PA 19601	23-6000040	501(C)3	0	216,035	USDA & AVG	FOOD	FOOD RELIEF

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RHODES APARTMENTS 815 FRANKLIN STREET READING, PA 19602	23-6003364	501(C)3	0	17,110	USDA & AVG	FOOD	FOOD RELIEF
RINGTOWN VALLEY FOOD PANTRY 155 ZION GROVE RD RINGTOWN, PA 17967	23-1670456	501(C)3	0	85,203	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RINGTOWN VALLEY FOOD PANTRY - CSFP 155 ZION GROVE RD RINGTOWN, PA 17967	23-1670456	501(C)3	0	5,413	USDA & AVG	FOOD	FOOD RELIEF
ROAD TO DAMASCUS 234 NORTH 6TH STREET READING, PA 19601	83-4527817	501(C)3	0	6,091	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAFE BERKS 255 CHESTNUT STREET READING, PA 19602	23-2087191	501(C)3	0	9,949	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL HAVEN AREA ELEMENTARY SCHOOL 701 E MAIN ST SCHUYLKILL HAVEN, PA 17972	23-6004186	501(C)3	0	21,728	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SCHUYLKILL HAVEN AREA FOOD PANTRY WALK IN SHOE FACTORY P O BOX 303 SCHUYLKILL HAVEN, PA 17972	23-1670456	501(C)3	0	78,758	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL HAVEN HIGH RISE APARTMENTS 245 PARKWAY SCHUYLKILL HAVEN, PA 17972	23-1667098	501(C)3	0	6,015	USDA & AVG	FOOD	FOOD RELIEF

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SCHUYLKILL HAVEN HIGH RISE - MOBILE DIRECT 245 PARKWAY SCHUYLKILL HAVEN, PA 17972	23-1667098	501(C)3	0	19,444	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL HOPE CENTER - SCHUYLKILL WOMEN IN CRISIS 800 MOUNT HOPE AVENUE POTTSVILLE, PA 17901	23-2331195	501(C)3	0	13,184	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SCHUYLKILL VALLEY ELEMENTARY SCHOOL 62 ASHLEY WAY LEESPORT, PA 19533	23-1670251	501(C)3	0	10,160	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL VALLEY FOOD PANTRY 15 MACOMB ST NEW PHILADELPHIA, PA 17959	23-1670456	501(C)3	0	25,385	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SCHUYLKILL VALLEY PASTOR'S ASSN - CSFP 102 APPLE LANE P O BOX 221 LEESPORT, PA 19533	23-2766689	501(C)3	0	8,828	USDA & AVG	FOOD	FOOD RELIEF
SCHUYLKILL VALLEY PASTORS' ASSOCIATION 102 APPLE STREET LEESPORT, PA 19533	23-2766689	501(C)3	0	113,604	USDA & AVG	FOOD	FOOD RELIEF

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SENCIT TOWNE HOUSE APARTMENTS 20 SOUTH SUMMIT AVENUE SHILLINGTON, PA 19607	23-2584838	501(C)3	0	15,192	USDA & AVG	FOOD	FOOD RELIEF
SERVANTS TO ALL 4 SOUTH CENTRE ST POTTSVILLE, PA 17901	46-1039549	501(C)3	0	35,309	USDA & AVG	FOOD	FOOD RELIEF

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SHENANDOAH AREA FOOD PANTRY 201 W CHERRY ST SHENANDOAH, PA 17976	23-1670456	501(C)3	0	38,739	USDA & AVG	FOOD	FOOD RELIEF
SHENANDOAH FOOD PANTRY - CSFP 201 W CHERRY ST SHENANDOAH, PA 17976	23-1670456	501(C)3	0	6,311	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHENANDOAH HIGH RISE 100 SOUTH MAIN STREET SHENANDOAH, PA 17976	23-1667098	501(C)3	0	5,144	USDA & AVG	FOOD	FOOD RELIEF
SHENANDOAH MOBILE MARKET 1 GOLD STAR HIGHWAY SHENANDOAH, PA 17976	22-2456238	501(C)3	0	69,073	USDA & AVG	FOOD	FOOD RELIEF

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SHILLINGTON CHURCH OF CHRIST 475 PHILADELPHIA AVE SHILLINGTON, PA 19607	23-2003261	501(C)3	0	19,656	USDA & AVG	FOOD	FOOD RELIEF
SHILOH HILLS ELEMENTARY SCHOOL 301 SAGE DRIVE SINKING SPRING, PA 19608	23-1667988	501(C)3	0	6,383	USDA & AVG	FOOD	FOOD RELIEF

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SICK RECOVERY 1056 PALISADES DRIVE LEESPORT, PA 19533	81-4418212	501(C)3	0	57,360	USDA & AVG	FOOD	FOOD RELIEF
SKYLINE VIEW APARTMENTS 50 NORTH 9TH STREET READING, PA 19601	23-6463768	501(C)3	0	17,235	USDA & AVG	FOOD	FOOD RELIEF

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SPRING VALLEY CHURCH OF GOD 2727 OLD PRICETOWN ROAD TEMPLE, PA 19560	23-1988874	501(C)3	0	53,184	USDA & AVG	FOOD	FOOD RELIEF
ST CLAIR AREA FOOD PANTRY 23 NORTH FRONT STREET ST CLAIR, PA 17970	23-1670456	501(C)3	0	34,988	USDA & AVG	FOOD	FOOD RELIEF

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ST JAMES CHAPEL COG PANTRY 11-15 SOUTH 9TH STREET READING, PA 19602	23-2389425	501(C)3	0	12,856	USDA & AVG	FOOD	FOOD RELIEF
ST JOHN BAPTIST UNITED MINISTRIES 416 SOUTH 7TH STREET READING, PA 19602	47-5414764	501(C)3	0	19,446	USDA & AVG	FOOD	FOOD RELIEF

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ST JOHN'S LUTHERAN CHURCH 521 WALNUT STREET READING, PA 19601	23-1489824	501(C)3	0	125,255	USDA & AVG	FOOD	FOOD RELIEF
ST JOHN'S UCC 57 ST JOHNS ROAD BIRDSBORO, PA 19508	23-2270768	501(C)3	0	54,948	USDA & AVG	FOOD	FOOD RELIEF

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ST JOSEPH'S RCC 1018 NORTH 8TH STREET READING, PA 19604	23-1370431	501(C)3	0	71,355	USDA & AVG	FOOD	FOOD RELIEF
ST PATRICK'S POTTSVILLE AREA KITCHEN 504 MAHANTONGO STREET POTTSVILLE, PA 17901	23-1598117	501(C)3	0	5,778	USDA & AVG	FOOD	FOOD RELIEF

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ST PAUL'S LUTHERAN CHURCH 1559 PERKIOMEN AVENUE READING, PA 19602	23-6478890	501(C)3	0	54,804	USDA & AVG	FOOD	FOOD RELIEF
ST PAUL'S LUTHERAN CHURCH - CSFP 1559 PERKIOMEN AVENUE READING, PA 19602	23-6478890	501(C)3	0	6,589	USDA & AVG	FOOD	FOOD RELIEF

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ST THOMAS CHURCH 536 N MAIN STREET BERNVILLE, PA 19506	22-2456238	501(C)3	0	48,110	USDA & AVG	FOOD	FOOD RELIEF
STS CONSTANTINE AND HELEN GREEK ORTHODOX CHURCH 1001 EAST WYOMISSING BLVD READING, PA 19611	23-1412035	501(C)3	0	86,168	USDA & AVG	FOOD	FOOD RELIEF

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TAMAQUA AREA ELEMENTARY SCHOOL 490 BOYLE AVENUE TAMAQUA, PA 18252	23-1675014	501(C)3	0	18,919	USDA & AVG	FOOD	FOOD RELIEF
TAMAQUA AREA FOOD PANTRY 105 WEST BROAD ST TAMAQUA, PA 18252	23-1670456	501(C)3	0	10,310	USDA & AVG	FOOD	FOOD RELIEF

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TAMAQUA AREA MIDDLE SCHOOL 502 PENN STREET TAMAQUA, PA 18252	23-1675014	501(C)3	0	7,761	USDA & AVG	FOOD	FOOD RELIEF
TAMAQUA HIGH RISE 222 BROAD STREET TAMAQUA, PA 18252	23-3044917	501(C)3	0	14,100	USDA & AVG	FOOD	FOOD RELIEF

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TAMAQUA HIGH RISE - MOBILE DIRECT 222 BROAD STREET TAMAQUA, PA 18252	23-3044917	501(C)3	0	6,730	USDA & AVG	FOOD	FOOD RELIEF
TAMAQUA MOBILE MARKET 502 PENN STREET TAMAQUA, PA 18252	22-2456238	501(C)3	0	56,412	USDA & AVG	FOOD	FOOD RELIEF

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TAMAQUA PRIMITIVE METHODIST CHURCH 57 HUNTER STREET TAMAQUA, PA 18252	23-2271903	501(C)3	0	161,028	USDA & AVG	FOOD	FOOD RELIEF
TEEN CHALLENGE TRAINING CENTER 33 TEEN CHALLENGE ROAD REHERSBURG, PA 19550	23-1695361	501(C)3	0	107,041	USDA & AVG	FOOD	FOOD RELIEF

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THE REAL CHURCH 33 LYONS ROAD FLEETWOOD, PA 19522	81-2799802	501(C)3	0	59,991	USDA & AVG	FOOD	FOOD RELIEF
TILDEN ELEMENTARY CENTER 524 W STATE ST HAMBURG, PA 19526	23-1667967	501(C)3	0	26,978	USDA & AVG	FOOD	FOOD RELIEF

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TOPTON MOBILE MARKET 200 W WEIS STREET TOPTON, PA 19562	22-2456238	501(C)3	0	102,955	USDA & AVG	FOOD	FOOD RELIEF
TREMONT AREA FOOD PANTRY 139 CLAY ST TREMONT, PA 17981	23-1670456	501(C)3	0	19,080	USDA & AVG	FOOD	FOOD RELIEF

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TRINITY UCC 705 FRIEDENSBURG ROAD READING, PA 19606	23-1353353	501(C)3	0	29,726	USDA & AVG	FOOD	FOOD RELIEF
TWIN VALLEY FOOD PANTRY 2779 MAIN STREET MORGANTOWN, PA 19543	23-7129887	501(C)3	0	49,735	USDA & AVG	FOOD	FOOD RELIEF

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UNITED PRESBYTERIAN CHURCH 214 MAHANTONGO ST POTTSVILLE, PA 17901	23-1352430	501(C)3	0	12,899	USDA & AVG	FOOD	FOOD RELIEF
VETERANS MAKING A DIFFERENCE 2412 SPRING ST READING, PA 19609	46-2352609	501(C)3	0	18,349	USDA & AVG	FOOD	FOOD RELIEF

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WACKY WATER WEDNESDAYS VARIOUS READING, PA 19608	22-2456238	501(C)3	0	8,101	USDA & AVG	FOOD	FOOD RELIEF
WERNERSVILLE MOBILE MARKET 2 E PENN AVE WERNERSVILLE, PA 19565	22-2456238	501(C)3	0	117,248	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST PENN ELEMENTARY SCHOOL 185 SCHOOL DRIVE NEW RINGGOLD, PA 17960	23-1675014	501(C)3	0	10,004	USDA & AVG	FOOD	FOOD RELIEF
WILLIAMS VALLEY FOOD PANTRY 418 W WICONISCO ST MUIR, PA 17957	23-2261354	501(C)3	0	37,770	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILSON FOOD PANTRY 4125 PENN AVENUE SINKING SPRING, PA 19608	46-0909537	501(C)3	0	72,663	USDA & AVG	FOOD	FOOD RELIEF
WYNDCLIFFE APTS - CSFP 100 CHESTNUT ST HAMBURG, PA 19526	23-2015425	501(C)3	0	7,195	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYNDCLIFFE APTS - MOBILE DIRECT 100 CHESTNUT ST HAMBURG, PA 19526	23-2015425	501(C)3	0	11,979	USDA & AVG	FOOD	FOOD RELIEF
YMCA CAMP JOY 1120 BERKS ROAD LEESPORT, PA 19533	23-1244009	501(C)3	0	17,223	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA MEN'S BRIDGE HOUSE 631 WASHINGTON STREET READING, PA 19601	23-1244009	501(C)3	0	6,328	USDA & AVG	FOOD	FOOD RELIEF
YMCA TEEN DROP IN CENTER 631 WASHINGTON STREET READING, PA 19601	23-1244009	501(C)3	0	12,322	USDA & AVG	FOOD	FOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA WOMEN'S BRIDGE HOUSE 631 WASHINGTON STREET READING, PA 19601	23-1244009	501(C)3	0	6,334	USDA & AVG	FOOD	FOOD RELIEF
ZION BLUE MTN UNITED CHURCH OF CHRIST 6573 OLD RTE 22 STRAUSSTOWN, PA 19559	23-2021133	501(C)3	0	48,943	USDA & AVG	FOOD	FOOD RELIEF

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
HELPING HARVEST FRESH FOOD BANK

Employer identification number
22-2456238

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HELPING HARVEST FRESH 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	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		9,114,154	USDA & AVG WHOLESALE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

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

	Yes	No
30a		No

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

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

31		No
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
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b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization
HELPING HARVEST FRESH FOOD BANK

Employer identification number

22-2456238

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	BEFORE THE 990 IS FINALIZED, THE ORGANIZATION'S PRESIDENT PROVIDES THE DRAFT 990 PREPARED BY THE AUDIT FIRM TO MEMBERS OF THE BOARD OF EXECUTIVE COMMITTEE FOR THEIR REVIEW AND COMMENT. THE ORGANIZATION'S TREASURER SHARES HIS/HER COMMENTS WITH THE EXECUTIVE COMMITTEE. AFTER THEIR REVIEW OF HIS/HER COMMENTS, ANY FOLLOWUP QUESTIONS OR CONCERNS ARE COMMUNICATED TO THE AUDIT FIRM. THE PREPARER RESPONDS TO THE EXECUTIVE COMMITTEE'S COMMENTS, IF ANY. THE PREPARER THEN PROVIDES A REVISED, FINAL VERSION OF THE 990. THE EXECUTIVE COMMITTEE APPROVES THE FULL, FINAL VERSION OF THE 990 AND AUTHORIZES THE PREPARER TO FILE THE RETURN WITH THE IRS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE ORGANIZATION'S PRESIDENT IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPARABILITY DATA IS USED IN DETERMINING HER/HIS SALARY. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS COMPENSATION DETERMINATIONS IN THE ORGANIZATION'S MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE CREATED AT THE TIME COMPENSATION IS APPROVED AND REFLECT THE REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	HELPING HARVEST HAS AN OPEN BOOK POLICY OF DISCLOSURE OF INFORMATION TO THE PUBLIC. GOVERNING DOCUMENTS ARE MADE AVAILABLE TO ANYONE WHO ASKS FOR THEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2C	NO CHANGE FROM PREVIOUS YEAR.