

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , and ending

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

C Name of organization: **GREATER BERKS FOOD BANK**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **22-2456238**
117 MORGAN DRIVE **610-926-5802**
 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 \$: **12,513,060**

F Name and address of principal officer:
MARGARET BIANCA

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)

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

J Website: **WWW.BERKSFOODBANK.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1983** **M** State of legal domicile: **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FEED THE HUNGRY BY ACQUIRING AND DISTRIBUTING FOOD TO PEOPLE IN NEED.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	867
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,479,689	11,844,991
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	606,248	657,574
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,408	2,888
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,000	2,507
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,211,345	12,507,960
	14 Benefits paid to or for members (Part IX, column (A), line 4)	12,347,378	11,412,736
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	862,861	854,359
	b Total fundraising expenses (Part IX, column (D), line 25) u 190,215	32,258	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	959,921	972,711
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,202,418	13,239,806
19 Revenue less expenses. Subtract line 18 from line 12	1,008,927	-731,846	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,458,316	7,368,438
	22 Net assets or fund balances. Subtract line 21 from line 20	1,496,816	1,113,606
		6,961,500	6,254,832

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: **MARGARET BIANCA** Date: **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **CHRISTOPHER A. SPANG** Preparer's signature: **CHRISTOPHER A. SPANG** Date: **08/23/17** Check if self-employed PTIN: **P00471337**

Firm's name: **WILLIAM G. KOCH & ASSOCIATES** Firm's EIN: **23-2641012**
 Firm's address: **2650 WESTVIEW DR WYOMISSING, PA 19610-1187** Phone no.: **610-678-9700**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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:

SEE SCHEDULE O

Public Inspection Copy

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 \$ **12,138,708** including grants of \$ **10,823,993**) (Revenue \$ **632,770**)
GBFB DISTRIBUTES FOOD AND GROCERY PRODUCTS THROUGH A NETWORK OF OVER 300 GRASSROOTS AND COMMUNITY PROGRAMS THAT ARE EXEMPT UNDER IRS 501(C)(3), THAT OFFER A BROAD VARIETY OF SERVICES INCLUDING HOMELESS SHELTERS, SOUP KITCHENS, FOOD CUPBOARDS, AFTER SCHOOL PROGRAMS AND DIRECT SERVICE PROGRAMS. FOOD SUPPLIED BY THE GBFB PROVIDED MORE THAN 2,853,580 MEALS AT SOUP KITCHENS AND SHELTERS. AN AVERAGE OF 57,236 INDIVIDUALS RECEIVED FOOD PACKAGES MONTHLY FROM A FOOD PANTRY/CUPBOARD. GBFB OPERATES A WAREHOUSE AND FLEET OF DISTRIBUTION VEHICLES, AND EMPLOYS 18 INDIVIDUALS PLUS 4 TEMPORARY WORKERS.

4b (Code:) (Expenses \$ **409,010** including grants of \$ **364,711**) (Revenue \$)
THROUGH GBFB'S MANAGEMENT OF THE COMMODITY SUPPLEMENTAL FOOD PROGRAM, 1,479 LOW INCOME SENIOR CITIZENS LIVING IN BERKS AND SCHUYLKILL COUNTIES RECEIVE A TOTE FILLED WITH NUTRITIONAL FOOD EVERY MONTH. THIS PACKAGE CONTAINS FOOD OF HIGH NUTRITIONAL VALUE AND IS A SUPPLEMENT FOR THE SENIOR CITIZENS DIETS. EACH MONTH THE GBFB DELIVERS THE PREPACKAGED TOTES TO MORE THAN 73 DISTRIBUTION LOCATIONS INCLUDING LOW INCOME SENIOR HIGH RISES.

4c (Code:) (Expenses \$ **251,244** including grants of \$ **224,032**) (Revenue \$ **24,804**)
THE GBFB DEVELOPS AND SUPPLIES THE RESOURCES NEEDED FOR OPERATION OF THE BACKPACK PROGRAM. THIS PROGRAM PROVIDES A BACKPACK OF FOOD TO ELEMENTARY SCHOOL STUDENTS EVERY FRIDAY AT THE END OF THE SCHOOL DAY. OUTREACH IS CONDUCTED AT THE SCHOOL, TYPICALLY BY THE SCHOOL NURSE WHO IDENTIFIES THE CHILDREN ELIGIBLE TO PARTICIPATE. GBFB SUPPORTS 16 BACKPACK PROGRAM SITES THROUGHOUT BERKS COUNTY BY PROVIDING THE FOOD AND GROCERY PRODUCTS NEEDED TO FILL A TOTAL OF ALMOST 1,550 BACKPACKS WEEKLY. GBFB IS ACTIVELY WORKING TO EXPAND THIS PROGRAM TO SERVE MORE CHILDREN.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 12,798,962**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 18		
b	Enter the number of voting members included in line 1a, above, who are independent 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," 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

- 17** List the states with which a copy of this Form 990 is required to be filed **u PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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: **u**

THE ORGANIZATION
READING

117 MORGAN DRIVE

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THERESE BOGIA	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(2) ERIC WHITE	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) ISABELLE MOON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) LORI ENDY	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(5) PETER MOLINARO	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) KIM JOHNSON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) ANDREW HOWE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) VICKIE KINTZER	1.00									
SECRETARY	0.00	X		X			0	0	0	
(9) SUSAN ROHN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) KIRSTEN DEYSHER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) BRYAN GEIGER	1.00									
BOARD MEMBER	0.00	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) BRIAN LAWRENCE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) DON SCHALK	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) JOSHUA WEISS	1.00									
TREASURER	0.00	X		X			0	0	0	
(15) NICOLE GODAL	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(16) LUCINE SIHELNIK	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(17) MISSY ZIMMERMAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) BOB BARTO	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) MATT LANGDON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							105,249		18,128	
d Total (add lines 1b and 1c)							105,249		18,128	

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 **u 1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,136,275				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,708,716				
	g Noncash contributions included in lines 1a-1f: \$		10,294,690				
	h Total. Add lines 1a-1f	u	11,844,991				
	Program Service Revenue	2a FOOD DISTRIBUTION	Busn. Code 624200	657,574	657,574		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	657,574				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	2,618			2,618
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		5,370			
	b Less: cost or other basis & sales exps.			5,100			
	c Gain or (loss)			270			
	d Net gain or (loss)	u		270	270		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a MISCELLANEOUS	Busn. Code 900099	2,507	2,507			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	2,507				
	12 Total revenue. See instructions.	u	12,507,960	660,351	0	2,618	

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	11,412,736	11,412,736		
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	121,558	97,246	10,674	13,638
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	557,738	446,190	44,619	66,929
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,182	9,746	1,705	731
9 Other employee benefits	106,072	84,857	14,850	6,365
10 Payroll taxes	56,809	45,447	7,953	3,409
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,175	4,435	17,740	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	98		98	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,251	1,650	6,601	
12 Advertising and promotion				
13 Office expenses	41,093	27,479	8,038	5,576
14 Information technology				
15 Royalties				
16 Occupancy	80,161	56,113	13,627	10,421
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,383		2,454	1,929
20 Interest	31,410		31,410	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	202,513	149,860	36,452	16,201
23 Insurance	6,496	5,197	1,299	
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 CONTRACT LABOR	185,795	148,636	37,159	
b TRUCK EXPENSE	105,659	105,659		
c FUNDRAISING CAMPAIGNS	63,877			63,877
d PROGRAM DEVELOPMENT	62,277	62,277		
e All other expenses	158,523	141,434	15,950	1,139
25 Total functional expenses. Add lines 1 through 24e	13,239,806	12,798,962	250,629	190,215
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 X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	400	1	400
	2	Savings and temporary cash investments	1,065,646	2	1,155,569
	3	Pledges and grants receivable, net	636,588	3	245,569
	4	Accounts receivable, net	31,239	4	40,859
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,244,772	8	1,659,351
	9	Prepaid expenses and deferred charges	13,788	9	26,912
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,850,764		
	b	Less: accumulated depreciation	10b 695,903	10c	4,154,861
	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	16,901	13	18,063
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	154,660	15	66,854
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,458,316	16	7,368,438	
Liabilities	17	Accounts payable and accrued expenses	56,392	17	56,820
	18	Grants payable		18	
	19	Deferred revenue	166,085	19	65,586
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,274,339	23	991,200
	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	1,496,816	26	1,113,606
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,961,500	27	6,254,832
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	6,961,500	33	6,254,832	
34	Total liabilities and net assets/fund balances	8,458,316	34	7,368,438	

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	12,507,960
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,239,806
3	Revenue less expenses. Subtract line 2 from line 1	3	-731,846
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,961,500
5	Net unrealized gains (losses) on investments	5	685
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	24,493
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,254,832

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?	X	
3b	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.	X	

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MARGARET BIANCA	40.00									
EXECUTIVE DIRECTOR	0.00			X				105,249	0	18,128
1b Sub-total								105,249		18,128
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	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>	3	
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>	4	
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>	5	

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 **u**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

GREATER BERKS 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 or 990-EZ).)
- 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 in 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,450,843	12,633,449	13,817,301	14,479,689	11,844,991	63,226,273
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	10,450,843	12,633,449	13,817,301	14,479,689	11,844,991	63,226,273
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)						
6 Public support. Subtract line 5 from line 4.						63,226,273

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	10,450,843	12,633,449	13,817,301	14,479,689	11,844,991	63,226,273
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	15,329	15,692	13,760	7,898	2,888	55,567
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,157	3,255	819		2,507	14,738
11 Total support. Add lines 7 through 10						63,296,578

12 Gross receipts from related activities, etc. (see instructions) 12 660,081

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.89 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.87 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** 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—2015.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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>		
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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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>		
b	Did one or more disqualified persons (as defined in 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>		
c	Did a disqualified person (as defined in 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>		
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 10b below.</i>		
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>		

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the 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 (2), 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. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
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 in (a) 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. <i>Answer (a) and (b) below.</i>		
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>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):		
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISC INCOME **\$ 14,738**



Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

GREATER BERKS FOOD BANK

22-2456238

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization GREATER BERKS FOOD BANK	Employer identification number 22-2456238
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 1,975,986</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
2	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 412,412</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
3	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 718,381</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
4	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 447,160</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
5	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 793,037</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
6	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 581,454</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

Name of organization GREATER BERKS FOOD BANK	Employer identification number 22-2456238
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 251,432	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 344,463	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 1,300,225	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 929,930	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREATER BERKS FOOD BANK	Employer identification number 22-2456238
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	FOOD DONATION	\$ 1,472,413	12/31/16
2	FOOD DONATIONS	\$ 412,412	12/31/16
3	FOOD DONATIONS	\$ 718,381	12/31/16
4	FOOD DONATIONS	\$ 447,160	12/31/16
5	FOOD DONATIONS	\$ 793,037	12/31/16
6	FOOD DONATIONS	\$ 581,454	12/31/16

Name of organization GREATER BERKS FOOD BANK	Employer identification number 22-2456238
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7	FOOD DONATIONS	\$ 251,432	12/31/16
8	FOOD DONATIONS	\$ 344,463	12/31/16
9	FOOD DONATIONS	\$ 1,300,225	12/31/16
10	FOOD DONATIONS	\$ 929,930	12/31/16
	\$
	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

GREATER BERKS FOOD BANK

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on Part XIII Yes No

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	16,901	17,566	16,578	14,091	12,569
b Contributions					
c Net investment earnings, gains, and losses	1,162	-665	987	2,487	1,522
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** %
 - b** Permanent endowment **u** %
 - c** Temporarily restricted endowment **u** %
- 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 |
|------------------------------------|----------|----------|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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		3,645,051	249,981	3,395,070
c Leasehold improvements				
d Equipment		610,943	445,922	165,021
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	4,154,861

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes.

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 [X]

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	12,508,547
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	685	
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	685
3	Subtract line 2e from line 1		3	12,507,862
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	98	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	98
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,507,960

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	13,215,216
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	
3	Subtract line 2e from line 1		3	13,215,216
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	98	
b	Other (Describe in Part XIII.)	4b	24,492	
c	Add lines 4a and 4b		4c	24,590
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	13,239,806

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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ORGANIZATIONAL ENDOWMENT FUND WAS ESTABLISHED THROUGH AN AGREEMENT WITH BERKS COUNTY COMMUNITY FOUNDATION. THE BOARD INITIALLY DESIGNATED \$10,000 FOR ENDOWMENT PURPOSES. THE REINVESTED EARNINGS MAY BE APPLIED TOWARDS THE GENERAL PURPOSES AS DETERMINED FROM TIME TO TIME BY THE FOOD BANK'S GOVERNING BODY. THERE WERE NO DISTRIBUTIONS FROM THE FUND DURING THE YEARS ENDED DECEMBER 31, 2016 AND 2015.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE "INCOME TAXES" TOPIC ASC 740. ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND

Part XIII Supplemental Information (continued)

MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN
 AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DE-
 RECOGNITION, INTEREST, PENALTIES AND DISCLOSURES REQUIRED. THE
 ORGANIZATION RECOGNIZES INTEREST AND PENALTIES, RELATED TO UNRECOGNIZED TAX
 BENEFITS IN TAX EXPENSE. THERE WERE NO INTEREST OR PENALTIES RELATED TO
 UNRECOGNIZED TAX BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015.

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
 BOOK TAX DEPREC. DIFFERENCE \$ 24,492

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AKRON-CANTON REGIONAL 350 OPPORTUNITY PKWY AKRON OH 44307	34-1369388	501(C)		44,108	USDA & AVG	FOOD	FOOD RELIEF
(2)	AMERICAN RED CROSS 701 CENTRE AVENUE READING PA 19601	23-1352015	501(C)		26,799	USDA & AVG	FOOD	FOOD RELIEF
(3)	ASHLAND AREA FOOD PANTRY GOOD SHEPHERD LUTHERAN CHURCH ASHLAND PA 17921	23-1670456	501(C)		50,253	USDA & AVG	FOOD	FOOD RELIEF
(4)	BCC/COTTON STREET 1018 COTTON STREET READING PA 19602	23-2043478	501(C)		12,015	USDA & AVG	FOOD	FOOD RELIEF
(5)	BCC/PERKIOMEN AVENUE 1220 PERKIOMEN AVENUE READING PA 19602	23-2043478	501(C)		7,241	USDA & AVG	FOOD	FOOD RELIEF
(6)	BERKS AREA YOUTH RECREATION INC. 2009 OLD LANCASTER PIKE SINKING SPRING PA 19608	23-3070480	501(C)		24,846	USDA & AVG	FOOD	FOOD RELIEF
(7)	SAFE BERKS 255 CHESTNUT STREET READING PA 19602	23-2087191	501(C)		27,924	USDA & AVG	FOOD	FOOD RELIEF
(8)	BERNVILLE ELEMENTARY SCHOOL 24 SHARTLESVILLE ROAD BERNVILLE PA 19506	23-6050725	501(C)		5,210	USDA & AVG	FOOD	FOOD RELIEF
(9)	BETHANY LUTHERAN CHURCH 336 FRANKLIN STREET WEST READING PA 19611	23-2265966	501(C)		36,658	USDA & AVG	FOOD	FOOD RELIEF

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 150**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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.

u Attach to Form 990.

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Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BETHEL AME CHURCH 330 WEST WINDSOR STREET READING PA 19601	53-0204696	501(C)		15,146	USDA & AVG	FOOD	FOOD RELIEF
(2)	BETHEL AME SOUP KITCHEN 330 WEST WINDSOR STREET READING PA 19601	53-0204696	501(C)		72,749	USDA & AVG	FOOD	FOOD RELIEF
(3)	BETHEL ELEMENTARY / WEEKENDER 8390 LANCASTER AVENUE BETHEL PA 19507	23-6050725	501(C)		5,911	USDA & AVG	FOOD	FOOD RELIEF
(4)	BETHEL TULPEHOCKEN FOOD PANTRY CONNIE BASHORE REHRERSBURG PA 19550	23-2236158	501(C)		85,306	USDA & AVG	FOOD	FOOD RELIEF
(5)	BIRDSBORO ELEMENTARY CENTER 400 WEST 2ND STREET BIRDSBORO PA 19508	23-1669194	501(C)		7,621	USDA & AVG	FOOD	FOOD RELIEF
(6)	BLUE MOUNTAIN ELEMENTARY EAST 1076 W. MARKET ST ORWIGSBURG PA 17961	23-6005738	501(C)		11,889	USDA & AVG	FOOD	FOOD RELIEF
(7)	B'NAI B'RITH - MOBILE DIRECT 1026 FRANKLIN STREET READING PA 19602	23-2044750	501(C)		8,738	USDA & AVG	FOOD	FOOD RELIEF
(8)	B'NAI B'RITH APARTMENTS 1026 FRANKLIN STREET READING PA 19602	23-2044750	501(C)		10,935	USDA & AVG	FOOD	FOOD RELIEF
(9)	BOYERTOWN MULTI-SERVICE 200 WEST SPRING STREET BOYERTOWN PA 19512	23-7289405	501(C)		94,382	USDA & AVG	FOOD	FOOD RELIEF

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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.

u Attach to Form 990.

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Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BOYERTOWN SALVATION ARMY 409 SOUTH READING AVENUE BOYERTOWN PA 19512	13-5562351	501(C)		247,565	USDA & AVG	FOOD	FOOD RELIEF
(2)	BREAD OF LIFE MISSION 1330 HIGH STREET POTTSTOWN PA 19464	77-0722351	501(C)		5,250	USDA & AVG	FOOD	FOOD RELIEF
(3)	CAMP FIRE/CAMP ADAHI 172 HARTZ STORE ROAD MOHNTON PA 19540	23-1365197	501(C)		11,966	USDA & AVG	FOOD	FOOD RELIEF
(4)	CATHOLIC SOUP KITCHEN 530 SPRUCE STREET READING PA 19602	27-4094688	501(C)		19,917	USDA & AVG	FOOD	FOOD RELIEF
(5)	CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON PA 19341	27-0887311	501(C)		24,563	USDA & AVG	FOOD	FOOD RELIEF
(6)	CHRIST LUTHERAN CHURCH 1301 LUZERNE STREET READING PA 19601	23-2149121	501(C)		53,590	USDA & AVG	FOOD	FOOD RELIEF
(7)	CHRIST LUTHERAN CHURCH/GLENSIDE BLE 1301 LUZERNE STREET READING PA 19601	23-2149121	501(C)		49,298	USDA & AVG	FOOD	FOOD RELIEF
(8)	CHRIST LUTHERAN CHURCH/GLENSIDE BLE 1301 LUZERNE STREET READING PA 19601	23-2149121	501(C)		11,542	USDA & AVG	FOOD	FOOD RELIEF
(9)	CHRISTIAN ASSOCIATION VISION FOR TO 145 SOUTH 8TH STREET READING PA 19602	23-2611678	501(C)		42,824	USDA & AVG	FOOD	FOOD RELIEF

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHRIST'S CUPBOARD CHRIST'S UNITED LUTHERAN CHURCH ASHLAND PA 17921	23-1710010	501(C)		66,248	USDA & AVG	FOOD	FOOD RELIEF
(2)	CIRCLE OF FRIENDS DROP IN CENTER 11 NORTH 5TH STREET READING PA 19601	23-2735283	501(C)		45,004	USDA & AVG	FOOD	FOOD RELIEF
(3)	CITY LIGHT MINISTRY 246 N. NINTH ST. READING PA 19612	25-1157393	501(C)		63,756	USDA & AVG	FOOD	FOOD RELIEF
(4)	CITY REACH FAITH KITCHEN 1011 1/2 COTTON ST READING PA 19602	45-3514262	501(C)		13,834	USDA & AVG	FOOD	FOOD RELIEF
(5)	CITY REACH PANTRY 1011 1/2 COTTON STREET READING PA 19602	45-3514262	501(C)		19,398	USDA & AVG	FOOD	FOOD RELIEF
(6)	CONEWAGO/FIRETREE LTD 202 SOUTH CENTRE STREET POTTSVILLE PA 17901	23-2976370	501(C)		58,985	USDA & AVG	FOOD	FOOD RELIEF
(7)	CONRAD WEISER FOOD PANTRY TRINITY LUTHERAN CHURCH ROBESONIA PA 19551	22-2461725	501(C)		59,040	USDA & AVG	FOOD	FOOD RELIEF
(8)	CONRAD WEISER WEST ELEMENTARY 102 S. 3RD STREET WOMELSDORF PA 19567	23-6005756	501(C)		12,528	USDA & AVG	FOOD	FOOD RELIEF
(9)	DAYSRING HOMES, INC. 430 HAZEL STREET READING PA 19611	23-2622102	501(C)		31,903	USDA & AVG	FOOD	FOOD RELIEF

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization

GREATER BERKS FOOD BANK

Employer identification number

22-2456238

Part I General Information on Grants and Assistance

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- 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	EASY DOES IT - HILLTOP MEN'S PROGRA 1300 HILLTOP ROAD LEESPORT PA 19533	23-2550089	501(C)		51,106	USDA & AVG	FOOD	FOOD RELIEF
(2)	EASY DOES IT - HILLTOP WOMEN'S PROG 1300 HILLTOP ROAD LEESPORT PA 19533	23-2550089	501(C)		35,904	USDA & AVG	FOOD	FOOD RELIEF
(3)	EASY DOES IT - WALNUT STREET 647 WALNUT STREET READING PA 19601	23-2550089	501(C)		28,830	USDA & AVG	FOOD	FOOD RELIEF
(4)	EISENHOWER APARTMENTS - MOBILE DIRE 835 FRANKLIN ST. READING PA 19602	23-6003364	501(C)		12,961	USDA & AVG	FOOD	FOOD RELIEF
(5)	EXETER AREA FOOD PANTRY REFORMATION LUTHERAN CHURCH READING PA 19606	23-1946582	501(C)		168,942	USDA & AVG	FOOD	FOOD RELIEF
(6)	FAMILY FIRST RESOURCE CENTER 416 SOUTH 7TH STREET READING PA 19602	23-2208733	501(C)		106,439	USDA & AVG	FOOD	FOOD RELIEF
(7)	FEEDING AMERICA WEST MICHIGAN FOOD 864 WEST RIVER CENTER DRIVE COMSTOCK PARK MI 49321	38-2439659	501(C)		186,485	USDA & AVG	FOOD	FOOD RELIEF
(8)	FIRST UNITARIAN UNIVERSALIST 416 FRANKLIN STREET READING PA 19602	23-2038931	501(C)		75,840	USDA & AVG	FOOD	FOOD RELIEF
(9)	FLEETWOOD AREA FOOD PANTRY C/O MAIDENCREEK CHURCH BLANDON PA 19510	23-2274967	501(C)		43,411	USDA & AVG	FOOD	FOOD RELIEF

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Schedule I (Form 990) (2016)

**SCHEDULE I
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22-2456238

Part I General Information on Grants and Assistance

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(1)	FOOD BANK OF CENTRAL & EASTERN NORTH 1924 CAPITAL BLVD. RALEIGH NC 27604	56-1283426	501(C)		29,802	USDA & AVG	FOOD	FOOD RELIEF
(2)	FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER CO 80239	84-0772672	501(C)		179,147	USDA & AVG	FOOD	FOOD RELIEF
(3)	FRANKLIN APARTMENTS 120 SOUTH 6TH STREET READING PA 19602	23-6003364	501(C)		5,564	USDA & AVG	FOOD	FOOD RELIEF
(4)	FRANKLIN APARTMENTS - MOBILE DIRECT 120 SOUTH 6TH STREET READING PA 19602	23-6003364	501(C)		7,027	USDA & AVG	FOOD	FOOD RELIEF
(5)	FREEDOM GATE MINISTRY, INC. 131 SOUTH 9TH STREET READING PA 19602	23-1912750	501(C)		31,763	USDA & AVG	FOOD	FOOD RELIEF
(6)	FRIEND INC. / KUTZTOWN UNIVERSITY LUTHERAN CAMPUS MINISTRIES KUTZTOWN PA 19530	23-1924643	501(C)		5,899	USDA & AVG	FOOD	FOOD RELIEF
(7)	FRIEND, INC. NORTHEASTERN BERKS FOOD PANTRY KUTZTOWN PA 19530	23-1924643	501(C)		301,862	USDA & AVG	FOOD	FOOD RELIEF
(8)	GIRARDVILLE AREA FOOD PANTRY 200 A STREET GIRARDVILLE PA 17935	23-1670456	501(C)		13,008	USDA & AVG	FOOD	FOOD RELIEF
(9)	GIRARDVILLE TOWERS - MOBILE DIRECT 10 W CENTER ST. MAHANAY CITY PA 17948	22-3020146	501(C)		7,032	USDA & AVG	FOOD	FOOD RELIEF

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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- 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	GLENSIDE HOMES - MOBILE DIRECT AVENUE A - COMMUNITY CENTER READING PA 19601	23-6003364	501(C)		21,022	USDA & AVG	FOOD	FOOD RELIEF
(2)	GRACE & HOPE MISSION 117 NORTH 9TH STREET READING PA 19601	52-6045537	501(C)		27,461	USDA & AVG	FOOD	FOOD RELIEF
(3)	GRACE EVANGELICAL LUTHERAN CHURCH 30 LIBERTY STREET SHILLINGTON PA 19607	23-1365088	501(C)		39,587	USDA & AVG	FOOD	FOOD RELIEF
(4)	GRACE STREET PANTRY 211 GRACE STREET READING PA 19611	23-1598117	501(C)		55,222	USDA & AVG	FOOD	FOOD RELIEF
(5)	HAMBURG SDA CHURCH 22 WILLOW ROAD HAMBURG PA 19526	23-6002044	501(C)		113,958	USDA & AVG	FOOD	FOOD RELIEF
(6)	HAMPDEN HEIGHTS SDA CHURCH 2706 PRICETOWN ROAD TEMPLE PA 19560	23-6002044	501(C)		85,390	USDA & AVG	FOOD	FOOD RELIEF
(7)	HARVEST FELLOWSHIP OF COLEBROOKDALE 584 COLEBROOKDALE ROAD BOYERTOWN PA 19512	23-1988522	501(C)		105,314	USDA & AVG	FOOD	FOOD RELIEF
(8)	HENNER APARTMENTS 24 E HIGH ST WOMELSDORF PA 19567	20-1166493	501(C)		30,667	USDA & AVG	FOOD	FOOD RELIEF
(9)	HENNER APARTMENTS - MOBILE DIRECT 24 E HIGH ST WOMELSDORF PA 19567	20-1166493	501(C)		15,191	USDA & AVG	FOOD	FOOD RELIEF

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HISPANIC CENTER LA CASA DE LA AMISTAD READING PA 19601	23-2041081	501(C)		122,181	USDA & AVG	FOOD	FOOD RELIEF
(2)	HISPANIC CENTER - MOBILE DIRECT 501 WASHINGTON STREET READING PA 19601	23-2041081	501(C)		9,923	USDA & AVG	FOOD	FOOD RELIEF
(3)	HOGAR CREA INC. 302 SOUTH 5TH STREET READING PA 19602	23-2014027	501(C)		103,066	USDA & AVG	FOOD	FOOD RELIEF
(4)	HOLY SPIRIT LUTHERAN CHURCH 421 WINDSOR STREET READING PA 19601	23-1365232	501(C)		11,118	USDA & AVG	FOOD	FOOD RELIEF
(5)	HOLY TRINITY CHURCH OF GOD 130 WEST BUTTONWOOD STREET READING PA 19601	23-2628418	501(C)		7,005	USDA & AVG	FOOD	FOOD RELIEF
(6)	HOPE LUTHERAN CHURCH 601 NORTH FRONT STREET READING PA 19601	23-6001181	501(C)		434,886	USDA & AVG	FOOD	FOOD RELIEF
(7)	HOPE OF THE NATIONS CHRISTIAN CENTE 134 N 5TH S READING PA 19601	30-0307656	501(C)		15,186	USDA & AVG	FOOD	FOOD RELIEF
(8)	HOPE RESCUE MISSION 645 NORTH 6TH STREET READING PA 19601	23-1413677	501(C)		154,291	USDA & AVG	FOOD	FOOD RELIEF
(9)	HOPEWELL LOVE IN THE NAME OF CHRIST P O BOX 396 DOUGLASSVILLE PA 19518	25-1915601	501(C)		75,824	USDA & AVG	FOOD	FOOD RELIEF

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HUB OF HOPE PANTRY 1116 PERRY STREET READING PA 19604	23-6266274	501(C)		35,054	USDA & AVG	FOOD	FOOD RELIEF
(2)	HUBERT APARTMENTS 125 NORTH 10TH STREET READING PA 19601	23-6003364	501(C)		5,765	USDA & AVG	FOOD	FOOD RELIEF
(3)	HUBERT APARTMENTS - MOBILE DIRECT 125 NORTH 10TH STREET READING PA 19601	23-6003364	501(C)		9,480	USDA & AVG	FOOD	FOOD RELIEF
(4)	HUGH CARCELLA - MOBILE DIRECT 505 NORTH 10TH STREET READING PA 19604	23-1923419	501(C)		22,574	USDA & AVG	FOOD	FOOD RELIEF
(5)	HUGH CARCELLA APARTMENTS 505 NORTH 10TH STREET READING PA 19604	23-1923419	501(C)		17,636	USDA & AVG	FOOD	FOOD RELIEF
(6)	INCARNATION LUTHERAN CHURCH 1101 LANCASTER AVENUE READING PA 19607	23-6005289	501(C)		12,384	USDA & AVG	FOOD	FOOD RELIEF
(7)	JAMESTOWN VILLAGE APARTMENTS 300 LACKAWANNA ST READING PA 19601	23-1160600	501(C)		21,304	USDA & AVG	FOOD	FOOD RELIEF
(8)	JEWISH FAMILY SERVICE 1100 BERKSHIRE BLVD WYOMISSING PA 19610	23-1728784	501(C)		74,706	USDA & AVG	FOOD	FOOD RELIEF
(9)	KENNEDY HOUSE, CATHOLIC CHARITIES DIOCESE OF ALLENTOWN READING PA 19602	23-1598117	501(C)		306,263	USDA & AVG	FOOD	FOOD RELIEF

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
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Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	KENNEDY TOWERS 300 SOUTH 4TH ST READING PA 19602	23-2041081	501(C)		12,995	USDA & AVG	FOOD	FOOD RELIEF
(2)	KENNEDY TOWERS - MOBILE DIRECT 300 SOUTH 4TH ST READING PA 19602	23-2041081	501(C)		17,487	USDA & AVG	FOOD	FOOD RELIEF
(3)	LAC HELPING HANDS (UNITED COMMUNITY 1251 NORTH FRONT STREET READING PA 19601	23-2962223	501(C)		67,789	USDA & AVG	FOOD	FOOD RELIEF
(4)	LORANE ELEMENTARY SCHOOL 699 RITTENHOUSE DR READING PA 19606	23-6003724	501(C)		7,397	USDA & AVG	FOOD	FOOD RELIEF
(5)	MAHANoy ELDERLY 10 W CENTER ST MAHANoy CITY PA 17948	22-3020146	501(C)		12,066	USDA & AVG	FOOD	FOOD RELIEF
(6)	MANNA - MINISTRY OF GRACE E.C. CHUR 421 WEST MAIN STREET KUTZTOWN PA 19530	23-6433584	501(C)		86,485	USDA & AVG	FOOD	FOOD RELIEF
(7)	MID OHIO FOOD BANK 3960 BROOKHAM DR GROVE CITY OH 43123	31-0865343	501(C)		47,892	USDA & AVG	FOOD	FOOD RELIEF
(8)	MINERSVILLE AREA FOOD CUPBOARD ZION LUTHERAN CHURCH MINERSVILLE PA 17954	23-1670456	501(C)		15,642	USDA & AVG	FOOD	FOOD RELIEF
(9)	MONOCACY ELEMENTARY CENTER 576 MONOCACY CREEK ROAD BIRDSBORO PA 19508	23-1669194	501(C)		8,093	USDA & AVG	FOOD	FOOD RELIEF

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MT. PENN ELEMENTARY SCHOOL 2310 CUMBERLAND AVENUE READING PA 19606	23-1667957	501(C)		24,871	USDA & AVG	FOOD	FOOD RELIEF
(2)	MUHLENBERG CHURCHES FOOD PANTRY ROSEDALE UNITED CHURCH OF CHRIST READING PA 19605	45-5335491	501(C)		199,282	USDA & AVG	FOOD	FOOD RELIEF
(3)	NEW FIRST BAPTIST CHURCH OF BIRDSBORO PO BOX 354 BIRDSBORO PA 19508	23-2280106	501(C)		29,645	USDA & AVG	FOOD	FOOD RELIEF
(4)	NEW HOPE WESLEYAN CHURCH 32 S SPENCER ST FRACKVILLE PA 17931	23-3023536	501(C)		57,319	USDA & AVG	FOOD	FOOD RELIEF
(5)	NEW JOURNEY COMMUNITY OUTREACH 138 SOUTH 6TH STREET READING PA 19602	46-3623955	501(C)		180,081	USDA & AVG	FOOD	FOOD RELIEF
(6)	NEW PERSON CENTER 317 NORTH 6TH STREET READING PA 19601	45-1757609	501(C)		28,244	USDA & AVG	FOOD	FOOD RELIEF
(7)	NEW RINGGOLD AREA FOOD PANTRY CHRIST CHURCH MCKEANSBURG NEW RINGGOLD PA 17960	23-1670456	501(C)		31,640	USDA & AVG	FOOD	FOOD RELIEF
(8)	NHS FAMILY & YOUTH AFTERSCHOOL & RE 401 SCHUYLKILL AVE READING PA 19601	23-2066952	501(C)		14,896	USDA & AVG	FOOD	FOOD RELIEF
(9)	NORTH 6TH STREET CHURCH OF GOD 123 NORTH 6TH STREET READING PA 19601	23-2268032	501(C)		221,452	USDA & AVG	FOOD	FOOD RELIEF

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NORTH SCHUYLKILL ELEMENTARY SCHOOL 38 LINE STREET ASHLAND PA 17921	23-1671438	501(C)		26,789	USDA & AVG	FOOD	FOOD RELIEF
(2)	NORTHERN BERKS FOOD PANTRY 711 WINDSOR STREET HAMBURG PA 19526	23-2614092	501(C)		105,126	USDA & AVG	FOOD	FOOD RELIEF
(3)	NUREMBERG AREA FOOD PANTRY P O BOX 657 NUREMBERG PA 18241	23-1670456	501(C)		14,397	USDA & AVG	FOOD	FOOD RELIEF
(4)	OAKBROOK - MOBILE DIRECT 1040 LIGGETT AVE. READING PA 19611	23-7249552	501(C)		50,569	USDA & AVG	FOOD	FOOD RELIEF
(5)	OAKBROOK HOUSING 333 KENHORST BLVD READING PA 19607	23-7249552	501(C)		81,802	USDA & AVG	FOOD	FOOD RELIEF
(6)	OAKBROOK HOUSING - MOBILE DIRECT 333 KENHORST BLVD READING PA 19607	23-7249552	501(C)		6,010	USDA & AVG	FOOD	FOOD RELIEF
(7)	OAKSHIRE SENIOR APTS - MOBILE DIREC 350 LACKAWANNA ST READING PA 19601	31-1801442	501(C)		9,577	USDA & AVG	FOOD	FOOD RELIEF
(8)	OLEY VALLEY FOOD PANTRY FRIEDEN'S LUTHERAN CHURCH OLEY PA 19547	23-7199273	501(C)		173,288	USDA & AVG	FOOD	FOOD RELIEF
(9)	OLIVET BOYS & GIRLS CLUB'S 1161 PERSHING BLVD READING PA 19611	23-1365380	501(C)		94,778	USDA & AVG	FOOD	FOOD RELIEF

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

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Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	OPPORTUNITY HOUSE/SHELTER 430 NORTH 2ND STREET READING PA 19601	23-2543677	501(C)		35,118	USDA & AVG	FOOD	FOOD RELIEF
(2)	PA MIGRANT EDUCATION PROGRAM C/O THE ROCC, 800 PENN STREET READING PA 19602	23-2397926	501(C)		13,469	USDA & AVG	FOOD	FOOD RELIEF
(3)	PENN'S COMMON - MOBILE DIRECT 1040 PENN ST READING PA 19602	23-2604599	501(C)		35,229	USDA & AVG	FOOD	FOOD RELIEF
(4)	PENN'S COMMONS COURT APARTMENTS LIHTC PRESERVATION PARTNERS READING PA 19602	23-2604599	501(C)		14,260	USDA & AVG	FOOD	FOOD RELIEF
(5)	PHOENIX PARK PANTRY 2159 MAIN ST POTTSVILLE PA 17901	23-2263947	501(C)		46,963	USDA & AVG	FOOD	FOOD RELIEF
(6)	PINE GROVE AREA FOOD PANTRY C/O 527 DAD BURNHAMS RD SCHUYLKILL HAVEN PA 17972	23-2683569	501(C)		45,960	USDA & AVG	FOOD	FOOD RELIEF
(7)	PORT CARBON AREA FOOD PANTRY 2 PARK STREET POTTSVILLE PA 17901	23-1670456	501(C)		11,547	USDA & AVG	FOOD	FOOD RELIEF
(8)	POTTSTOWN SALVATION ARMY PO BOX 378 POTTSTOWN PA 19464	13-5562351	501(C)		95,873	USDA & AVG	FOOD	FOOD RELIEF
(9)	POTTSVILLE AREA FOOD PANTRY BILLIE PAYNE COMMUNITY CENTER POTTSVILLE PA 17901	23-1670456	501(C)		197,177	USDA & AVG	FOOD	FOOD RELIEF

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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Name of the organization

GREATER BERKS FOOD BANK

Employer identification number

22-2456238

Part I General Information on Grants and Assistance

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- 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	POTTSVILLE SALVATION ARMY 400 SANDERSON STREET POTTSVILLE PA 17901	13-5562351	501(C)		38,386	USDA & AVG	FOOD	FOOD RELIEF
(2)	PROVIDENCE HOUSE - MOBILE DIRECT 800 COURT STREET READING PA 19601	23-2981155	501(C)		11,158	USDA & AVG	FOOD	FOOD RELIEF
(3)	READING DOVE CHRISTIAN MINISTRY CEN 621 CENTRE AVENUE READING PA 19601	23-2920074	501(C)		44,509	USDA & AVG	FOOD	FOOD RELIEF
(4)	READING ELDERLY HOUSING 100 NORTH FRONT STREET READING PA 19601	22-2251607	501(C)		28,377	USDA & AVG	FOOD	FOOD RELIEF
(5)	READING ELDERLY HOUSING - MOBILE DI 100 NORTH FRONT STREET READING PA 19601	22-2251607	501(C)		23,212	USDA & AVG	FOOD	FOOD RELIEF
(6)	READING HISPANIC SDA 1228 N 10TH ST READING PA 19604	23-2771368	501(C)		70,440	USDA & AVG	FOOD	FOOD RELIEF
(7)	READING KTB 41 ARLINGTON ST. READING PA 19611	46-5011849	501(C)		17,728	USDA & AVG	FOOD	FOOD RELIEF
(8)	READING RECREATION COMMISSION 320 S 3RD ST READING PA 19602	38-3860043	501(C)		9,821	USDA & AVG	FOOD	FOOD RELIEF
(9)	READING SALVATION ARMY 301 SOUTH 5TH STREET READING PA 19603-1099	13-5562351	501(C)		220,545	USDA & AVG	FOOD	FOOD RELIEF

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RHODES APARTMENTS 815 FRANKLIN STREET READING PA 19602	23-6003364	501(C)		9,985	USDA & AVG	FOOD	FOOD RELIEF
(2)	RHODES APARTMENTS - MOBILE DIRECT 815 FRANKLIN STREET READING PA 19602	23-6003364	501(C)		30,142	USDA & AVG	FOOD	FOOD RELIEF
(3)	RINGTOWN VALLEY FOOD PANTRY UNION TOWNSHIP BUILDING RINGTOWN PA 17967	23-1670456	501(C)		92,954	USDA & AVG	FOOD	FOOD RELIEF
(4)	RIVER BEND FOOD BANK 4010 KIMMEL DRIVE DAVENPORT IA 52802	36-3147342	501(C)		28,586	USDA & AVG	FOOD	FOOD RELIEF
(5)	SCHUYLKILL COUNTY OFFICE OF SENIOR 110 EAST LAUREL BLVD POTTSVILLE PA 17901-2527	23-6003048	501(C)		10,237	USDA & AVG	FOOD	FOOD RELIEF
(6)	SCHUYLKILL HAVEN AREA ELEMENTARY SC 701 E. MAIN ST SCHUYLKILL HAVEN PA 17972	23-6004186	501(C)		16,831	USDA & AVG	FOOD	FOOD RELIEF
(7)	SCHUYLKILL HAVEN AREA FOOD PANTRY WALK IN SHOE FACTORY SCHUYLKILL HAVEN PA 17972	23-1670456	501(C)		37,110	USDA & AVG	FOOD	FOOD RELIEF
(8)	SCHUYLKILL VALLEY ELEMENTARY SCHOOL 62 ASHLEY WAY LEESPORT PA 19533	23-1670251	501(C)		12,311	USDA & AVG	FOOD	FOOD RELIEF
(9)	SCHUYLKILL VALLEY FOOD PANTRY GOOD INTENT FIRE CO NEW PHILADELPHIA PA 17959	23-1670456	501(C)		20,752	USDA & AVG	FOOD	FOOD RELIEF

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SCHUYLKILL VALLEY PASTORS' ASSOCIAT LUTHERAN CHURCH OF THE HOLY TRINITY LEESPORT PA 19533	23-2766689	501(C)		167,331	USDA & AVG	FOOD	FOOD RELIEF
(2)	SCHUYLKILL VALLEY PASTORS' ASSOCIAT LUTHERAN CHURCH OF THE HOLY TRINITY LEESPORT PA 19533	23-2766689	501(C)		5,550	USDA & AVG	FOOD	FOOD RELIEF
(3)	SENCIT APARTMENTS - MOBILE DIRECT 20 S SUMMIT AVE SHILLINGTON PA 19607	23-2584838	501(C)		11,074	USDA & AVG	FOOD	FOOD RELIEF
(4)	SENCIT TOWNE HOUSE APARTMENTS 20 S SUMMIT AVE SHILLINGTON PA 19607	23-2584838	501(C)		8,070	USDA & AVG	FOOD	FOOD RELIEF
(5)	SERVANTS TO ALL 2124 MAHANTONGO STREET POTTSVILLE PA 17901	46-1039549	501(C)		7,495	USDA & AVG	FOOD	FOOD RELIEF
(6)	SHARE FOOD PROGRAM 2901 W HUNTING PARK AVE PHILADELPHIA PA 19129	23-2360819	501(C)		296,699	USDA & AVG	FOOD	FOOD RELIEF
(7)	SHENANDOAH AREA FOOD PANTRY KNIGHTS OF COLUMBUS SHENANDOAH PA 17976	23-1670456	501(C)		32,704	USDA & AVG	FOOD	FOOD RELIEF
(8)	SHENANDOAH FOOD PANTRY - CSFP KNIGHTS OF COLUMBUS SHENANDOAH PA 17976	23-1670456	501(C)		7,338	USDA & AVG	FOOD	FOOD RELIEF
(9)	SHENANDOAH VALLEY ELEMENTARY SCHOOL 805 W CENTRE ST SHENANDOAH PA 17976	23-1697134	501(C)		38,692	USDA & AVG	FOOD	FOOD RELIEF

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2016

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SKYLINE VIEW APTS 50 NORTH 9TH STREET READING PA 19601	23-6463768	501(C)		12,887	USDA & AVG	FOOD	FOOD RELIEF
(2)	SKYLINE VIEW APTS - MOBILE DIRECT 50 NORTH 9TH STREET READING PA 19601	23-6463768	501(C)		10,828	USDA & AVG	FOOD	FOOD RELIEF
(3)	SOUTHGATE APTS - MOBILE DIRECT 815 W LEESPORT ROAD LEESPORT PA 19533	23-3055048	501(C)		5,250	USDA & AVG	FOOD	FOOD RELIEF
(4)	SPRING RIDGE ELEMENTARY SCHOOL 1211 BROADCASTING ROAD WYOMISSING PA 19610	23-1667988	501(C)		8,239	USDA & AVG	FOOD	FOOD RELIEF
(5)	SPRING VALLEY CHURCH OF GOD 2727 OLD PRICETOWN ROAD TEMPLE PA 19560	23-1988874	501(C)		51,315	USDA & AVG	FOOD	FOOD RELIEF
(6)	SPRING VALLEY STUDENT MINISTRIES 2727 OLD PRICETOWN RD TEMPLE PA 19560	23-1988874	501(C)		31,312	USDA & AVG	FOOD	FOOD RELIEF
(7)	ST BENEDICT'S RCC 2020 CHESTNUT HILL ROAD MOHNTON PA 19540	23-2583851	501(C)		7,802	USDA & AVG	FOOD	FOOD RELIEF
(8)	ST CLAIR AREA ELEMENTARY SCHOOL 227 S MILL ST ST CLAIR PA 17970	23-1671498	501(C)		13,543	USDA & AVG	FOOD	FOOD RELIEF
(9)	ST. IGNATIUS LOYOLA RCC 2810 ST. ALBANS DR. SINKING SPRING PA 19608	23-1684800	501(C)		8,623	USDA & AVG	FOOD	FOOD RELIEF

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. JAMES CHAPEL COGIC 11-15 SOUTH 9TH STREET READING PA 19602	23-2389425	501(C)		89,585	USDA & AVG	FOOD	FOOD RELIEF
(2)	ST. JAMES CHAPEL COGIC 15 S 9TH STREET READING PA 19602	23-2389425	501(C)		26,461	USDA & AVG	FOOD	FOOD RELIEF
(3)	ST. JOHN'S LUTHERAN CHURCH 521 WALNUT STREET READING PA 19601	23-1489824	501(C)		57,384	USDA & AVG	FOOD	FOOD RELIEF
(4)	ST. JOHN'S UCC 57 ST JOHN'S ROAD BIRDSBORO PA 19508	23-2270768	501(C)		37,951	USDA & AVG	FOOD	FOOD RELIEF
(5)	ST. JOSEPH'S RCC 1018 NORTH 8TH STREET READING PA 19604	23-1370431	501(C)		65,826	USDA & AVG	FOOD	FOOD RELIEF
(6)	ST. LUKE'S LUTHERAN CHURCH 449 NORTH 9TH STREET READING PA 19601	23-1494777	501(C)		197,322	USDA & AVG	FOOD	FOOD RELIEF
(7)	ST. PATRICK'S POTTSVILLE AREA KITCH 504 MAHANTONGO ST POTTSVILLE PA 17901	23-1598117	501(C)		13,424	USDA & AVG	FOOD	FOOD RELIEF
(8)	ST. PAUL'S LUTHERAN CHURCH 1559 PERKIOMEN AVENUE READING PA 19602	23-6478890	501(C)		98,893	USDA & AVG	FOOD	FOOD RELIEF
(9)	STS CONSTANTINE AND HELEN GREEK ORT 1001 EAST WYOMISSING BLVD READING PA 19611	23-1412035	501(C)		103,340	USDA & AVG	FOOD	FOOD RELIEF

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SUPPORTIVE CONCEPTS FOR FAMILIES, I 200 PENN STREET READING PA 19602	23-2713290	501(C)		94,052	USDA & AVG	FOOD	FOOD RELIEF
(2)	TAMAQUA AREA FOOD PANTRY TAMAQUA SALVATION ARMY TAMAQUA PA 18252	23-1670456	501(C)		19,891	USDA & AVG	FOOD	FOOD RELIEF
(3)	TAMAQUA HIGH RISE 222 E BROAD STREET TAMAQUA PA 18252	23-3044917	501(C)		12,842	USDA & AVG	FOOD	FOOD RELIEF
(4)	TAMAQUA HIGH RISE - MOBILE DIRECT 222 E BROAD STREET TAMAQUA PA 18252	23-3044917	501(C)		8,366	USDA & AVG	FOOD	FOOD RELIEF
(5)	TAMAQUA PRIMITIVE METHODIST CHURCH 57 HUNTER ST TAMAQUA PA 18252	23-2271903	501(C)		63,525	USDA & AVG	FOOD	FOOD RELIEF
(6)	TEEN CHALLENGE TRAINING CENTER 33 TEEN CHALLENGE ROAD REHERSBURG PA 19550	23-1695361	501(C)		152,916	USDA & AVG	FOOD	FOOD RELIEF
(7)	TREMONT AREA FOOD PANTRY TREMONT MUNICIPAL BUILDING TREMONT PA 17981	23-1670456	501(C)		47,913	USDA & AVG	FOOD	FOOD RELIEF
(8)	TRINITY UCC IN HIS NAME MINISTRY READING PA 19606	23-1353353	501(C)		41,406	USDA & AVG	FOOD	FOOD RELIEF
(9)	TWIN VALLEY FOOD PANTRY CONESTOGA MENNONITE CHURCH MORGANTOWN PA 19543	23-7129887	501(C)		104,077	USDA & AVG	FOOD	FOOD RELIEF

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2016

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Inspection**

Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VETERAN'S MAKING A DIFFERENCE 2412 SPRING ST. READING PA 19609	46-2352609	501(C)		53,905	USDA & AVG	FOOD	FOOD RELIEF
(2)	WILLIAMS VALLEY FOOD PANTRY 418 W WICONISCO ST MUIR PA 17957	23-2261354	501(C)		21,434	USDA & AVG	FOOD	FOOD RELIEF
(3)	WILSON FOOD PANTRY ST JOHNS EVANGELICAL LUTH. CHURCH SINKING SPRING PA 19608	46-0909537	501(C)		119,691	USDA & AVG	FOOD	FOOD RELIEF
(4)	YMCA - Y HAVEN YMCA OF READING & BERKS COUNTY READING PA 19601	23-1244009	501(C)		13,469	USDA & AVG	FOOD	FOOD RELIEF
(5)	YMCA BABY UNIVERSITY 631 WASHINGTON ST READING PA 19601	23-1244009	501(C)		7,453	USDA & AVG	FOOD	FOOD RELIEF
(6)	YMCA CAMP JOY 1120 BERKS ROAD LEESPORT PA 19533	23-1244009	501(C)		20,762	USDA & AVG	FOOD	FOOD RELIEF
(7)	YMCA DUI YMCA OF READING & BERKS COUNTY READING PA 19601	23-1244009	501(C)		11,494	USDA & AVG	FOOD	FOOD RELIEF
(8)	YMCA MEN'S BRIDGE HOUSE YMCA OF READING & BERKS COUNTY READING PA 19601	23-1244009	501(C)		19,509	USDA & AVG	FOOD	FOOD RELIEF
(9)	YMCA MEN'S SAFE HOUSE YMCA OF READING & BERKS COUNTY READING PA 19601	23-1244009	501(C)		21,584	USDA & AVG	FOOD	FOOD RELIEF

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

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Internal Revenue Service

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Name of the organization

GREATER BERKS 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	YMCA TWIN PEAKS YMCA OF READING & BERKS COUNTY READING PA 19601	23-1244009	501(C)		17,051	USDA & AVG	FOOD	FOOD RELIEF
(2)	YMCA WOMEN'S BRIDGE HOUSE YMCA OF READING & BERKS COUNTY READING PA 19601	23-1244009	501(C)		5,422	USDA & AVG	FOOD	FOOD RELIEF
(3)	YMCA WOMEN'S SAFE HOUSE YMCA OF READING & BERKS COUNTY READING PA 19601	23-1244009	501(C)		9,326	USDA & AVG	FOOD	FOOD RELIEF
(4)	YORK COUNTY FOOD BANK 254 WEST PRINCESS STREET YORK PA 17404-3881	23-2452484	501(C)		164,885	USDA & AVG	FOOD	FOOD RELIEF
(5)	ZION BLUE MTN UNITED CHURCH OF CHR PO BOX 98 STRAUSSTOWN PA 19559	23-2021133	501(C)		59,437	USDA & AVG	FOOD	FOOD RELIEF
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2016)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

u Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number

22-2456238

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(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	360	10,290,227	USDA & AVG WHOLESALE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (DEFIBRILLATOR)	X	1	2,229	FMV
26 Other u (TICKETS/GIFT CA)	X	30	2,234	FMV
27 Other u ()				
28 Other u ()				

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**

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

Public Inspection Copy

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

GREATER BERKS FOOD BANK

Employer identification number

22-2456238

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE GREATER BERKS FOOD BANK (GBFB) IS TO FEED THE HUNGRY.

**GBFB IS A NON-PROFIT, HUNGER RELIEF ORGANIZATION FOUNDED IN 1983 AND SERVES
BERKS AND SCHUYLKILL COUNTIES.**

**GBFB 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 GBFB OPERATIONS, APPROXIMATELY 6.9
MILLION POUNDS OF GROCERY PRODUCTS WERE DISTRIBUTED TO LOW INCOME
INDIVIDUALS AND FAMILIES. THE FOOD IS DISTRIBUTED FREE OF CHARGE
TO THOSE IN NEED.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BEFORE THE 990 IS FINALIZED, THE PREPARER EMAILS A DRAFT TO THE
ORGANIZATION'S EXECUTIVE DIRECTOR WHO PROVIDES IT TO MEMBERS OF THE BOARD
OF DIRECTORS FOR THEIR REVIEW AND COMMENT. THE ORGANIZATION'S TREASURER
UTILIZES A 990 CHECKLIST AND SHARES HIS COMMENTS WITH THE PREPARER AND THE
ENTIRE BOARD OF DIRECTORS. THE PREPARER RESPONDS TO THE BOARD OF DIRECTORS,
ADDRESSING ALL COMMENTS AND PROVIDES A REVISED, FINAL VERSION OF THE 990
IF CHANGES WERE MADE. THE BOARD OF DIRECTORS THEN APPROVES THE FULL, FINAL
VERSION OF THE 990 (WHICH IS IN THE POSSESSION OF EACH DIRECTOR) AND
AUTHORIZES THE PREPARER TO FILE THE RETURN WITH THE IRS.**

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization

Employer identification number

GREATER BERKS FOOD BANK

22-2456238

THE CONFLICT OF INTEREST POLICY IS ENFORCED BY ANNUAL REVIEW OF CONFLICT OF INTEREST STATEMENTS AND SOLICITING BIDS ON SAME SERVICE/COVERAGE.



FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPARABILITY DATA IS USED IN DETERMINING HER 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.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE FOOD BANK HAS AN OPEN BOOK POLICY OF DISCLOSURE OF INFORMATION TO THE PUBLIC. GOVERNING DOCUMENTS ARE MADE AVAILABLE TO ANYONE WHO ASKS FOR THEM.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION BOOK / TAX DEPRECIATION DIFFERENCE \$ 24,493

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

GREATER BERKS FOOD BANK

Identifying number

22-2456238

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	17,653
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	YALE ELECTRIC FORKLIFT	14,250	14,250
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	14,250
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	14,250
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	14,250

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	11,222
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	64,841

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	111,489
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		1,702	5.0	MQ	200DB	325
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property	05/26/16	15,004	39 yrs.	MM	S/L	240
		05/26/16	9,521	39.0	MM	S/L	153

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	188,270
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.