DLN: 93493176002120 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable UNITED WAY OF BERKS COUNTY INC □ Address change 23-1655375 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 702 ☐ Amended return ☐ Application pending (610) 685-4550 City or town, state or province, country, and ZIP or foreign postal code READING, PA $\,$ 196030702 G Gross receipts \$ 13,614,466 Name and address of principal officer H(a) Is this a group return for TAMMY L WHITE ☐Yes **☑**No subordinates? PO BOX 702 H(b) Are all subordinates READING, PA 196030702 ☐ Yes ☐No ıncluded? **✓** 501(c)(3) 4947(a)(1) or 501(c)() **◀** (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW UWBERKS ORG L Year of formation 1963 M State of legal domicile PA **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities INSPIRING COLLABORATION, VOLUNTEERISM AND FINANCIAL SUPPORT TO BUILD A STRONGER COMMUNITY Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 42 42 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 33 **6** Total number of volunteers (estimate if necessary) 6 3,236 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 11,084,477 8 Contributions and grants (Part VIII, line 1h) . 11,144,072 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 312,230 139,164 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,904 27,624 11,424,331 11,306,140 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,869,866 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 7,707,268 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,129,795 2,235,326 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,474,510 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,073,212 1,139,696 10,910,275 11,244,888 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 514,056 61,252 Net Assets or Fund Balances Beginning of Current Year **End of Year** 22,017,343 23,844,909 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 2,039,331 2,042,831 22 Net assets or fund balances Subtract line 21 from line 20 . 19,978,012 21,802,078 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 2020-05-18 Signature of officer Sign Here TAMMY L WHITE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-05-18 P00042618 Paid self-employed Firm's name HERBEINCOMPANY INC Firm's EIN ► 23-2415973 Preparer Use Only Firm's address ▶ 2763 CENTURY BOULEVARD Phone no (610) 378-1175 READING, PA 19610 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2019)					Page 2
Pa	t III Statement	of Program Servic	e Accomplis	hments		
	Check if Scheo	dule O contains a respo	nse or note to a	any line in this Part III .		🗹
1	Briefly describe the o	rganızatıon's mıssıon				
	ED WAY OF BERKS CO NGER COMMUNITY	UNTY IMPROVES LIVES	BY INSPIRING	COLLABORATION, VOLU	JNTEERISM AND FINANCIAL SUPPO	ORT TO BUILD A
2	Did the organization					
	the prior Form 990 o	☑ Yes ☐ No				
_		se new services on Sch				
3	-	- -	_	changes in how it conduc	cts, any program	
		se changes on Schedul				☑ Yes ☐ No
4	•	-		ate for each of its three l	argest program services, as measu	ired by expenses
•	Section 501(c)(3) and	d 501(c)(4) organization d 501(c)(4) organization ue, if any, for each pro-	ns are required	to report the amount of	grants and allocations to others, t	he total
4a	(Code) (Expenses \$	0.100.004	including grants of \$	7,869,866) (Revenue \$	}
44	See Additional Data) (Expenses \$	9,100,964	including grants or \$	7,009,000) (Reveille \$	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service	tes (Describe in Schedu	ıle O)			
	(Expenses \$	ıncl	uding grants of	\$) (Revenue \$)
4e	Total program serv	rice expenses >	9,108,9	84		

No

No

No

Nο

Nο

No

Nο

Nο

No

Nο

No

Nο

Nο

No

12b

13

14a

17

18

19

Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No

3 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 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . 5 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 6 Did the organization receive or hold a conservation easement, including easements to preserve open space,

No No Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 💙 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8

9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10

No 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 No Yes permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 Yes 11a

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 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 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

11e

Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 11f Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year?

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 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . .

14b 15

16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	tiV Checklist of Required Schedules (continued)			Page 4
· u	Circumst of Required Schedules (continued)		Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		No
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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> Ц</u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 32		Yes	No

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1b

Yes

1c

Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	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			
L	this return	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		N.
	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?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
		,		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
	Gross income from members or shareholders			
U	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?. If "Yes," complete Form 4720, Schedule O	16		No

-01111	990 (2019)			Page to
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•		lines 🗸
Se	ction 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 42			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 42			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? •	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	l
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	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	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13		13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The companion of CEO. Everything Director and the manner of the last	15-	Voc	

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records MONICA RUANO-WENRICH 501 WASHINGTON STREET PO BOX 702 READING, PA 196030702 (610) 685-4550

16a Nο 16b

Yes

15b

Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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)

policy, and financial statements available to the public during the tax year

20

Form 990 (2	2019)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	/ees,
	Check if Schedule O contains a	response or no	te to an	y line	e in t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	ıd H	lighe	st C	Compensated En	nployees	
year .	e this table for all persons require		·						,		
of compens	of the organization's current off ation Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid				
	of the organization's current key										
who receive	organization's five current high d reportable compensation (Box and any related organizations										
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
organızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensatio	n from t								e
	ions for the order in which to list	·									
☐ Check t	this box if neither the organization		d orgar	nızatı			ensate	d ar	ny current officer, di	rector, or trustee	_
	(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check mo than one box, unless pers is both an officer and a director/trustee)				ss pers and a ee)	on	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
See Addition	al Data Table										
								_			
								_			
					1			l			

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the

	for rolated			_			_	/_2/1000_	/\\/_2/1000_	organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

	Sub-Total			
d	Total (add lines 1b and 1c)	0		63,367
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 \blacktriangleright 4			
			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		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	municular	4	l Yes	

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		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of corfrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	mpensa	ition	

		3		NO						
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such									
	ındıvıdual	4	Yes							
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No						
Se	ection B. Independent Contractors									
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
	(-)									

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization 7 If "Yes," complete Schedule 7 for such person		5	No							
Se	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) Compensat	tion							

Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization ► 0	received more than \$100,000 of	
		Form 990 (2019)

Part		Statement	of F	Revenue						Page 9
					respo	onse 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
0	1	a Federated campa	aigns	· .	1a	L		revenue		1 312 311
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due	s.	. [1 b					
<u> </u>		c Fundraising ever	nts .	· • [1c					
ffs,		d Related organiza	itions	· [1 d					
		e Government grants	(con	tributions)	1e	76,863				
Sin S		f All other contribution	ons, g	ufts, grants,						
utic er		above		L	1f	11,067,209				
g j		g Noncash contribution lines 1a - 1f \$	ons in	cluded in	1 g	259,747				
, pu		h Total. Add lines	1a-1	 f	-9	•				
	_					Business Code	11,144,072			
	2a					Busiliess Code				
<u> </u>										
Ne Tr	Ŀ	•								
Program Service Revenue										
NC.	C	·								
3	c	i								
ranı		-								
Tog	e	•								
4	f	All other program	serv	ice revenue						
	g	Total. Add lines 2	2a-2	f	>					
		Investment income				nterest, and other	239,570			239,570
		similar amounts). Income from invest				ond proceeds	` <u> </u>			239,370
		Royalties					—			
		,		(ı) Real		(II) Personal				
	6-	Gross rents	6a							
		Less rental								
		expenses	6b							
	С	Rental income or (loss)	6c							
	•	d Net rental income	e or ((loss)		· · · •	┪			
				(ı) Securit	ies	(II) Other				
	7 <i>a</i>	Gross amount from sales of	7a	2,2	07,920	,				
		assets other than inventory		,	·					
	b	Less cost or	7b	2.20	00 226					
		other basis and sales expenses		2,31	08,326					
	С	Gain or (loss)	7c	-1	00,406	, ,				
		d Net gain or (loss)) .				-100,406	-100,406		
a)	88	Gross income from fu	undra							
Other Revenue		(not including \$contributions reporte								
eve		See Part IV, line 18	•		8a					
Ä		b Less direct exper			8b					
the	•	c Net income or (los	ss) fr	om fundraisii	ng ev	ents 🕨	1			
O	9a	Gross income from	gam	ing activities						
		See Part IV, line 19			9a					
		Less direct exper			9b	PS				
		meanie or (ios) II	gairining a			1			+
	10	aGross sales of inverse returns and allowa	ento	ry, less						
		Less cost of good			10a 10b					
		C Net income or (los				orv >				
		Miscellaneo			IIVEIIC	Business Code				
	11	La ADMINISTRATIO	N FEI	ES		56100	22,904	22,904		
	ı									
	•	<u> </u>								
		d All other revenue								
		e Total. Add lines 1				•	22,904			
	12	2 Total revenue. S	ee ir	structions .	•		11,306,140	-77,502		0 239,570
							· · · · · ·			Form 990 (2019)

23 Insurance .

d

expenses on Schedule O)

a UW SPONSORED MEETINGS

b MISCELLANEOUS EXPENSES

c EQUIPMENT RENTAL & MAIN

e All other expenses

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

25 Total functional expenses. Add lines 1 through 24e

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 ▶ ☐ If following SOP 98-2 (ASC 958-720)

Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must c	omplete all columns	All other organization	ns must complete colu	mn (A)
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> L</u>
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
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,869,866	7,869,866		
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	545,780	211,830	161,072	172,878
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,272,377	442,739	246,017	583,621
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	280,975	82,555	52,311	146,109
10 Payroll taxes	136,194	48,632	32,198	55,364
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	19,401	11,191	2,402	5,808
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	49,878	17,048	11,966	20,864
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	312,103	180,034	38,635	93,434
12 Advertising and promotion	167,528	17,894	145	149,489
13 Office expenses	99,682	79,924	6,183	13,575
14 Information technology				
15 Royalties				
16 Occupancy	147,729	50,681	35,696	61,352
17 Travel	25,769	8,810	3,747	13,212
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	133,643	44,386	32,245	57,012
22 Depreciation, depletion, and amortization	29,900	9,751	7,148	13,001

17,033

60,755

52,682

23,593

11,244,888

6,196

19,887

1,896

5,664

9,108,984

3,445

936

21,921

5,327

661,394

7,392

39,932

28,865

12,602

1,474,510

Form **990** (2019)

Form 990 (2019)

1

2

3

Fund Balances

ō 29

Assets 30

27

28

31

32

33

End of year

1

2

3

4

5

6 7

8

9

10c

11

12 13

14

15

16

17

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21

22 23

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27

28

29

30

31

32

33

Beginning of year

290,658

268,218

3,548,890

7.770.358

54.924

35,862

40,028

9,734,209

809.796

23,276

384.976

76.863

1,577,492

2.039.331

4.541,252

15,436,760

19,978,012

22,017,343

22,017,343

Page **11**

3,441,003

8,228,326

8.971

36,994

22,440

11,166,525

916.381

24,269

367,517

1,675,314

2.042.831

4,754,714

17,047,364

21,802,078

23,844,909

Form 990 (2019)

23,844,909

Cash-non-interest-bearing Savings and temporary cash investments . .

Pledges and grants receivable, net . . .

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

Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net

Inventories for sale or use . . Prepaid expenses and deferred charges . . .

basis Complete Part VI of Schedule D

10a 10b

Assets 10a Land, buildings, and equipment cost or other b Less accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 . Intangible assets .

13 14 15 Other assets See Part IV, line 11 . . . 16

Total assets. Add lines 1 through 15 (must equal line 34) . Accounts payable and accrued expenses . Grants payable .

17 18 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . .

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

21 Liabilities 22 23

and other liabilities not included on lines 17 - 24)

Complete Part X of Schedule D

24 25 26

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds . .

Total liabilities and net assets/fund balances .

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Other liabilities (including federal income tax, payables to related third parties,

Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

3a

3b

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 23-1655375

Name: UNITED WAY OF BERKS COUNTY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

MORE THAN 100,000 CHILDREN, FAMILIES AND SENIORS BENEFITTED FROM VITAL HEALTH AND HUMAN SERVICES PROGRAMS FUNDED BY UNITED WAY OF BERKS COUNTY (UWBC) THROUGHOUT 2019 UWBC'S WORK AND INVESTMENTS FOCUS ON FOUR AREAS EDUCATION, INCOME (FINANCIAL STABILITY), HEALTH AND SAFETY NET SERVICES DURING 2019, UWBC INVESTED FUNDING IN 50 PROGRAMS DELIVERED BY 35 AGENCY PARTNERS, AS WELL AS SUPPORTED COMMUNITY INITIATIVES AND PROVIDED VARIOUS ONE-TIME GRANTS ALL PROGRAMS IN WHICH UWBC INVESTS ARE EVALUATED BY OUR COMMUNITY IMPACT CABINET. FOCUS AREA PANELS (FAP) AND ACCOUNTABILITY REVIEWERS, REPRESENTING OVER 50 VOLUNTEER COMMUNITY MEMBERS FROM VARIOUS SECTORS. THESE VOLUNTEERS DEDICATE INVALUABLE TIME TO ENSURE UWBC DOLLARS ARE INVESTED IN HIGH-PRIORITY PROGRAMS THAT ADDRESS CRITICAL CURRENT COMMUNITY NEEDS, AS WELL AS PROGRAMS THAT ARE HIGH-PERFORMING CONSISTENTLY, AND EFFECTIVELY, DELIVERING A HIGH-QUALITY PROGRAM PRODUCING MEANINGFUL RESULTS FOR PARTICIPANTS ANNUALLY, PROGRAMS RECEIVING UWBC INVESTMENTS ARE REQUIRED TO SUBMIT AN APPLICATION THAT DETAILS HOW UWBC DOLLARS ARE SPENT TO SUPPORT PROGRAMMING, AND THE OUTCOMES ACHIEVED BY CLIENTS. THESE OUTCOMES PLAY A CRUCIAL ROLE IN DETERMINING THE EFFECTIVENESS OF UWBC INVESTMENTS IN PROGRAMS AGENCY REPRESENTATIVES ALSO MEET WITH FOCUS AREA PANEL VOLUNTEERS FOR FURTHER DISCUSSION AND EVALUATION OF PROGRAM EFFECTIVENESS UWBC INVESTED IN THE FOLLOWING PROGRAMS IN 2019 EDUCATION FOCUS AREA UWBC BELIEVES THAT EVERYONE CAN PLAY A ROLE IN ENSURING THAT CHILDREN GROW UP TO BE PRODUCTIVE CITIZENS AND MEMBERS OF OUR COMMUNITY THIS BEGINS WITH A GOOD EDUCATION THAT IS THE FOUNDATION FOR A CHILD'S SUCCESS IN WORK AND LIFE, ALONG WITH PROVIDING SUPPORTIVE PROGRAMMING THAT HELPS YOUTH DEVELOP NECESSARY SKILLS FOR THEIR FUTURES TO MEET THIS GOAL, KEY ISSUES ADDRESSED BY UWBC AND ITS SUPPORTED PROGRAMS IN THIS FOCUS AREA INCLUDE EARLY CARE AND SCHOOL READINESS, SCHOOL SUCCESS, AND POSITIVE YOUTH DEVELOPMENT, SINCE THESE ISSUES ARE ALL INTERTWINED IN HELPING CHILDREN REACH THEIR POTENTIAL THESE PROGRAMS IMPACT MORE THAN 23,000 YOUTH IN BERKS COUNTY EARLY CARE AND SCHOOL READINESS - COMMUNITY-LEVEL OUTCOME CHILDREN REACH APPROPRIATE DEVELOPMENTAL MILESTONES -BERKS COUNTY INTERMEDIATE UNIT CHILDCARE FAMILIES RECEIVE ACCESS TO KEYSTONE STAR RATED 3 OR 4 CHILDCARE FOR THEIR CHILDREN WITH UWBC'S INVESTMENT BCIU CHILDCARE PROVIDES QUALITY CHILDCARE SERVICES FOR CHILDREN AGES 13 MONTHS TO 12 YEARS OF AGE BCIU'S DEVELOPMENTAL APPROACH FOCUSES ON OFFERING EXPOSURE TO ACTIVITIES IN THE FOLLOWING AREAS SCIENCE, TECHNOLOGY, ENGINEERING, MATH, LITERACY, MUSIC, CREATIVE ARTS, DRAMATIC PLAY, SOCIAL STUDIES, FINE AND GROSS MOTOR, COOKING, AND FIELD TRIPS FOR SCHOOL AGE STUDENTS CARE IS PROVIDED 12 MONTHS PER YEAR BY HIGHLY TRAINED STAFF BCIU CHILDCARE SETTINGS INCLUDE SCHOOL AGE, PRESCHOOL, TODDLER AND INCLUSION OPPORTUNITIES - COMMUNITY-LEVEL OUTCOME FAMILIES HAVE ACCESS TO AFFORDABLE AND QUALITY EARLY LEARNING EXPERIENCES THAT RESULT IN KINDERGARTEN READINESS - OPPORTUNITY HOUSE CHILDCARE THE SECOND STREET LEARNING CÈNTER IS A COMPREHENSIVE COMMUNITY CHILDCARE PROGRAM FOR CHILDREN AGES 6 WEEKS TO 13 YEARS FOCUSING ON CREATIVITY, SOCIALIZATION, AND THE DEVELOPMENT OF HIGH SELF-ESTEEM ACTIVITIES ARE DESIGNED TO MEET THE NEEDS OF EACH INDIVIDUAL CHILD MULTI-CULTURAL AND DEVELOPMENTALLY APPROPRIATE MATERIALS AND EQUIPMENT ARE OFFERED - YMCA OF READING & BERKS COUNTY, CHILDCARE OFFERS A SCIENTIFICALLY-BASED, IMPLEMENTED EARLY CHILDHOOD CURRICULUM THAT ALIGNS WITH THE PENNSYLVANIA LEARNING STANDARDS FOR EARLY CHILDHOOD SINCE PLAY IS THE FOUNDATION FOR YOUNG CHILDREN'S LEARNING AND DEVELOPMENT, THE YMCA PROVIDES WELL-EQUIPPED AND CAREFULLY ARRANGED CLASSROOMS -COMMUNITY-LEVEL OUTCOME INDIVIDUALS GAIN KNOWLEDGE AND DEVELOP SKILLS TO ESTABLISH STRONG FAMILIES AND HELP CHILDREN REACH THEIR POTENTIAL -CENTRO HISPANO, ABRIENDO PUERTAS/OPENING DOORS PROGRAM AN EVIDENCE-BASED, COMPREHENSIVE TRAINING PROGRAM, DEVELOPED BY AND FOR LATINO PARENTS WITH CHILDREN AGES 0 TO 5, AIMS TO IMPROVE THE OUTCOMES OF THE NATION'S LATINO CHILDREN BY BUILDING THE CAPACITY AND CONFIDENCE OF PARENTS TO BE STRONG AND POWERFUL ADVOCATES IN THEIR CHILDREN'S LIVES THIS PROGRAM ALIGNS WITH UWBC'S READY SET READ! INITIATIVE - YMCA OF READING & BERKS COUNTY, BABY UNIVERSITY OFFERED AS A 6-WEEK SESSION, EACH PARTICIPANT - A PARENT OR CAREGIVER WITH A CHILD FROM PRENATAL TO FIVE YEARS OLD - RECEIVES A WEEKLY HOME VISIT IN ADDITION TO THE WEEKLY CLASSROOM INSTRUCTION, WHICH INCLUDES EDUCATION ON EARLY CHILDHOOD DEVELOPMENT AND EVIDENCE-BASED PARENTING CURRICULUM SCHOOL SUCCESS- COMMUNITY-LEVEL OUTCOME STUDENTS WILL ACHIEVE ACADEMIC SUCCESS BY IMPROVED ATTENDANCE AND/OR PROMOTION TO THE NEXT GRADE LEVEL -BIG BROTHERS BIG SISTERS OF BERKS COUNTY, MENTORING PROGRAM SERVICES THEIR MISSION IS TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING PROFESSIONALLY SUPPORTED 1-TO-1 RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER THIS IS ACHIEVED THROUGH PROFESSIONALLY DIRECTED MENTORING PROGRAMS UTILIZING CAREFULLY SCREENED AND TRAINED VOLUNTEERS, AND INCLUDES ONE-TO-ONE PROGRAM, COUL (THE CLUB OF UNMATCHED LITTLES) GROUP-MENTORING, TEEN PROGRAM THAT PROVIDES GROUP-MENTORING, AND SMART (STUDENTS & MENTORS ACHIEVING RESULTS TOGETHER), A SCHOOL-BASED PROGRAM - COMMUNITY-LEVEL OUTCOME STUDENTS WILL PARTICIPATE IN EDUCATIONAL EXPERIENCES DURING THE SUMMER TO MAINTAIN READING SKILLS - BIRDSBORO COMMUNITY MEMORIAL CENTER, OUT OF SCHOOL EDUCATION PROGRAMS THE SUMMER READING PROGRAM FOR YOUTH IN GRADES FIRST THROUGH SIXTH ALLOWS PARTICIPANTS TO PRACTICE AND LEARN NEW STRATEGIES THAT WILL ASSIST THEM IN MAINTAINING CURRENT READING LEVELS, OR INCREASE LEVELS, THROUGHOUT THE SUMMER MONTHS - OLIVET BOYS AND GIRLS CLUB OF READING AND BERKS COUNTY, COMPREHENSIVE YOUTH DEVELOPMENT OLIVET SUMMER CAMP PROGRAMS PICK UP WHEN THE AFTERSCHOOL PROGRAM ENDS, KEEPING YOUTH ENGAGED IN PROGRAMS DURING THE SUMMER MONTHS YOUTH DEVELOPMENT- COMMUNITY-LEVEL OUTCOME BY PARTICIPATING IN DIVERSE, SAFE, AND EFFECTIVE OUT-OF-SCHOOL TIME PROGRAMS, YOUTH WILL DEVELOP ACADEMIC, ARTISTIC, AND/OR LEADERSHIP SKILLS - BIRDSBORO COMMUNITY MEMORIAL CENTER, OUT OF SCHOOL EDUCATION PROGRAMS LITERACY PROGRAMS OFFERED AS PART OF THE AFTERSCHOOL CLUBHOUSE ENGAGES STUDENTS GRADES 1-6 STAFF ASSIST STUDENTS WITH HOMEWORK AND READING SUPPORT. THE PROGRAM ALSO ENCOMPASSES SOCIAL ACTIVITIES - GIRL SCOUTS OF EASTERN PA, OUTREACH TO AT-RISK GIRLS FUNDED INITIATIVES PROGRAMS PROVIDE HIGH-QUALITY OUT-OF-SCHOOL-TIME THROUGH EDUCATION OPPORTUNITIES FOR GIRLS IN UNDERSERVED COMMUNITIES IN THE CITY OF READING GIRLS ATTEND WEEKLY MEETINGS AT CONVENIENT COMMUNITY LOCATIONS BOTH DURING THE SCHOOL YEAR AND IN THE SUMMER - HAWK MOUNTAIN COUNCIL BOY SCOUTS OF AMERICA, TRADITIONAL SCOUTING THIS PROGRAM OPERATES WITHIN THE LOCAL NEIGHBORHOOD AT LOCATIONS PROVIDED BY PARTNERSHIPS THAT HAVE A CONTINUED INTEREST IN CITIZENSHIP TRAINING, PERSONAL FITNESS, AND CHARACTER DEVELOPMENT ADULT VOLUNTEERS ADMINISTER THE PROGRAMS AT ALL LEVELS WITH SUPPORT FROM THE HAWK MOUNTAIN COUNCIL THE LEVEL OF YOUTH LEADERSHIP IS BASED UPON AGE APPROPRIATE ACTIVITIES - HAWK MOUNTAIN COUNCIL BOY SCOUTS OF AMERICA, URBAN SCOUTING SCOUTREACH IS THE HAWK MOUNTAIN COUNCIL'S COMMITMENT TO ENSURING ALL YOUNG PEOPLE HAVE AN OPPORTUNITY TO JOIN SCOUTING, REGARDLESS OF THEIR CIRCUMSTANCES, NEIGHBORHOOD, CULTURAL OR ETHNIC BACKGROUND SCOUTREACH IS THE SAME PROGRAM AS SCOUTING IN ANY OTHER AREA BUT IS TYPICALLY AN AFTER-SCHOOL PROGRAM THAT PROVIDES AN ADDITIONAL EMPHASIS ON SPECIAL NEEDS OF PARTICIPANTS, SUCH AS PARENTAL INVOLVEMENT, FINANCIAL ABILITY, ACADEMIC PERFORMANCE, ACCESS TO TECHNOLOGY, AND CULTURAL AND LANGUAGE DIFFERENCES UWBC PROVIDED AN INCREASED INVESTMENT TO ASSIST WITH PILOTING THE NEW STEM SCOUTS WITHIN THE CITY OF READING THIS VALUES-BASED PROGRAM FOCUSES ON SCHOOL SUCCESS AND YOUTH DEVELOPMENT. STEM SCOUTS EXPANDS BOY SCOUTING OPPORTUNITIES TO GIRLS SCOUTS SPEND 90 MINUTES PER MEETING WORKING ON SELF-IMPROVEMENT, CRITICAL THINKING, AND HANDS ON EXPERIMENTATION FOCUSING ON TOPICS SUCH AS PHYSICS OF LIGHT, PROPERTIES OF MATTER, MAGNETISM, PROPERTIES OF SOUND, ROBOTICS, ARCHAEOLOGY, AND SPACE - OLIVET BOYS AND GIRLS CLUB OF READING AND BERKS COUNTY, COMPREHENSIVE YOUTH DEVELOPMENT. DURING THE SCHOOL YEAR, KIDS ATTEND THEIR CLUBS MONDAY THROUGH FRIDAY, AND PARTICIPATE IN MANY ACTIVITIES AND PROGRAMS THAT ENRICH THEIR LIVES AND HELP MAKE THEM SUCCESSFUL STUDENTS, ATHLETES, AND CITIZENS MEMBERS AGES 6-12 PARTICIPATE FROM 2 30-6 00 P M MEMBERS 13 AND OLDER UTILIZE THE CLUBS FROM 6-9 P M THESE PROGRAMS INCLUDE TUTORING, ARTS AND CRAFTS, SPORTS AND RECREATION, COMPUTER AND TECHNOLOGY, LEADERSHIP AND CHARACTER BUILDING, COLLEGE ACCESS AND CAREER DEVELOPMENT, VISUAL AND PERFORMING ARTS

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

PAMELA BARBEY

DAVID CAPITANO

RAMIRO M CARBONELL

.......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BRUCE COLE

PETER CONNORS

		1 4114	, a un	eccc	J17 C1	usice	'	Organización	organizacions	monn the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SCOTT L GRUBER CHAIR	1 00			x				0	0	0	
JOANNE JUDGE VICE CHAIR	1 00			×				0	0	0	
TIMOTHY J SIMMONS SECRETARY/TREASURER	1 00			х				0	0	0	
STEVEN FISHER	1 00										

710E 011/EIX							
TIMOTHY J SIMMONS	1 00			<		9	
SECRETARY/TREASURER		_ ^		^		0	
STEVEN FISHER	1 00			· ·			
ASST SECRETARY/TREASURER		_ ×		Х		U	
SARA AULESTIA	1 00						
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SECRETARY/TREASURER				<u> </u>					
STEVEN FISHER	1 00								
ASST SECRETARY/TREASURER	••••••	×		X			0	o I	l
SARA AULESTIA	1 00						_	_	
DIRECTOR		×					0	0	ı

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organizations from the organization

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BARBARA HALL

BRADLEY HALL

ALISA HARRIS

JOSEPH HARTZ

.......

DR JILL HACKMAN

	any nours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SANTINA CONNORS DIRECTOR	1 00	×						0	0	0	
KELLEY CROZIER DIRECTOR	1 00	x						0	0	0	
MICHAEL DUFF DIRECTOR	1 00	х						0	0	0	

DIRECTOR							
MICHAEL DUFF	1 00	×			0	0	
DIRECTOR							
AARON FRIES	1 00	I ↓			0	0	
DIRECTOR		_ ^			O O	0	
SARA GALOSI	1 00	v			0	0	

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours	and	a dır	recto	r/tr'כ	rustee)	, !	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
KIM HIPPERT-EVERSGERD DIRECTOR	1 00	1 1						0	0	0	
ROBERT HOFFMASTER DIRECTOR	1 00	1 1						0	0	0	
MICHAEL KRUT DIRECTOR	1 00	1 1						0	0	0	
DR SUSAN LOONEY DIRECTOR	1 00							0	0	0	
DR KHALID MUMIN	1 00						\Box				

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DR KHALID MUMIN

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SUE PERROTY

ROBERT PRATT

JONI NAUGLE

RENDY ORTIZ

CRAIG PERROTY

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours	and	a dır	recto	or/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
SCOTT REHR DIRECTOR	1 00	х						0	0	0	
DANIEL SANSARY DIRECTOR	1 00	×						0	0	0	
MICHAEL SCHMIDTLEIN DIRECTOR	1 00	×						0	0	0	
DAVID SHAFFER	1 00	х						0	0	0	

1 00

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MICHAEL SCHMIDTLEIN
DIRECTOR
DAVID SHAFFER
DIRECTOR
SHELLEY SHAFFER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

PATRICK SHIELDS

JEROME T SIMCIK

TIMOTHY SNYDER

DAVID TURNER

PATRICK VELEKEI

.......

and Independent Contractors

and Independent Contractors (A) (B) (C) Name and Title Average Position (do not check more than one box, unless

SR VP FINANCE & ADMIN

SR VP RESOURCE DEVELOPMENT

SR VP COMMUNITY IMPACT

JEAN MORROW

YAMIL SANCHEZ

		1					′ !	(11, 2,4,000	(14) 2/4 000
	for related organizations below dotted line)		Habit Tenotiumster	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ñ- 2/1099- MISC)
KAREN WANG DIRECTOR	1 00	X						0	0
CHRISTINA WEEBER DIRECTOR	1 00	×						0	О
TAMMY L WHITE PRESIDENT	37 50			x				159,346	0
MONICA RUANO-WENRICH	37 50			х				100,589	0

37 50

37 50

hours per

week (list

any hours

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

person is both an officer

and a director/trustee)

(D)

Reportable

compensation

from the

organization

101.057

121,422

(E)

Reportable

compensation

from related

organizations

(F)

Estimated

amount of other

compensation

from the organization and related organizations

0

23,621

17,391

11,033

11,322

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349317600											
SCI		ULE A	- Dublic (Charity Statu	c and Dul	olic Supp	ort	OMB No 1545-0047			
	m 99			ganization is a sect 4947(a)(1) nonexe Attach to Form !	ion 501(c)(3) empt charitable	organization or trust.	1	2019			
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	nue Service h e organiza OF BERKS COI					Employer identific	ation number			
01111							23-1655375				
	rt I		for Public Charity Statual private foundation because				See instructions.				
1 1	rganiz		onvention of churches, or as	•	•		(A)(i)				
2		•	,								
			scribed in section 170(b)(,						
3		·	or a cooperative hospital serv	-			•				
4	Ш	name, city,	esearch organization operate and state	ed in conjunction with	a hospital descri	bed in section :	1/U(b)(1)(A)(III). E	nter the hospital's			
5			ation operated for the benefit (iv). (Complete Part II)	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170			
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).				
7	✓		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	ınıt or from the gener	al public described in			
8	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
9			ural research organization de rant college of agriculture Se					ege or university or a			
10		from activit	ation that normally receives ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross			
11			ation organized and operated		r public safety S	ee section 509	(a)(4).				
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509 (a				
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled in							
c		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organization				ited with, its			
d		Type III n	on-functionally integrated integrated The organization You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported organ				
e		Check this	box if the organization received or Type III non-functionally	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter		of supported organizations	egraced supporting	organization						
g			ing information about the su	pported organization(s)						
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
Tota		l. P. '	tion Act Notice, see the Ir		Cat No 11285		 	<u> </u> 90 or 990-EZ) 2019			

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	ections 170(b)	(1)(A)(iv) and	l 170(b)(1)(A)	(vi)
	(Complete only if you ch						nder Part III.
	If the organization failed	l to qualify unde	r the tests listed	below, please c	omplete Part III	.)	
S	Section A. Public Support		1				
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	9,889,099	10,574,048	10,883,467	11,084,477	11,144,072	53,575,163
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	0.880.000	10 574 049	10.002.467	11 004 477	11 144 072	F2 F7F 162
4 5	Total. Add lines 1 through 3 The portion of total contributions by	9,889,099	10,574,048	10,883,467	11,084,477	11,144,072	53,575,163
3	each person (other than a governmental unit or publicly						1 (27 000
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,637,069
6	Public support. Subtract line 5 from line 4						51,938,094
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	9,889,099	10,574,048	10,883,467	11,084,477	11,144,072	53,575,163
8	Gross income from interest,	, ,	. ,		. ,	, ,	<u> </u>
	dividends, payments received on securities loans, rents, royalties and income from similar sources	111,395	146,400	106,905	188,278	239,570	792,548
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- · · · · · · · · · · · · · · · · · · ·	59,990	142,193	28,761	27,624	22,904	281,472
11	Total support. Add lines 7 through 10						54,649,183
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's fırst, second, thı	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) or <u>g</u> a	nızatıon,
	check this box and stop here					▶□	
	ection C. Computation of Publi		-				
14	Public support percentage for 2019 (Ii	ne 6, column (f) d	vided by line 11, c	olumn (f))		14	95 040 %
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	95 680 %
16 a	33 1/3% support test—2019. If the	organization did i	not check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox
b	and stop here. The organization qual 33 1/3% support test—2018. If th	•			nd line 15 is 33 1/3	3% or more, check	▶ ✓ this
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization neets	t— 2019. If the order in meets the "facts	ganization did not o s-and-circumstance	check a box on line s" test, check this	box and stop her	e. Explain	▶□
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organization is Dark VI have the organization in Dark VI have the organization.	zation meets the "i	facts-and-circumsta	ances" test, check	this box and stop	here.	▶ □
	Explain in Part VI how the organization supported organization Private foundation. If the organization			_	·		▶□
18		on did not check a	i box on line 13, 16	oa, 100, 1/a, 00 1/	D, CHECK THIS DOX	and See	. □
	instructions				Cohodula	A /Form 990 or	P □

P		upport Schedule for						
		Complete only if you cl						der Part II. If
		ne organization fails to	qualify under t	ne tests listed i	pelow, please co	omplete Part II.)	
56	ection A. Pub	ndar year			1			T
		r beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		contributions, and						
		ees received (Do not						
_		nusual grants ")						
2		from admissions, sold or services						
		facilities furnished in						
		at is related to the						
	organization's	tax-exempt purpose						
3		from activities that are						
		ed trade or business						
4	under section Tax revenues	F						
-		benefit and either paid						
		d on its behalf						
5		ervices or facilities						
		governmental unit to						
		on without charge						
6	Total. Add line	-						
/a		ded on lines 1, 2, and m disqualified persons						
b		ded on lines 2 and 3						
_		other than disqualified						
		exceed the greater of						
		of the amount on line						
_	13 for the yea Add lines 7a a							
8		rt. (Subtract line 7c						
0	from line 6)	it. (Subtract line / c						
Se	ection B. Tota	al Support				•		
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal
		r beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts fron	n line 6						
L0a		from interest,						
		yments received on						
		ns, rents, royalties and similar sources						
b		siness taxable income						
_		511 taxes) from						
		equired after June 30,						
	1975							
_	Add lines 10a							
11		rom unrelated business						
		included in line 10b, ot the business is						
	regularly carr							
12		Do not include gain or						
		sale of capital assets						
	(Explain in Pa							+
13	11, and 12)	rt. (Add lines 9, 10c,						
14	First five yea	a rs. If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,
•		and stop here		, ,	, ,	•	()()	▶ □
Se		nputation of Public S	Support Perce	ntage				
15		percentage for 2019 (lin			column (f))		15	
16	• •	: percentage from 2018 S		•	(//		16	
		nputation of Investr					1 -0	
17		come percentage for 201			line 13. column (f	f))	17	
		come percentage from 20	,		25, 201411111 (1	• / /		
18				·	on line 14	aa 1 E ja waana 41	18 22 1/20/ and l	na 17 ia
		ort tests—2019. If the						_
		/3%, check this box and s	-					▶□
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_
	not more than	n 33 1/3%, check this box	and stop here.	The organization (qualifies as a publ	licly supported org	anızatıon	▶□
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

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10a

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
•	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? 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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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	4b		
С	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)? 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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?	5b	1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection 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? 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	1		
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? 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	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	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)? 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)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	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?	1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
	D	2		
	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	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? 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	2a		
ŀ	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? 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	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	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> .	3a		
ŀ	Did the organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

3b

Page **6**

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		

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	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

Total annual distributions. Add lines 1 through 6	
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
Distributable amount for 2019 from Section C, line 6	

8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9 Distributable amount for 2019 from Section C, line 6				
10	10 Line 8 amount divided by Line 9 amount			
(coo instructions) Evenes Distributions		(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI)			

details in Part VI) See instructions	ilcii tile organization is respon	sive (provide	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			

(see instructions)	Excess Distributions	Pre-2019	Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
 Carryover from 2014 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		

j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract		

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		
7 Excess distributions carryover to 2020. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		

Schedule A (Form 990 or 990-EZ) (2019)

a Excess from 2015. **b** Excess from 2016. **c** Excess from 2017.

d Excess from 2018. e Excess from 2019.

Schedule A	edule A (Form 990 or 990-EZ) 2019					
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part 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 Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)						
		Facts And Cırcumstances Test				
990 Sche	dule A, Supplemen	tal Information				
Re	turn Reference	Explanation				
	A, PART II, LINE 10,	ADMINISTRATION FEES - 2015 AMOUNT \$ 59,990 2016 AMOUNT \$ 142,193 2017 AMOUNT \$ 28,761 2018				

AMOUNT \$ 27,624 2019 AMOUNT \$ 22,904

EXPLANATION OF OTHER INCOME

SCHEDULE D

DLN: 93493176002120

2019

OMB No 1545-0047

Supplemental Financial Statements

► 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.

(Form 990)

	tment of the Treasury al Revenue Service Go to <u>www.irs.gov/Form</u>	• Attach to Form : 1990 for instruction		d the latest info	rmatio	n.		pection
	me of the organization	101 111011 4011				loyer identi		
UNI	TED WAY OF BERKS COUNTY INC				_	•	neacion .	
	Ouganisations Maintaining Dancy Advis	Fd O	.l (······································		.655375		
Fe	rt I Organizations Maintaining Donor Advis Complete if the organization answered "Yes				or ACC	ounts.		
	Jonnpress II and Significant Constitution 1	(a) Donor		'		(b) Funds an	nd other a	accounts
L	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
1	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex-			ts held in donor ad	lvised f	funds are the		Yes 🗌 No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?							Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990,	Part I	V, line 7.				
L	Purpose(s) of conservation easements held by the organ	nization (check all tl	hat ap	ply)				
	Preservation of land for public use (e g , recreation	or education)		Preservation of an	histor	ıcally ımporta	nt land a	rea
	☐ Protection of natural habitat			Preservation of a	certified	d historic stru	icture	
	Preservation of open space							
,	Complete lines 2a through 2d if the organization held a	gualified concentati	on cor	stribution in the for	rm of a	concentation		
_	easement on the last day of the tax year	quanneu conservaci	OII COI	iti ibation in the for				f the Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements				2b			
c Number of conservation easements on a certified historic structure included in (a)								
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, a	and no	t on a historic	2d			
3	Number of conservation easements modified, transferre tax year ▶	d, released, extingu	ushed	, or terminated by	the org	ganızatıon duı	ring the	
1	Number of states where property subject to conservation	n easement is locat	ed ►_			_		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ng, ins	spection, handling	of viola	ations,	Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vio	olation	s, and enforcing co	onserva	ation easemei	nts during	g the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violatio	ns, an	d enforcing conser	vation	easements di	uring the	year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(u)$?	above satisfy the r	equire	ments of section 1	70(h)(Yes	□ No
•	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the					tement, and		
ar	the organization's accounting for conservation easement TIII Organizations Maintaining Collections		al Tre	easures, or Oth	er Sir	milar Asset	ts.	
	Complete if the organization answered "Ye	s" on Form 990,	Part I	V, line 8.				
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, e	ducati	on, or research in f				orks of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	6 (ASC 958), to repict exhibition, educa	ort in tion, c	its revenue statem or research in furth	nent an erance	nd balance she of public ser	eet works vice, prov	of art, yide the
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$		
(i	i)Assets included in Form 990, Part X					▶ \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				ncıal g	aın, provide t	he	
а	Revenue included on Form 990, Part VIII, line 1	•	-			▶ \$		
b	Assets included in Form 990, Part X					▶ \$		

 $\boldsymbol{c} \;\; \text{Leasehold improvements}$ ${f d}$ Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

e Other . .

	dule D (Form 990) 2019					Page 2
Par	titti Organizations Maintaining Col	lections of Art, H	listorical Tre	easures, or Other	Similar Assets (d	continued)
3	Using the organization's acquisition, accession items (check all that apply)	1, and other records,	•	ne following that are a	significant use of its	collection
а	Public exhibition		q 🗌	Loan or exchange prog	rams	
b	☐ Scholarly research		e 🗌	Other		
С	Preservation for future generations					
4	Provide a description of the organization's col Part XIII	lections and explain h	now they furthe	er the organization's ex	empt purpose in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to				ılar 🔲 Ye	s 🗆 No
Pai	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990, Part I	V, line 9, or reporte	d an amount on F	orm 990, Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermedi	ary for contrib	utions or other assets i	not Ye	s 🗌 No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing 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 Fo	orm 990. Part X. line 2	21. for escrow	or custodial account lia	bility? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 s
	If "Yes," explain the arrangement in Part XIII	, ,	•			<i>-</i>
	rt V Endowment Funds.	Check here if the ex	pianation nas	been provided in Part 7	ш ⊔	
C	Complete if the organization answ	vered "Yes" on Fori	m 990. Part 1	V. 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	7,071,729	7,503,	258 6,578,090	6,479,174	6,554,413
b	Contributions	6,346	557,	141 279,034	1,050	250,000
С	Net investment earnings, gains, and losses	1,342,741	-644,	916 952,391	367,955	-62,630
d	Grants or scholarships					_
е	Other expenditures for facilities and programs	346,801	343,	754 306,257	270,089	262,609
f	Administrative expenses					
g	End of year balance	8,074,015	7,071,	7,503,258	6,578,090	6,479,174
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, colum	ın (a)) held as		
а	Board designated or quasi-endowment >	22 720 %				
b	Permanent endowment ► 77 280 %					
С	Temporarily restricted endowment ▶					
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%				
3а	Are there endowment funds not in the posses organization by	sion of the organizati	on that are he	d and administered for	the the	Yes No
	(i) unrelated organizations				3 a	a(i) Yes
	(ii) related organizations				3a	(ii) No
	If "Yes" on 3a(II), are the related organization				3	Bb
4	Describe in Part XIII the intended uses of the		vment funds			
Pa	rt VI Land, Buildings, and Equipmen Complete if the organization answ		m 990, Part 1	V, line 11a. See For	m 990, Part X. lın	e 10.
	Description of property (a) Cost or oth (investment)	ner basis (b) Cost o	or other basis (ot			d) Book value
1a	Land					
	Buildings					

678

20,274

1,488

35,436

196,403

36,379

36,114

216,677

37,867

	Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category	Part IV, lii (b)	ne 11l		Part X, line 12. od of valuation
	(including name of security)	Book value			f-year market value
(1) Financia	al derivatives	value			
	held equity interests				
•					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(h) week and Free 200 Back V and (D) land (2)				
Part VIII	in (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	•			
	Complete if the organization answered 'Yes' on Form 990, I	Part IV, lıı	ne 110		
	(a) Description of investment			(b) Book value	(c) Method of valuation Cost or end-of-year market
(1)				<u> </u>	value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)		•		
Part IX	Other Assets.	ing TV/ lin		•	
	Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV, III	e IIu	. See Form 990, Pa	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	omn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.				•
Part A	Complete if the organization answered 'Yes' on Form 990, P	art IV, lın	e 11e	or 11f.See Form	
1.	(a) Description of liability				(b) Book value
(3)	income taxes				
(4)					1
(5)					
(6)					
					1
(7)					
(8)					
(9)					
	on (b) must equal Form 990, Part X, col (B) line 25)			•	
	or uncertain tax positions. In Part XIII, provide the text of the footnot o's liability for uncertain tax positions under FIN 48 (ASC 740). Check				

Part XI

2

а

b

3

4

2

4

b

Schedule D (Form 990) 2019

Page 4

1,880,182

9,567,979

117,368

9,506,727

Schedule D (Form 990) 2019

2c c d 2d 106.585 2e e

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Net unrealized gains (losses) on investments

1,656,229

117.368

49,878

1,688,283

3

2a

2b

4a

4b

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 49,878 4b 1,688,283 b Add lines **4a** and **4b** 4c 1,738,161 c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 11,306,140 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 9,624,095

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

Donated services and use of facilities . . . 2a 117,368 2b 2c c 2d Other (Describe in Part XIII) d Add lines 2a through 2d 2e 3 3

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

4c 1,738,161 5 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

11.244.888 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

Return Reference Explanation See Additional Data Table

Page 5		chedule D (Form 990) 2019	Schedule D (F
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re

Schedule D (Form 990) 2019

Additional Data

Software Version:

EIN: 23-1655375 Name: UNITED WAY OF BERKS COUNTY INC.

Supplemental Information

Return Reference PART V, LINE 4

Explanation

Software ID:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF TEN DONOR-RESTRICTED SUB-FUNDS AND ONE BOARD-DESI GNATED SUB-FUND, ALL OF WHICH ARE TO BE HELD INDEFINITELY, WITH THE INCOME EXPENDABLE FOR OPERATIONS AS DIRECTED BY DONORS OR THE BOARD OF DIRECTORS

Supplemental Information	
Return Reference	Explanation
,	IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS RELATIVE TO UNRELATED BUSINESS INCOME, IF ANY, AS REQUIRED

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	UNREALIZED GAINS/(LOSSES) ON BENEFICIAL INTEREST 106,585

S

.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS 1,688,283

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED ALLOCATIONS 1,688,283

Sı

DLN: 93493176002120 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number UNITED WAY OF BERKS COUNTY INC 23-1655375 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

(7)

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

Part IV Explanation UNITED WAY JUDICIOUSLY DISTRIBUTES DOLLARS DONATED IN SUPPORT OF THE COMMUNITY'S HEALTH AND HUMAN SERVICES NEEDS, PRIMARILY TO AND THROUGH THE PARTNER AGENCIES ALSO INCLUDED IS THE DAY-TO-DAY SUPPORT AND ASSISTANCE PROVIDED TO THE PARTNER AGENCIES THROUGH SPECIAL

Return Reference PART I, LINE 2

Schedule I (Form 990) 2019

Additional Data

READING, PA 19607

498 BELLEVUE AVENUE

READING, PA 19605

AMERICAN CANCER SOCIETY

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance arant cash or assistance other) RAPID RESPONSE

225,697

GRANT DOCTOR OF

PHYSICAL THERAPY PROGRAM

PARTNER AGENCY

INVESTMENTS HEALTH

or government	577	3	assistance	(- 0
ALVERNIA UNIVERSITY 400 ST BERNARDINE ST	501(C)(3)	7,200		

501(C)(3)

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

EIN: 23-1655375 Name: UNITED WAY OF BERKS COUNTY INC

Software Version:

Software ID:

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 185.264 AMERICAN RED CROSS -PARTNER AGENCY

PROGRAM

BERKS COUNTY CHAPTER INVESTMENTS 701 CENTRE AVENUE DISASTER RESPONSE. READING, PA 19601

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

140 N 5TH STREET READING, PA 19601

VETERANS TRANSPORTATION LIVE UNITED GRANT

BARRIO ALEGRIA 501(C)(3) 5,000 SPANISH LITERACY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

READING REVILIZATION

BARRIO ALEGRIA 140 N 5TH STREET READING, PA 19601	501(C)(3)	20,000		ONE-TIME GRANT GOOD NEIGHBORS TIME BANK PARTNERSHIP

BERKS ALLIANCE 501(C)(3) 10.000 ONE-TIME GRANT

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

935 BERKSHIRE BOULEVARD

WYOMISSING, PA 19610

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 31.369 PARTER AGENCY BERKS COALITION TO END

(e) Amount of non-

(f) Method of valuation

(q) Description of

(h) Purpose of grant

IOUTREACH INITIATIVE

HOMELESSNESS INVESTMENTS HOMELESS PO BOX 7712 READING, PA 19603

(d) Amount of cash

PREVENTION BERKS COMMUNITY HEALTH 501(C)(3) 30.000 ONE-TIME GRANT CENTER OAKBROOK RESIDENT

(b) EIN

(a) Name and address of

1040 LIGGETT AVENUE

READING, PA 19611

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

(c) IRC section

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BERKS 501(C)(3) 101,960 PARTNER AGENCY CONNECTIONSPRETRIAL INVESTMENTS RE-SEDVICES FNTRY PROGRAM

19TH N 6TH STREET 4TH FLOOR READING, PA 19601				ENTRY PROGRAM
BERKS CONNECTIONSPRETRIAL SERVICES 19TH N 6TH STREET 4TH	501(C)(3)	20,000		ONE-TIME GRANT IT INFRASTRUCTURE SET- UP

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

FLOOR

READING, PA 19601

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 15.000 ONE-TIME GRANT BERKS COUNTY INTERMEDIATE UNIT CHILDREN

5.000

EXPERIENCING

I HOMELESSNESS

READY SET READ

GRANT STEM

SUMMER LEARNING

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

501(C)(3)

111 COMMONS BOULEVARD

111 COMMONS BOULEVARD

READING, PA 19612

INTERMEDIATE UNIT

READING, PA 19612

BERKS COUNTY

organization or government if applicable grant cash assistance (book, FMV, appraisal, other) or assistance or assistance or assistance part assistance or assistance or assistance or assistance or assistance part assistance or assistance or assistance or assistance part assistance or assistance or assistance part assistance or assistance or assistance or assistance part assistance or assistan

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

INVESTMENTS

SERVICES

ADVOCACY AND CLIENT

INTERMEDIATE UNIT
111 COMMONS BOULEVARD
READING, PA 19612

BERKS DEAF & HARD OF

501(C)(3)

19,544

INVESTMENTS CHILD
CARE
PARTNER AGENCY

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

HEARING SERVICES

READING, PA 19605

2045 CENTRE AVENUE

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 138.438 BERKS ENCORE PARTNER AGENCY INVESTMENTS MEALS

SERVICES

40 NORTH 9TH STREET READING, PA 19601 BERKS ENCORE 501(C)(3) 12,000

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

ON WHEELS ONE-TIME GRANT 40 NORTH 9TH STREET IVOLUNTEER INCOME READING, PA 19601 TAX PREPARATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 20.000 BERKS NATURE IONE-TIME GRANT

575 ST BERNARDINE STREET NATURE RX READING, PA 19607 BIG BROTHERSBIG SISTERS 501(C)(3) 263.754 PARTNER AGENCY

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

READING, PA 19601

INVESTMENTS BIG OF BERKS COUNTY 303 WINDSOR STREET BROTHERS/SISTERS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

BIRDSBORO COMMUNITY	501(C	(3) 59,858	3		PARTNER AGENCY
MEMORIAL CENTER					INVESTMENTS OUT OF
201 EAST MAIN STREET					SCHOOL
BIRDSBORO, PA 19508					PROGRAMMING

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

501(C)(3) 5.000

BLANKETS OF HOPE INC. LIVE UNITED GRANT BED SET DISTRIBUTION

PO BOX 3617 READING, PA 19606 PROGRAM

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

PARTNER AGENCY

TRANSPORTATION

PROGRAM

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

501(C)(3)

BOYERTOWN AREA MULTI-

200 WEST SPRING STREET

BOYERTOWN, PA 19512

SERVICE 200 WEST SPRING STREET BOYERTOWN, PA 19512		, i		INVESTMENTS BASIC NEEDS, SUPPORTIVE SERVICES FOR OLDER ADULTS
BOYERTOWN AREA MULTI-	501(C)(3)	8,209		VENTURE GRANT

52.027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 5.000 BRANDYWINE HEIGHTS AREA READY SET READ SCHOOL DISTRICT SUMMER LEARNING 200 W WEIS STREET GRANT SUMMER BOOK TOPTON, PA 19562 CLUB

COURT APPOINTED

SPECIAL ADVOCATE PROGRAM

501(C)(3) 30.000 CASA OF BERKS COUNTY ONE-TIME GRANT

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

845 N PARK ROAD

WYOMISSING, PA 19610

(b) EIN (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance 501(C)(3) 55,726 CATHOLIC CHARITIES IPARTNER AGENCY

INVESTMENTS CASE

ISERVICES, OPENING

IDOORS

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

(c) IRC section

(a) Name and address of

DIOCESE OF ALLENTOWN

501 WASHINGTON STREET

READING, PA 19601

400 WASHINGTON STREET SUITE 100 READING, PA 19601				MANAGEMENT/COUNSELING FOR VETERANS AND FAMILIES
CENTRO HISPANO DANIEL TORRES INC	501(C)(3)	264,328		PARTNER AGENCY INVESTMENTS SOCIAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 15.000 CLARE OF ASSISI HOUSE RAPID RESPONSE 325 S 12TH STREET GRANT BUILDING REPAIRS PARTNER AGENCY

INVESTMENTS CASE

ADULTS, BERKS TEENS

MGMT FOR OLDER

MATTER

READING, PA 19602 CO-COUNTY WELLNESS 501(C)(3) 148.145

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

SERVICES

429 WALNUT STREET

READING, PA 19601

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CO-COUNTY WELLNESS 501(C)(3) 5.000 RAPID RESPONSE SERVICES IGRANT BERKS TEENS

429 WAI NUT STREET MATTER READING, PA 19601 COMMUNITIES IN SCHOOLS 501(C)(3) 52.279

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

ALLENTOWN, PA 18103

PARTNER AGENCY OF THE LEHIGH VALLEY INVESTMENTS 1501 LEHIGH ST 206 EDUCATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance COMMUNITIES IN SCHOOLS 501(C)(3) 10 0001 RAPID RESPONSE

INTEGRATED STUDENT

SUPPORT 10TH & PENN

SCHOOL

OF THE LEHIGH VALLEY 1501 LEHIGH ST 206 ALLENTOWN, PA 18103				GRANT SCHOOL UNIFORM NEEDS
COMMUNITIES IN SCHOOLS	501(C)(3)	10,000		ONE-TIME GRANT

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

OF THE LEHIGH VALLEY

ALLENTOWN, PA 18103

1501 LEHIGH ST 206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 5.000 DANIEL BOONE AREA SCHOOL READY SET READ DISTRICT SUMMER LEARNING GRANT TEACHERS IN THE PARK

RESIDENTIAL HOME FOR CLIENTS

501 CHESTNUT STREET BIRDSBORO, PA 19508 501(C)(3) 15.000 RAPID RESPONSE DAYSPRING HOMES 430 HAZEL STREET GRANT ADDED

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

READING, PA 19611

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 359.647 EASTER SEALS EASTERN PARTNER AGENCY PENNSYLVANIA INVESTMENTS 1501 LEHIGH STREET SUITE PEDIATRIC CLINICS.

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

201

ALLENTOWN, PA 18103

201
ALLENTOWN, PA 18103

EASTER SEALS EASTERN
PENNSYLVANIA
1510 LEHIGH STREET SUITE

OUTPATIENT THERAPY,
THERAPEY,
THERAPEUTIC
RECREATION

ONE-TIME GRANT
MAKE THE 1ST FIVE
COUNT PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FAMILY GUIDANCE CENTER 501(C)(3) 435.152 PARTNER AGENCY

1235 PENN AVENUE SUITE INVESTMENTS 205-206 COUNSELING READING, PA 19610

FAMILY PROMISE OF BERKS 501(C)(3) 20.003 PARTNER AGENCY COUNTY INVESTMENTS, U-TURN

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

325 N 5TH STREET READING, PA 19601

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

MINORITY & AT-RISK

GIRLS

FRIEND INC COMMUNITY SERVICES 658D NOBLE STREET KUTZTOWN, PA 19530	501(C)(3)	165,714		INVESTMENTS COMMUNITY RESOURCE CONNECTIONS
GIRL SCOUTS OF EASTERN	501(C)(3)	130,633		PARTNER AGENCY

INVESTMENTS PENNSYLVANIA 330 MANOR ROAD OUTREACH TO

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

MIQUON, PA 19444

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (f) Method of (a) Description of (h) Purpose of grant if applicable non-cash assistance organization grant non-cash valuation or assistance (book, FMV, or government assistance appraisal, other)

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

131.611

501(C)(3)

SHILLINGTON, PA 19607 GREATER READING

1234 PENN AVENUE

MENTAL HEALTH ALLIANCE

WYOMISSING, PA 19610

GOVERNOR MIFFLIN
SCHOOL DISTRICT
10 WAVERLY STREET

5,000
READY SET READ SUMMER LEARNING GRANT
KINDERGARTEN COUNTDOWN

IPARTNER AGENCY INVESTMENTS

IGROUPS

INFORMATION/REFERRAL/ADVOCACY/SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 501(C)(3) 75.762 HABITAT FOR HUMANITY OF PARTNER AGENCY BERKS COUNTY INVESTMENTS 201 WASHINGTON STREET HOMEOWNERSHIP FOR SUITES NEEDY FAMILIES 329-330 READING, PA 19601 HANNAH'S HOPE MINISTRIES 501(C)(3) 15,000 RAPID RESPONSE

IGRANT CASE

MANAGEMENT IN TRANSITIONAL HOUSING

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

736 UPLAND AVENUE

READING, PA 19607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LIABATE MACHINITATAL COLUNICTI E04/61/31 200 4 52

HAWK MOUNTAIN COUNCIL	[501(C)(3)]	298,152	PARTNER AGENCY
BOY SCOUTS OF AMERICA			INVESTMENTS
5027 POTTSVILLE PIKE			COMPREHENSIVE
READING, PA 19605			YOUTH DEVELOPMENT,
·			LIRBAN SCOUTING

PARTNER AGENCY INVESTMENTS, FOOD

DISTRIBUTION

HELPING HARVEST 501(C)(3) 69,476

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

117 MORGAN DRIVE READING, PA 19608

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance

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

501(C)(3)

HELPING HARVEST

117 MORGAN DRIVE

READING, PA 19608

	HELPING HARVEST 117 MORGAN DRIVE READING, PA 19608		501(C)(3)	15,000				RAPID RESPONSE GRANT FOR REFRIGERATED TRUCK DAMAGE
--	--	--	-----------	--------	--	--	--	---

ONE-TIME GRANT

PROGRAM

IMOBILE MARKET FOOD

15.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

HOPE RESCUE MISSION	501(C)(3)	6,300		ONE-TIME GRANT
645 N 6TH ST				PURCHASE OF
READING, PA 19601				RESIDENT LOCKERS
				FOR SHELTER

IEMERGENCY SHELTER

DURING CODE BLUE

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

645 N 6TH ST

READING, PA 19601

HOPE RESCUE MISSION 501(C)(3) 15.000 RAPID RESPONSE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 75.553 JEWISH FEDERATION OF PARTNER AGENCY INVESTMENTS FOOD

READING PA 1100 BERKSHIRE BOULEVARD WYOMISSING, PA 19610

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

1100 BERKSHIRE BOULEVARD WYOMISSING, PA 19610

BANK.SUPPORTIVE SERVICES JEWISH FEDERATION OF 501(C)(3) 1.065 ONE-TIME GRANT MLK READING PA DAY EVENT ACTIVITIES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

DADTNED ACENCY

GRANT ESL CLASS FOR

WILSON SD PARENTS

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

E01/C1/21

READING-BERKS 35 SOUTH DWIGHT STREET WEST LAWN, PA 19609	501(C)(3)	119,510		INVESTMENTS ENGLISH FORWARD, LITERACY TRAINING & ESL
LITERACY COUNCIL OF	501(C)(3)	10,000		RAPID RESPONSE

110 510

LITERACY COUNCIL OF READING-BERKS

WEST LAWN, PA 19609

35 SOUTH DWIGHT STREET

LITEDACY COUNCIL OF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

501(C)(3) 25.000 MARY'SHELTER ONE-TIME GRANT 615 KENHORST BLVD YOUTH EMPOWERMENT READING, PA 19611 SERVICES

MIDPENN LEGAL SERVICES 501(C)(3) 78.760

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

501 WASHINGTON STREET

PARTNER AGENCY INVESTMENTS LEGAL

SUITE 401 REPRESENTATION FOR

READING, PA 19601 BASIC NEEDS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 20.003 NEW JOURNEY COMMUNITY PARTNER AGENCY INVESTMENTS SOUP KITCHEN & FOOD PANTRY

OUTREACH INC 138 S 6TH STREET READING, PA 19602 NEW JOURNEY COMMUNITY 1.400

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

READING, PA 19602

501(C)(3) ONE-TIME GRANT OUTREACH INC EMERGENCY FOOD 138 S 6TH STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance OLIVET DOVC & CIDLS CLUB E01(C)(2) 001 261 DADTNED ACENCY

IGRANT POLLINATOR

GARDEN

READING, PA 19611				YOUTH DEVELOPMENT
1161 PERSHING BOULEVARD				COMPREHENSIVE
OF READING & BERKS COUNTY				INVESTMENTS
OLIVE BOTS & GIRLS CLUB	201(C)(3)	991,361		PARTNER AGENCY

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

1161 PERSHING BOULEVARD

READING, PA 19611

OLIVET BOYS & GIRLS CLUB 501(C)(3) 5.000 READY SET READ OF READING & BERKS COUNTY SUMMER LEARNING

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 25,000 VENTURE GRANT OPPORTUNITY HOUSE

CHILDREN'S ALLIANCE

CENTER

430 NORTH SECOND STREET READING, PA 19601				IMPROVING TRANSPORTAT HOMELESS
OPPORTUNITY HOUSE	501(C)(3)	243,639		PARTNER AGE

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

SPORTATION FOR LESS IER AGENCY INVTS CHILD CARE, 430 NORTH SECOND STREET READING, PA 19601 SHELTER PROGRAM.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance OUTREACH INC 501(C)(3) 110.000 ISUBCONTRACTED 301 CENTER STREET PO BOX IGRANT ACCESS TO

FOOD 361 UNION. IA 50258 PENN STATE HEALTH - ST 501(C)(3) 25.000

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

BERN TOWNSHIP, PA 19605

ONE TIME GRANT JOSEPH'S VEGGIE RX PROGRAM 2500 BERNVILLE RD

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501(C)(3) 77.301 READING AREA COMMUNITY PARTNER AGENCY COLLEGE INVESTMENTS ESL

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

APPRENTICE PROGRAM

10 SOUTH SECOND STREET PO
BOX 1706
READING, PA 19603

READING AREA COMMUNITY
COLLEGE
10 SOUTH SECOND STREET PO

LANGUAGE CLASSES

40,000

ONE-TIME GRANT
EARLY CHILDHOOD
EDUCATION CDA

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

BOX 1706

READING, PA 19603

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 111.356 READING HOSPITALTOWER PARTNER AGENCY

INITATIVE GRANT

HEALTH
420 S 5TH AVENUE
WEST READING, PA 19611

READING PUBLIC LIBRARY

PRIMARY CARE/MENTAL
HEALTH INTEGRATION

READY SET READ

READY SET READ

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

100 SOUTH FIFTH STREET

READING, PA 19602

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

100 SOUTH FIFTH STREET READING, PA 19602				SUMMER LEARNING GRANT STEAM
READING PUBLIC LIBRARY	501(C)(3)	5,000		READY SET READ
				+

READING SCHOOL DISTRICT 501(C)(3) 12.780

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

READING, PA 19601

IREADY SET READ 800 WASHINGTON STREET ISUMMER LEARNING

> GRANTS STEAM, STEM, ARTS & INNOVATION

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 6,000 ONE-TIME GRANT READING SCHOOL DISTRICT

INVESTMENTS

SERVICES

COUNSELING, CRISIS

SAFE BERKS	501(C)(3)	192,344			MATERIALS PARTNER AGENCY
				1	AND EDUCATION
READING, PA 19601					LIBRARY FURNITURE
800 WASHINGTON STREET					MIDDLE SCHOOL

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

255 CHESTNUT ST

READING, PA 19602

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 46.095 PARTNER AGENCY SALVATION ARMY SERVICE EXTENSION UNITS INVESTMENTS COMMUNITY WELFARE 701 BROAD STREET PHILADELPHIA, PA 19123 501(C)(3) 60.472 PARTNER AGENCY INVESTMENTS

ALTERNATIVE

FOSTER CARE/ADOPTION

EDUCATION PROGRAM.

THE CHILDREN'S HOME OF READING 1010 CENTRE AVENUE READING, PA 19601

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

(b) EIN (f) Method of valuation (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(a) Description of

SUPPORTIVE HOUSING.

FAMILY SERVICES

THE RUDDEN FAMILY FOUNDATION INC	501(C)(3)	5,000		RAPID RESPONSE GRANT REPLACED
16 PACIFIC AVENUE READING, PA 19608				TRAILER FOR DONATED FURNITURE DELIVERIES
THE SALVATION ARMY OF	501(C)(3)	247,474		PARTNER AGENCY

READING INVESTMENTS PO BOX 1099 LEARNING CENTER.

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

READING, PA 19602

(e) Amount of non-(q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(f) Method of valuation

IEMPLOYMENT SERVICES

501(C)(3) 20.000 ONE-TIME GRANT THE SALVATION ARMY OF READING SERVICE POINT DATA PO BOX 1099 READING, PA 19602

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

1000 LANCASTER AVENUE

READING, PA 19607

(b) EIN

MANAGEMENT SYSTEM THRESHOLD REHABILITATION 501(C)(3) 19.331 PARTNER AGENCY SERVICES INC INVESTMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TOWER HEALTH AT HOME 501(C)(3) 338.323 PARTNER AGENCY

BERKS INVESTMENTS SKILLED 1170 BERKSHIRE BOULEVARD INURSING AND RELATED WYOMISSING, PA 19610

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

50 HAFER DRIVE READING, PA 19533

SERVICES TRANSFORMATIONS 501(C)(3) 5.000 LIVE UNITED GRANTS TRANSITIONAL LIVING LECTURE SERIES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 99.674 IPROGRAM FUNDING UNITED LABOR COUNCIL OF INVESTMENTS

CENTER

READING & BERKS COUNTY 1251 N FRONT STREET READING, PA 19601

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

LANCASTER PA 17601

UNITED WAY OF LANCASTER 501(C)(3) 60.000 ISUBCONTRACTED 630 JANET AVENUE GRANTS 211 CALL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 25.000 VENTURE GRANT WESTERN BERKS AMBULANCE ASSOCIATION EXPANSION OF WHEELCHAIR SERVICES 2506 BELMONT AVE READING, PA 19609 YMCA OF READING & BERKS 501(C)(3) 487.649 PARTNER AGENCY COUNTY INVESTMENTS CHILD

CARE/ HEALTHY YOUTH.

TRANSITIONAL HOUSING, BABY UNIVERSITY

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

631 WASHINGTON STREET

READING, PA 19603

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 4.000 READY SET READ YMCA OF READING & BERKS COUNTY SUMMER LEARNING 631 WASHINGTON STREET GRANT AWAKENING

25.000

THE IMAGINATION

READY SET READ

INITATIVE GRANT

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

631 WASHINGTON STREET
READING, PA 19603

YOCUM INSTITUTE FOR ARTS
EDUCATION
1100 BEI MONT AVE

WYOMISSING, PA 19610

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

501(C)(3) 2.750 YOCUM INSTITUTE FOR ARTS

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

WYOMISSING, PA 19610

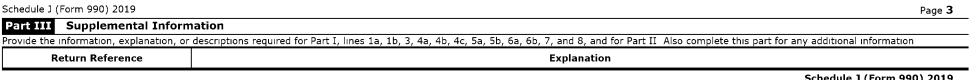
ISUMMER GRANT ARTS EDUCATION CONNECTION CAMP 1100 BELMONT AVE

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Dat	a -	DLN: 934	19317	76002	120
Sch	edule J	Con	npensati	ion Information	40	1B No	1545-0	0047
(For	n 990)	For certain Officers,	Directors, T	rustees, Key Employees, and High	est			
		➤ Complete if the organ	Compensa ization answ	ited Employees rered "Yes" on Form 990, Part IV,	line 23.	20	19)
_			▶ Attach	to Form 990.			to Pul	
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/i</u>	<u>гогтээо</u> тог	instructions and the latest inform	ation.		ectio	
	ne of the organiza			[1	Employer identificat	ion nu	ımber	
ONI	TED WAT OF BERKS	COUNTY INC		:	23-1655375			
Pa	rt I Questi	ons Regarding Compensatio	n					
							Yes	No
1a				the following to or for a person listed y relevant information regarding these				
		or charter travel		Housing allowance or residence for p				
	_	companions	片	Payments for business use of person				
		nification and gross-up payments	H	Health or social club dues or initiation				
	☐ Discretion	ary spending account		Personal services (e g , maid, chauffe	eur, cner)			
b				follow a written policy regarding paym ve? If "No," complete Part III to expla		1 b		
2				or allowing expenses incurred by all	. 1-3	2		
	directors, truste	es, officers, including the CEO/Exec	cutive Directo	r, regarding the items checked on Line	e la'			
3				ed to establish the compensation of the	e			
		EO/Executive Director Check all the d organization to establish compen		not check any boxes for methods CEO/Executive Director, but explain in	Part III			
	Composes	ation committee		Written employment contract				
		ent compensation consultant	☑	Compensation survey or study				
		of other organizations	<u></u>	Approval by the board or compensati	ion committee			
4), Part VII, Se	ction A, line 1a, with respect to the fili	ing organization or a			
	related organiza	ition						
a		ance payment or change-of-control				4a		No
b	•	r receive payment from, a supplem	•	'		4b		No
С		r receive payment from, an equity-l of lines 4a-c. list the persons and pr		isation arrangement? blicable amounts for each item in Part	III	4c		No
	,							
	Only 501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section A ontingent on the revenues of		the organization pay or accrue any				
а	The organization	1 [?]				5a		No
b	Any related orga					5b		No
_	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	, line 1a, did	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga					6b		No
7	•	6a or 6b, describe in Part III	line to did.	the organization provide and noticed				
7	payments not de	escribed in lines 5 and 6? If "Yes," o	describe in Pa			7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," des	scribe			
9	If "Yes" on line 8	8, did the organization also follow t	he rebuttable	presumption procedure described in R	Regulations section	8		No
Eau I	53 4958-6(c)?	iction Act Notice, see the Instru	stions for Ea	orm 990 Cat No Ed	0053T Schedule 1	9 (Form	- 000)	2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Instructions, on row (II) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual								
(A) Name and Title		(i) Base (ii) Bonus & Incentive (iii) Other			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior
			compensation	compensation				Form 990
1 TAMMY L WHITE PRESIDENT	(i)	159,346	0	0	3,907	19,714	182,967	0
	(ii)	0	0	0	0	0	0	0
	+							
							Schedule	J (Form 990) 2019



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493176002120 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number UNITED WAY OF BERKS COUNTY INC 23-1655375 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 259,747 FAIR VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (_____ Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

hedule M (i	Form 990) (2019)	F	Page 2		
Part II		tion. 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				
Re	Return Reference Explanation				
		Schedule M (Form 990) (2	2019)		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493176					93493176002120	
SCHEDULE O Form 990 or 990- EZ) Supplemental Information to Form 990 or Complete to provide information for responses to specific ques Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Soppartment of the Treasury Page 1		ions on on.	OMB No 1545-0047 2019 Open to Public Inspection			
ฟิลเพย่ ชี่รัปพย่อโซลฟิซation united way of Berks county inc 990 Schedule O, Supplemental Information				Employer identi 23-1655375	fication number	
Return Reference				Explanation		
PART III, LINE 2 AI CI PI SI SI AA O O O SI LL IN DI O R EI BI	D19, UWBC DURNEY CO NNUAL REV HILDREN'S ROGRAM T ERVES UNA HELTER, AG NACKS, ME CHIEVING I UTREACH I N THE IMM UPPLEMEN JNCHES PE JNCH EACH ICLUDING I I STRIBUTIC F SERVICE EMAIN SAF NTERS CHO ERMANENO	INVESTED IN TWO NOMMUNITY OUTREAD IN TWO NOMMUNITY OUTREAD IT IN THE PROCESS BY FOUR PROCESS BY FOUR PROMED IN THE PROCESS BY FOUR PROMED IN THE PROMED IN T	ÈW AGÉNCY PARTN CH, INC IN ADDITION CCUS AREA PANEL (CHOR) TRANSITION FOSTER CARE/ADC ELESS AND AT-RISK SING THE DROP-IN CCESS TO DEDICA D MORE U-TURN H OYMENT AND HOUS S PROGRAMS INCL ERM HEALTH IMPLIC CO IS THE LARGES G 32,000 NUTRITIOL FOOD PANTRY SER CTS, AND PRODUCE ME OF READING (CH ARE INVOLVED IN TO F PARENTS/CAREGI Y ARE ASSIGNED A ALL WELL-BEING C	INVESTS IN PROGRAMS DE IERS FAMILY PROMISE OF E IN, BASED ON THE AGENCY'S VOLUNTEERS, UWBC'S ANN NED FROM THE DAY ACADEM PTION PROGRAM - FAMILY CYOUTH AND PROVIDES AD INCENTER OFFERS YOUTH A TED STAFF, COMPUTERS, PIESING STABILIZATION GOALS UDE SOUP KITCHEN AND FOCATIONS OF RECEIVING A NIT SOUP KITCHEN IN DOWNTOUS LUNCHES IN 2019 VOLUNIVES 90-100 HOUSEHOLDS E VOLUNTEERS ASSIST WITHOR) FOSTER CARE/ADOPTICHE CHILD WELFARE SYSTEI VERS REQUIRE TEMPORARY CASE MANAGER, WHO ENSIHOR PROVIDE TEMPORARY	BERKS COUNTY, IN REQUEST AND THE UAL INVESTMENT MY ALTERNATIVE PROMISE U-TURN VOCACY, CASE M SAFE, HOME-LIKE EER CONNECTION STREETS, AND FI OD PANTRY SERV UTRITIOUS DAILY DWN READING, AV ITEERS PREPARE ACH WEEK, PROV H ORGANIZATION ON PROGRAM PR MY CHILDREN WHO MY PLACEMENT WHO URES THEIR SAFE ND APPROVAL FO	NC AND NEW HROUGH THE TO THE EDUCATION N PROGRAM ANAGEMENT, E PLACE TO NS, NUTRITIOUS OCUSED ON COMMUNITY VICES THAT FOCUS MEAL AND VERAGING 150 AND SERVE THE VIDING ITEMS I AND OVIDES A VARIETY O ARE UNABLE TO HEN A CHILD ETY, ADDRESSES OR FAMILIES TO

Return Reference	Explanation
FORM 990, PART III, LINE 3	UNITED WAY OF BERKS COUNTY WAS A LONGTIME SUPPORTER OF ADVOCACY AND CLIENT SERVICES DELIVERED AT BERKS DEAF AND HARD OF HEARING SERVICES ALL PROGRAMS FUNDED BY UNITED WAY OF BERKS COUNTY ARE EVALUATED ANNUALLY BY A PANEL OF COMMITTED VOLUNTEERS DURING THE EVALUATION PROCESS AND THROUGH CONVERSATIONS WITH BERKS DEAF AND HARD HEARING SERVICES' STAFF AND BOARD MEMBERS, THE VOLUNTEERS LEARNED THAT THE NUMBER OF CLIENTS BEING SERVED WAS DECLINING AND THE AGENCY WAS GENERATING REVENUE THROUGH INTERPRETER SERVICES BASED ON THOSE TWO FACTORS, THE DECLINE IN CLIENTS BEING SERVED AND THE INCREASE IN FINANCIAL RESOURCES FROM INTERPRETER SERVICES, UNITED WAY VOLUNTEERS RECOMMENDED THE FUNDING BE DECREASED OVER A PERIOD OF THREE YEARS WITH FUNDING ENDING ON JUNE 30, 2019 THE BOARD OF DIRECTORS APPROVED THE RECOMMENDATION THE REDUCTION IN FUNDING TO BERKS DEAF AND HARD OF HEARING AS WELL AS OTHER FACTORS, PROVIDED AVAILABLE FUNDING FOR SAFETY NET SERVICES BEING DELIVERED AT NEW JOURNEY COMMUNITY OUTREACH AND SERVICES FOR HOMELESS TEENS AND YOUNG ADULTS THROUGH FAMILY PROMISE

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	EDUCATIONAL CASE MANAGEMENT - COMMUNITY-LEVEL OUTCOME INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES - COMMUNITIES IN SCHOOLS (CIS), INTEGRATED STUDENT SUPPORT THE C IS MODEL OF INTEGRATED STUDENT SUPPORT OPERATES THROUGH THE COORDINATION AND DELIVERY OF S CHOOL-WIDE SUPPORT, GROUP-LEVEL SUPPORT, AND INDIVIDUALIZED SUPPORTS FOCUSING ON IMPROVING ATTENDANCE, BEHAVIOR, AND ACADEMIC PERFORMANCE AT THE READING INTERMEDIATE HIGH SCHOOL, CIS IS WORKING TO ESTABLISH AND STRENGTHEN RELATIONSHIPS WITH STUDENTS, FAMILIES, SCHOOL D ISTRICT STAFF, AND COMMUNITY PARTNERS LITERACY - COMMUNITY- LEVEL OUTCOME STUDENTS IMPROVE MEANING-BASED LITERACY SILE MEANING-BASED SKILLS INCLUDE ORAL LANGUAGE (VOCABULARY AN D WORD KNOWLEDGE), TEXT CHARACTERISTICS, UNDERSTANDING OF PURPOSE, INTEREST, MOTIVATION AN D RELEVANT BACKGROUND KNOWLEDGE READY SET READ! THIRD GRADE READING PROFICIENCY IS A KEY INDICATOR OF FUTURE SUCCESS, YET RECENT PSSA SCORES SHOW THAT A HIGH PERCENT OF THIRD GRA DERS IN BERKS COUNTY FALL SHORT OF BEING PROFICIENT LAUNCHING IN 2012, READY SET READ! (R SR) IS A COLLABORATION AMONG UNITED WAY OF BERKS COUNTY, THE EDUCATIONAL AND BUSINESS COMM UNITIES, AND COMMUNITY ORGANIZATIONS WORKING TO IMPROVE READING PROFICIENCY FOR STUDENTS BY THE END OF THIRD GRADE THE COLLECTIVE WORK FOCUSES ON FOUR KEY STRATEGIES IMPLEMENTS C HOOL-READINESS ACTIVITIES FOR PRE-SCHOOL CHILDREN TO SUPPORT LANGUAGE AND PRE-LITERACY DEV ELOPMENT IN YOUNG CHILDREN, CONNECT TUTORS WITH EARLY GRADE STUDENTS NEEDING SUPPLEMENTAL INSTRUCTION, ENGAGE PARENTS TO PROMOTE LITERACY AND MOBILIZE THE COMMUNITY AROUND THIS WOR K DURING 2019, UWBC CONTINUED TO ENGAGE WITH LECTIO, A BOSTON-BASED CONSULTING ORGANIZATI ON SPECIALIZING IN COMMUNITY-BASED EARLY LITERACY PROGRAMS, TO REDESIGN AND IMPROVE RSR PR OGRAMMING RSR 2019 PROGRAM OVERVIEW - STAR READERS PROVIDES TUTORS TO 35 ELEMENTARY SCHOOLS IN 14 SCHOOL DISTRICTS AND IS DELIVERED BY OVER 430 VOLUNTEER TUTORS SERVING OVER SRP OF GRAMMING SRS 2019 PROGRAM OVERVIEW - STAR READERS PROVIDED COACHIN

Datum Datamana	Frankrij
Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	ATED INTO PEDIATRIC PRACTICES THROUGH REACH OUT AND READ, PROVIDING PARENTS TOOLS TO HELP PREPARE THEIR CHILDREN TO LEARN - SUMMER LEARNING GRANTS 2019 THIS COMPETITIVE GRANT WAS OPENED TO RSR PARTNER SCHOOLS, SUMMER LEARNING GRANTS 2019 THIS COMPETITIVE GRANT WAS OPENED TO RSR PARTNER SCHOOLS, SUMMER LEARNING COALITION MEMBERS, AND OTHER ORGANIZATIONS SERVING BERKS COUNTY TITLE 1 STUDENTS THE GRANT WAS DESIGNED TO PROVIDE UP TO \$5,000 IN SUPPORT OF SUMMER LEARNING PROGRAMMING, WHICH INCLUDED A LITERACY COMPONENT UP TO AND INCL UDING 3RD GRADERS WITH THEIR PROGRAM, OCCURRING BETWEEN JUNE - AUGUST 2019 IN 2019, 12 SU MMER PROGRAMS RECEIVED GRANTS TOTALING \$54,409 THIS IMPACTED 1,936 CHILDREN IN PRE-KINDER GARTEN TO 3RD GRADE - UWBC HAS BEEN WORKING WITH THE CAKBROOK COMMUNITY, INCLUDING ORGANI ZING A SUMMER READING PROGRAM FOR THE THIRD YEAR THROUGH PARTNERSHIPS WITH BERKS COMMUNITY HEALTH CENTER, CUSTOMERS BANK, READING HOUSING AUTHORITY AND READING SCHOOLD LISTRICT, AND AS A RESULT CONNECTING WITH OVER 80 CHILDREN IN 2019 OF THESE CHILDREN, 31 RECEIVED NEW BIKES AND HELMETS COUNTESY OF CUSTOMERS BANK FOR ATTAINING A 75% PARTICIPATION RATE IN THE BOOKS FOR BIKES PROGRAM - YOCUM INSTITUTE FOR ARTS EDUCATION AGAIN RECEIVED A \$25,000 IN VESTMENT FROM UWBC TO SUPPORT NEIGHBORHOOD BRIDGES, A COMPREHENSIVE PROGRAM OF STORYTELLIN G AND CREATIVE DRAMA THAT IS CURRICULUM-BASED AND INNOVATION AS AN EFFECTIVE MODEL FOR INTE GRATING THE ARTS WITH STANDARDS-BASED EDUCATION PROGRAMS THIS YEAR, FUNDING PROVIDED TEAC HING ARTISTS TO SERVE IN FOUR 3RD GRADE CLASSROOMS AT 1617 & HAAK ELEMENTARY SCHOOL IN THE READING SCHOOLD ISTRICT - READING PUBLIC LIBRARY (RPL.) RECEIVED AN ADDITIONAL \$25,000 IN VESTMENT TO CONTINUE TO SUPPORT FAMILY LITERACY WITH A DEDICATED BILINGUAL FAMILY LITERACY OUTREACH WORKER WHO PROVIDED LIBRARY SCHOOL IN THE READING SUMMER SLI DE DURING THE SCHOOL PROGRAMS DURING THE SUMMER, TWO LIBRARY SCHOOL IN THE READING SUMMER SLI DE DURING THE SCHOOL PROGRAMS DURING THE SUMMER, TWO LIBRARY STAFF TOOK RPL'S MOBIL

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	PLISHED THROUGH FUNDING PROGRAMS WITH OUR AGENCY PARTNERS, IN ADDITION TO PROVIDING SPECIA L GRANTS FOR OTHER ORGANIZATIONS HELPING PEOPLE TO ATTAIN FINANCIAL INDEPENDENCE IN DIFFER ENT WAYS AFFORDABLE HOUSING - COMMUNITY-LEVEL OUTCOME INDIVIDUALS HAVE ACCESS TO SAFE AN D AFFORDABLE HOUSING - HABITAT FOR HUMANITY OF BERKS COUNTY, INC, HOME CONSTRUCTION/RENO VATION FOR LOW INCOME FAMILIES HABITAT FOR HUMANITY BUILDS, RENOVATES, AND REPAIRS HOMES USING VOLUNTEER LABOR AND DONATIONS TO PROVIDE SAFE, AFFORDABLE HOUSING FOR LOW-INCOME FAM ILIES RECIPIENTS OF HOMES INVEST THEIR OWN LABOR, CALLED "SWEAT EQUITY", INTO THE BUILDIN G/RENOVATION AND PURCHASE THE HOME THROUGH AN AFFORDABLE FINANCING PROGRAM - COMMUNITY-LE VEL OUTCOME INDIVIDUALS HAVE ACCESS TO TRANSITIONAL OR PERMANENT SUPPORTIVE HOUSING - THE SALVATION ARMY READING CORPS, PERMANENT SUPPORTIVE HOUSING SUPPORTIVE HOUSING PROGRAM OFFERS PERMANENT HOUSING TO CHRONICALLY HOMELESS AND DISABLED ADULTS AND FAMILIES THE PROG RAM INCLUDES RENTAL ASSISTANCE, LANDLORD RELATIONS, LIFE SKILLS TRAINING, MONITORING OF BO TH FISCAL (BUDGET) AND PHYSICAL/MENTAL HEALTH ISSUES, CONNECTION WITH THE SALVATION ARMY'S FAMILY SERVICES PROGRAM, AND OTHER COMMUNITY PROGRAMS SKILLED CASEWORKERS DEVELOP AND MO NITOR A 12-POINT ENCOURAGEMENT PLAN FOR EACH INDIVIDUAL AND FAMILY - YMCA OF READING & BE RKS COUNTY, TRANSITIONAL HOUSING INDIVIDUALS WHO ARE EXPERIENCING HOMELESSNESS, CHEMICAL DEPENDENCY, MENTAL HEALTH ISSUES, AND SOCIAL SERVICE NEEDS IN BERKS COUNTY HAVE A SAFE AND SECURE PLACE TO STAY THE TRANSITIONAL LIVING PROGRAMS PROVIDE INTENSIVE CASE MANAGEMENT SERVICES AND SUPPORTIVE RESOURCE CONNECTIONS IN AN EFFORT TO ADDRESS AND RESOLVE THE ROOT CAUSES OF HOMELESSNESS, CHEMICAL DEPENDENCY, MENTAL HEALTH AND OTHER SOCIAL SERVICE NEEDS EMPLOYMENT SERVICE NEEDS EMPLOYMENT SERVICE NEEDS EMPLOYMENT IN THE COMMUNITY THE SERVICES ARE INDIVIDUALS PARTICIPATE IN JOB PREPAREDNESS AND SOFT SKILLS TRAINING, AND RECEIVE SUPPORT TO BETTER C ONNECT THEM WITH, AND HELP MAINTAIN, EMPLOYMENT - THR

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	- BERKS CONNECTIONS PRETRIAL SERVICES, PRISONER REENTRY SERVICES INMATES AT THE BERKS COUNTY PRISON ARE ASSESSED UTILIZING A NATIONALLY-VALIDATED RISK-NEEDS TOOL AND SCREENED FOR POST-RELEASE NEEDS INMATES WHO QUALIFY ARE TRANSFERRED TO THE BERKS COUNTY COMMUNITY REEN TRY CENTER (CRC) ALL RESIDENTS ARE ASSIGNED A CASE MANAGER AND RECEIVE AN INDIVIDUALIZED TRANSITION PLAN SECURING STABLE, SUSTAINABLE EMPLOYMENT IS A GOAL THAT BCPS SPENDS THE MO ST TIME WORKING ON WITH CLIENTS POST-RELEASE REEDTRANTS REVIEW LESSONS LEARNED FROM EMPLO YMENT GROUPS AT THE CRC AND ARE PROVIDED WITH ONGOING COACHING AND SUPPORT TO AID IN OBTAI NING AND MAINTAINING EMPLOYMENT CLIENTS RECEIVE DIRECT ASSISTANCE THROUGH JOB LEADS, INTE RIVEWING SKILLS PRACTICE, RESUME UPDATES AND SUPPORT UTILIZING THE COMPUTER BASED LEARNING CENTER (CBLC) FOR COMPLETING APPLICATIONS AND CHECKING EMAIL FOR CORRESPONDENCE FROM POTE NTIAL EMPLOYERS - COMMUNITY-LEVEL OUTCOME INDIVIDUALS IMPROVE LITERACY AND ENGLISH LANGU AGE SKILLS - LITERACY COUNCIL OF READING-BERKS, LITERACY TRAINING AND ESL ONE-ON-ONE TUT ORING MATCHES ADULTS WITH A TRAINED VOLUNTEER TUTOR TO WORK ON THE BASIC SKILLS NEEDED TO GET OR RETAIN A JOB OR ENTER POST-SECONDARY EDUCATION ESL CLASSES AND ENGLISH-LANGUAGE CI VICS CLASS RE CONDUCTED WEEKLY, RANGING FROM THE BEGINNING LEVEL TO HIGH ADVANCED LEVEL CLASSES HELP ADULTS LEARN TO SPEAK, READ AND WRITE ENGLISH, AND PREPARE THEM FOR SUCCESSFUL CARSEES THEY ALSO OFFER CITIZENSHIP PREPARATION CLASSES, AWORKFORCE DEVELOPMENT PROGRAM, HIGH SCHOOL EQUIVALENCY CERTIFICATION CLASSES IN BERKS COUNTY AND IMPROVES THE QUALITY OF ESL INSTRUCTION IN ADULT CLASSES IN BERKS COUNTY AND IMPROVES THE QUALITY OF ESL INSTRUCTION IN ADULT CLASSES OF THE PROGRAMS - RECAILS AND REPRESE THEM FOR SUCCESSFUL CARSEES THE QUALITY OF SEL INSTRUCTION IN ADULT CLASSES IN BERKS COUNTY AND IMPROVES THE QUALITY OF SEL INSTRUCTION IN ADULT CLASSES INGERIAS ACCESS TO ENSURE THE QUALITY OF ADULT INSTRUCTION AND/OR INFORMATION. THE PROGRAMS - READING AREA COMMUNITY COLLEGE, BL

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	CORPS, PERMANENT SUPPORTIVE HOUSING FINANCIAL STABILITY CASE MANGEMENT - INDIVIDUALS RECE IVE CASE MANAGEMENT TO IMPROVE THEIR LIVES - BERKS COALITION TO END HOMELESSNESS, HOMELES S PREVENTION - BERKS CONNECTIONS PRETRIAL SERVICES, PRISONER REENTRY SERVICES - LITERACY C OUNCIL OF READING-BERKS, LITERACY TRAINING AND ESL - THE SALVATION ARMY READING CORPS, PER MANENT SUPPORTIVE HOUSING - YMCA OF READING & BERKS COUNTY, TRANSITIONAL HOUSING HEALTH F OCUS AREA HEALTH IMPACTS EVERY ASPECT OF A PERSON'S LIFE GOOD HEALTH ALLOWS CHILDREN TO L EARN BETTER AND ADULTS TO LIVE MORE PRODUCTIVE, FULLER LIVES THROUGH FUNDING PROGRAMS WIT HOUR PARTNER AGENCIES AND OUR INVOLVEMENT IN VARIOUS COMMUNITY COLLABORATIONS, UWBC IS CR EATING OPPORTUNITIES FOR PEOPLE TO ACHIEVE THEIR OPTIMAL HEALTH AND INDEPENDENCE PROGRAMS UNITED WAY SUPPORTS ADDRESS BOTH THE PREVENTIVE ASPECT OF PHYSICAL AND MENTAL HEALTH ISSU ES, WHILE ALSO ADDRESSING INTERVENTIONAL NEEDS, AND IMPACTED 29,000 BERKS RESIDENTS IN 2019 MENTAL HEALTH - COMMUNITY-LEVEL OUTCOME INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH PRO BLEMS RECEIVE SERVICES THAT IMPROVE THEIR ABILITY TO FUNCTION - FAMILY GUIDANCE CENTER, C OUNSELING ASSISTS PERSONS IN IMPROVING THEIR QUALITY OF LIFE BY PROVIDING AFFORDABLE, ACC ESSIBLE, QUALITY COUNSELING SERVICES THEY UTILIZE QUALIFIED, CREDENTIALED, COMPETENT STAF F TRAINED IN EVIDENCE-BASED PRACTICE APPROACHES - GREATER READING MENTAL HEALTH ALLIANCE, ADVOCACY AND SUPPORT GROUPS ASSIST INDIVIDUALS, INCLIDING CHILDREN AND THEIR FAMILIES, A S WELL AS ADULTS, WITH MENTAL ILLESS TO DEVELOP STRATEGIES AND ADVOCATE FOR THEMSELVES IN ORDER TO RECEIVE THE SERVICES THEY PROBLES, INCLIDING CHILDREN AND THEIR FAMILIES, A S WELL AS ADULTS, WITH MENTAL ILLESS TO DEVELOP STRATEGIES AND ADVOCATE FOR THEMSELVES IN ORDER TO RECEIVE THE SERVICES ARP PROVIDED TO VICTIMS AND SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT, AS WELL AS FOR THEIR FAMILY MEMBERS AND "SIGNIFICANT OTHERS" SERVICES IN CLUDE SAFETY PLANNING, GOAL-SETTING, OPTIONS COUNSELING, EDUCATION, A

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	EMENT HELPS PEOPLE LIVING WITH HIV BY PROVIDING THEM WITH INFORMATION ABOUT HIV DISEASE, C ONNECTING THEM TO MEDICAL CARE SO THEY CAN LIVE WELL WITH HIV. AND MAKING SURE THEY ARE AW ARE OF THE SUPPORTIVE SERVICES THEY MAY BE ELIGIBLE FOR - COMMUNITY-LEVEL OUTCOME INDIVI DUALS DEVELOP AND PRACTICE ACTIVE LIFESTYLES - EASTERSEALS EASTER PENNSYLVANIA, THERAPEU TIC RECREATION SEVERAL THERAPEUTIC PROGRAMS ARE OFFERED THROUGHOUT THE YEAR THAT PROVIDE SOCIAL, FITNESS, COMMUNITY, LIFE SKILLS, AND OUTDOOR RECREATIONAL OPPORTUNITIES PROGRAMS ARE OFFERED FRIDAY EVENINGS, SATURDAYS, AND ALL WEEK LONG DURING THE SUMMER MONTHS IN ADD ITION, THERE ARE A NUMBER OF EVENTS THROUGHOUT THE YEAR IN COMMUNITY-BASED SETTINGS - COM MUNITY-LEVEL OUTCOME INDIVIDUALS HAVE ACCESS TO HIGH-QUALITY, PATIENT-CENTERED HEALTH CARE - TOWER HEALTH AT HOME - BERKS, SKILLED NURSING AND RELATED SERVICES PATIENTS ARE REFE RRED TO THIS PROGRAM BECAUSE THEY HAVE A MEDICAL CONDITION THAT MAY BE TREATED EFFECTIVELY IN THEIR HOME, RATHER THAN A HOSPITAL OR NURSING HOME SETTING AS MEDICAL TECHNOLOGY HAS IMPROVED, MANY TREATMENTS AND RECOVERY SURGICAL PROCEDURES NOW TAKE PLACE IN THE HOME RATH ER THAN IN HOSPITALS, NURSING HOMES, OR REHABILITATION FACILITIES NURSES ESTABLISH A PLAN OF CARE THAT INCLUDES A VISIT-FREQUENCY PLAN AND OUTLINES THE TYPES OF CARE NEEDED - COM MUNITY-LEVEL OUTCOME INDIVIDUALS HAVE ACCESS TO HEALTHY FOODS TO IMPROVE THEIR HEALTH - BERKS ENCORE, MEALS ON WHEELS HOME-BOUND, ISOLATED SENIORS AGED 60+ AND HOME-BOUND DISABLED ADULTS UNDER THE AGE OF 60 RECEIVE A HOT, HOME-DELIVERED MEAL, FIVE DAYS A WEEK THIS H OME DELIVERED MEAL SERVICE ENABLES THE HOME-BOUND SENIOR TO LIVE INDEPENDENTLY AS LONG AS POSSIBLE AND RELIEVES THE ISOLATION AND LONGLINESS THEY EXPERIENCE SELF-SUFFICIENCY AND INDEPENDENT LIVING - COMMUNITY-LEVEL OUTCOME INDIVIDUALS MAINTAIN INDEPENDENDENT LIVING IN THEIR RESIDENCE - EASTERSEALS OFFERS PHYSICAL, OCCUPATIONAL AND SPECCH THERAPIES TO HELP CHILDREN OF ALL AGES DEVELOP NEW SKILLS AND IMPROVE THEIR OVERALL LEVEL OF F

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED HEALTH CASE MANAGEMENT - INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES - BER KS TEENS MATTER (MANAGED BY CO-COUNTY WELLNESS SERVICES) UNITED WAY IS A FOUNDING PARTNER AND FUNDER IN THE DEVELOPMENT OF BERKS TEENS MATTER, A NEW TEEN PREGNANCY PREVENTION INIT IATIVE MANAGED BY CO-COUNTY WELLNESS SERVICES, TO MEASURABLY DECREASE TEEN PREGNANCY RATES THROUGHOUT BERKS COUNTY - BERKS ENCORE, MEALS ON WHEELS - CO-COUNTY WELLNESS SERVICES, C ASE MANAGEMENT FOR OLDER ADULTS - EASTERSEALS EASTERN PENNSYLVANIA, OUTPATIENT THERAPY SER VICES - EASTERSEALS EASTERN PENNSYLVANIA, PEDIATRIC CLINICS - SAFE BERKS, COUNSELING COMMU NITY COLLABORATIONS COMMUNITY HEALTH NEEDS ASSESSMENT UNITED WAY ASSISTED READING HOSPITA L/TOWER HEALTH WITH THE NEW COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) MANDATED TO BE DONE BY NONPROFIT HOSPITALS EVERY THREE YEARS UNDER THE AFFORDABLE CARE ACT, WE USE THIS COLLAB ORATIVE EFFORT TO GET THE LATEST DATA ON KEY HEALTH ISSUES IN BERKS COUNTY, FOLLOWED BY JO INT PLANNING AND DEVELOPMENT OF	Return Reference	Explanation
NEW PROGRAMS AND STRATEGIES TO BETTER ADDRESS THOSE KEY IS SUES BERKS COMMUNITY HEALTH CENTER TO ASSIST IN MAKING HEALTH CARE EASIER TO OBTAIN FOR BERKS COUNTY RESIDENTS WHO ARE UNINSURED OR UNDERINSURED, UNITED WAY PARTNERED WITH LOCAL HOSPITALS AND OTHER ORGANIZATIONS TO ESTABLISH THE BERKS COMMUNITY HEALTH CENTER (BCHC), W HICH OPERATES OUR COMMUNITY'S TWO FEDERALLY QUALIFIED HEALTH CENTERS AND PROVIDES QUALITY, PRIMARY HEALTH CARE FOR ADULTS AND CHILDREN, REGARDLESS OF ABILITY TO PAY UNITED WAY'S R OLE IN THIS EFFORT INCLUDES PROVIDING STAFF TO SERVE ON THE ADVISORY COUNCIL TO THE BOARD, BUILDING RELATIONSHIPS WITH OTHER COMMUNITY ORGANIZATIONS TO IDENTIFY POTENTIAL CLIENTS, AND ASSISTING WITH MARKETING AND AWARENESS FOR THE CENTER UWBC INVESTED \$25,000 IN PENN S TATE HEALTH ST JOSEPH FOR VEGGIE RX PROGRAM WITH MORE FAST FOOD AND CORNER STORES THAN G ROCERY OR MARKET OPTIONS, THE CITY OF READING IS CONSIDERED A "FOOD DESERT" IN A 2014 READING FOOD NEEDS ASSESSMENT, RESPONDENTS LISTED AFFORDABILITY AND ACCESSIBILITY AS BARRIERS AND 62 PERCENT CONSUMED VEGETABLES AND FRUIT LESS THAN FOUR TIMES A WEEK RESULTS FROM TWO RECENT COMMUNITY HEALTH NEEDS ASSESSMENTS FOR BERKS COUNTY PRIORITIZE OBESITY AND CHRONI C ILLNESS AS AREAS OF GREATEST NEED OVER 20 PERCENT OF ADULTS SUFFER FROM DIABETES, NEARLY 40 PERCENT HAVE HIGH BLOOD PRESSURE, AND 35 PERCENT OF ADULTS SUFFER FROM DIABETES, NEARLY 40 PERCENT HAVE HIGH BLOOD PRESSURE, AND 35 PERCENT ARE CONSIDERED OBESE (HTTP //WWW TH EFUTUREOFHEALTHCARE ORG/ASSETS/COMMUNITY-HEALTH-NEEDS-ASSE SMENT PDF) IN RESPONSE TO THESE COMMUNITY NEEDS, PENN STATE HEALTH ST JOSEPH IMPLEMENTED A PREVENTATIVE HEALTHCARE PROG RAM IN WHICH PHYSICIANS AT THEIR DOWNTOWN READING CAMPUS PRESCRIBE VOUCHERS FOR DISCOUNTED FRUITS AND VEGETABLES TO PATIENTS AT-RISK FOR, OR CURRENTLY FACING, FOOD INSECURITY AND/OR DIFF. RELATED CHRONIC ILLNESSES THROUGH PARTNERSHIPS WITHIN THE LOCAL COMMUNITY AND ADAP TING THE NATIONALLY USED, EVIDENCE-BASED VEGGIE RX MODEL, PATIENTS REDEEM VOUCHERS AT PART ICIPATING	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	HEALTH CASE MANAGEMENT - INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES - BER KS TEENS MATTER (MANAGED BY CO-COUNTY WELLNESS SERVICES) UNITED WAY IS A FOUNDING PARTNER AND FUNDER IN THE DEVELOPMENT OF BERKS TEENS MATTER, A NEW TEEN PRESONANCY PREVENTION INIT IATIVE MANAGED BY CO-COUNTY WELLNESS SERVICES, TO MEASURABLY DECREASE TEEN PREGNANCY RATES THROUGHOUT BERKS COUNTY - BERKS ENCORE, MEALS ON WHEELS - CO-COUNTY WELLNESS SERVICES, C ASE MANAGEMENT FOR OLDER ADULTS - EASTERSEALS EASTERN PENNSYLVANIA, OUTPATIENT THERAPY SER VICES - EASTERSEALS EASTERN PENNSYLVANIA, PEDIATRIC CLINICS - SAFE BERKS, COUNSELING COMMUN INTY COLLABORATIONS COMMUNITY HEALTH NEEDS ASSESSMENT UNITED WAY ASSISTED READING HOSPITA L/TOWER HEALTH WITH THE NEW COMMUNITY HEALTH NEEDS ASSESSMENT UNITED WAY ASSISTED READING HOSPITA L/TOWER HEALTH WITH THE NEW COMMUNITY HEALTH NEEDS ASSESSMENT UNITED WAY ASSISTED READING HOSPITA L/TOWER HEALTH WITH THE NEW COMMUNITY HEALTH NEEDS ASSESSMENT HIS ISSUES IN BERKS COUNTY, FOLLOWED BY JOINT PLANNING AND DEVELOPMENT OF NEW PROGRAMS AND STRATEGIES TO BETTER ADDRESS THOSE KEY IS SUES BERKS COMMUNITY HEALTH CENTER TO ASSIST IN MAKING HEALTH CARE EASIER TO OBTAIN FOR BERKS COUNTY RESIDENTS WHO ARE UNINSURED OR UNDERINSURED, UNITED WAY PARTNERED WITH LOCAL HOSPITALS AND OTHER ORGANIZATIONS TO ESTABLISH THE BERKS COMMUNITY HEALTH CENTER (BCHC), W HICH OPERATES OUR COMMUNITY'S TWO FEDERALLY QUALIFIED HEALTH CENTERS AND PROVIDES QUALITY, PRIMARY HEALTH CARE FOR ADULTS AND CHILDREN, REGARDLESS OF ABILITY TO PAY UNITED WAY'S R OLE IN THIS EFFORT INCLUDES PROVIDING STAFF TO SERVE ON THE ADVISORY COUNCIL TO THE BOARD, BUILDING RELATIONSHIPS WITH OTHER COMMUNITY ORGANIZATIONS TO IDENTIFY POTENTIAL CLIENTS, AND ASSISTING WITH MARKETING AND AWARENESS FOR THE CENTER UWBC INVESTED \$25,000 IN PENN S TATE HEALTH ST JOSEPH FOR VEGGIE RX PROGRAM WITH MORE FAST FOOD AND CORNER STORES THAN G ROCCERY OR MARKET OPTIONS, THE CITY OF READING IS CONSIDERED A "FOOD DESERT" IN A 2014 REA DING FOOD DESERT" IN A 2014 REA

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	OCERY STORES, AND BODEGAS AUGMENTED WITH COOKING DEMONSTRATIONS AND NUTRITION EDUCATION, THIS PROGRAM IS CLOSELY MONITORED TO TRACK KEY PATIENT HEALTH INDICATORS, WHICH EVALUATE P ROGRESS AND OVERALL PROGRAM EFFECTIVENESS FAMILYWIZE DISCOUNT PRESCRIPTION DRUG PROGRAM UNITED WAY OF BERKS COUNTY HAS JOINED WITH 1,000 UNITED WAYS ACROSS THE NATION IN LOWERING THE COST OF PRESCRIPTION MEDICATION THROUGH ADMINISTERING THE FAMILYWIZE PROGRAM THE FAMIL LYWIZE DISCOUNT PRESCRIPTION CARD IS AVAILABLE FREE-OF-CHARGE TO ANYONE WHO NEEDS ASSISTAN CE IN PAYING FOR PRESCRIPTION SNOT COVERED BY AN INSURANCE PLAN IN 2019, INDIVIDUALS WERE ASSISTED WITH A PRESCRIPTION DISCOUNT UTILIZING FAMILYWIZE, REPRESENTING \$228,956 IN SAVI NGS FOR PEOPLE ACROSS THE COUNTY SAFETY-NET SERVICES PART OF UNITED WAY'S MISSION IS TO E NSURE THAT THE BASIC NECESSITIES OF LIFE ARE AVAILABLE FOR THOSE IN NEED UNITED WAY'S PAR INERSHIPS AND FUNDED PROGRAMS PROVIDE A CRUIAL SAFETY NET FOR VULNERABLE POPULATIONS TO Q UICKLY ACCESS HELP AND RECEIVE THE NECESSARY SUPPORT TO HELP THEM HAVE A BETTER QUALITY OF LIFE, BOTH NOW AND IN THE FUTURE MANY OF OUR FUNDED PROGRAMS ARE ALSO TAKING AN ADDED AP PROACH TO PROVIDING EMERGENCY SERVICES THAT SIMPLY TAKE CARE OF THE CRISIS AT HAND FOR THE IR CLIENTS, PROGRAMS ARE NOW STARTING TO HELP ADDRESS THE ROOT CAUSE OF WHY A CLIENT NEEDS SAFETY NET SERVICES, TO HOPFULLY AVOID THE CLIENT REQUIRING THESE TYPES OF SERVICES IN THE FUTURE THE FOLLOWING PROGRAM SUPPORTS MORE THAN 75,000 RESIDENTS IN BERKS COUNTY BASI C NEEDS - COMMUNITY-LEVEL OUTCOME INDIVIDUALS IN CRISIS HAVE THEIR BASIC NEEDS MET - AME RICAN RED CROSS TRI-COUNTY CHAPTER, DISASTER SERVICES DISASTER CYCLE SERVICES IN THE FUTURE THE FOLLOWING PROGRAM SUPPORTS MORE THAN 75,000 RESIDENTS IN BERKS COUNTY BASI C NEEDS - COMMUNITY-LEVEL OUTCOME INDIVIDUALS IN CRISIS HAVE THEIR BASIC NEEDS MET - AME RICAN RED CROSS TRI-COUNTY CHAPTER, DISASTER SERVICES DISASTER CYCLE SERVICES DEAD THE PROVIDES OF MERGENCY ASSISTANCE TO THE RESIDENTS OF BERKS COUNTY WHO HAVE BEEN A

Return Reference	Explanation
Return Reference FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	NDS - FAMILY PROMISE OF BERKS COUNTY, INC , U-TURN PROGRAM SERVES UNACCOMPANIED, HOMESLE SS AND AT-RISK YOUTH AND PROVIDES ADVOCACY, CASE MANAGEMENT, SHELTER AND PERMANENT HOUSING THE DROP-IN CENTER OFFERS YOUTH A SAFE, HOME-LIKE PLACE TO SHOWER, COOK, DO LAUNDRY, ACC ESS TO DEDICATED STAFF, COMPUTERS, PEER CONNECTIONS, RECEIVE NUTRITIOUS SNACKS, MEALS, TOI LETRIES AND MORE IN 2019, 34 YOUTHS WERE PROVIDED SHELTER OR PREVENTED FROM EXPERIENCING AN EPISODE OF HOMELESSNESS - HELPING HARVEST, ACCESS TO FOOD THE WEEKENDER PROGRAM WAS E STABLISHED TO HELP NOURISH LOW-INCOME, AT-RISK, ELEMENTARY SCHOOL STUDENTS OVER THE WEEKEND - A TIME WHEN THEY MAY OTHERWISE GO WITHOUT PROPER NOURISHMENT CHILDHOOD POVERTY, AND A S A RESULT HUNGER, ARE UNFORTUNATELY GROWING PROBLEMS IN BERKS COUNTY ACCORDING TO THE PE NNSYLVANIA DEPARTMENT OF EDUCATION FOOD AND NUTRITION DIVISION, APPROXIMATELY 50% OF BERKS COUNTY ELEMENTARY SCHOOL STUDENTS QUALIFY FOR FREE OR REDUCED LUNCHES, MEANING, THEIR FAM ILY IS LIVING IN OR CLOSE TO POVERTY IN 2019, 760 BERKS STUDENTS WERE IMPACTED THROUGH TH IS PROGRAM IN ADDITION, THROUGH THE BIG CHEESE 5, OVER 500,000 MEALS WERE PACKAGED AND DO NATED TO SUPPORT THE HELPING HARVEST PROGRAMS AND READING SCHOOL DISTRICT IN JUNE OF 2019 - JEWISH FAMILY SERVICE, SUPPORTIVE SERVICES PROGRAM HELPS CLIENTS A ND THEIR FAMILY SERVICE, SUPPORTIVE SERVICES PROGRAM HELPS CLIENTS A ND THEOUGH THO SPINAL DIFFICULTIES CLIENTS ARE EITHER SELF-REFERRED OR REFE RRED TO BY NEIGHBORS, FAMILY MEMBERS, CLERGY, PROFESSIONALS IN THE COMMUNITY, AND THROUGH HOSPITAL OUTREACH VISITS EACH CLIENT IS EVALUATED TO DETERMINE THE APPROPRIATE LEVEL OF S ERVICE - JEWISH FAMILY SERVICE, FOOD PANTRY THE FOOD PANTRY IS OFFERED THE THIRD WEDNESD AY OF THE MONTH HELD AT ANOTHER UWBC PARTNER, OLIVET'S PENDORA PARK LOCATION, EACH MONTH 125-150 FAMILES RECEIVE GROCERIES AT NO COST THROUGH THE FOOD PANTRY VOLUNTEERS ARE ESSE NTIAL TO THE RUNNING OF THE PROGRAM, 20 - 25 VOLUNTEERS ASSIST WITH SET UP, UNLOADING THE TRUCK, PLACING FOOD ON
	SERVICES SUPPORTIVE SERVICES PROGRAM HELPS CLIENTS A ND THEIR FAMILIES FACE VARIOUS CHALLENGES INCLUDING HEALTH, AGING, INTERPERSONAL RELATIONS HIPS, TRANSPORTATION, AND FINANCIAL DIFFICULTIES CLIENTS ARE EITHER SELF-REFERRED OR REFE RRED TO BY NEIGHBORS, FAMILY MEMBERS, CLERGY, PROFESSIONALS IN THE COMMUNITY, AND THROUGH HOSPITAL OUTREACH VISITS EACH CLIENT IS EVALUATED TO DETERMINE THE APPROPRIATE LEVEL OF S ERVICE - JEWISH FAMILY SERVICE, FOOD PANTRY THE FOOD PANTRY IS OFFERED THE THIRD WEDNESD AY OF THE MONTH HELD AT ANOTHER UWBC PARTNER, OLIVET'S PENDORA PARK LOCATION, EACH MONTH 125-150 FAMILIES RECEIVE GROCERIES AT NO COST THROUGH THE FOOD PANTRY VOLUNTEERS ARE ESSE NTIAL TO THE RUNNING OF THE PROGRAM, 20 - 25 VOLUNTEERS ASSIST WITH SET UP, UNLOADING THE TRUCK, PLACING FOOD ON TABLES, SIGNING IN CLIENTS, PACKING FOOD FOR DELIVERY TO THE HOME B OUND, BAGGING FRESH
	PRODUCE, BREAKING DOWN BOXES, MONITORING THE LINE, TRANSLATING TO AID IN THE COMPLETION OF REQUIRED PAPERWORK, AND HELPING CLIENTS CARRY THEIR GROCERIES OUT OF THE BUILDING - MIDPENN LEGAL SERVICES, LEGAL REPRESENTATION TO SECURE BASIC NEEDS LOW-IN COME CLIENTS RECEIVE LEGAL COUNSEL AND ADVICE REGARDING THEIR PARTICULAR LEGAL SITUATION T HROUGH MIDPENN'S READING OFFICE MIDPENN WORKS WITH SAFEBERKS TO ENSURE THAT ALL DOMESTIC VIOLENCE SURVIVORS HAVE ACCESS TO THE JUSTICE SYSTEM THEY ARE A MEMBER OF BERKS COALITION TO END HOMELESSNESS (BCEH), AND THROUGH THIS PARTNERSHIP, MIDPENN MAKES AND ACCEPTS REFER RALS ON BEHALF OF INDIVIDUALS WHO REQUIRE THEIR LEGAL SERVICES

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	- NEW JOURNEY COMMUNITY OUTREACH (NJCO) FOOD ACCESS PROGRAMS INCLUDE SOUP KITCHEN AND FOOD PANTRY SERVICES THAT FOCUS ON THE IMMEDIATE AND LONG-TERM HEALTH IMPLICATIONS OF RECEIVIN G A NUTITIOUS DAILY MEAL AND SUPPLEMENTAL GROCERIES NJCO IS THE LARGEST SOUP KITCHEN IN D OWNTOWN READING, AVERAGING 150 LUNCHES PER DAY, AND SERVING 32,000 NUTRITIOUS LUNCHES IN 10 DOWNTOWN READING, AVERAGING 150 LUNCHES PER DAY, AND SERVING 32,000 NUTRITIOUS LUNCHES IN 2 019 VOLUNTEERS PREPARE AND SERVE THE LUNCH EACH DAY THE WEEKLY FOOD PANTRY SERVES 99-100 HOUSEHOLDS EACH WEEK, PROVIDING ITEMS INCLUDING MEAT, DAIRY PRODUCTS, AND PRODUCE VOLUNT EERS ASSIST WITH ORGANIZATION AND DISTRIBUTION - OPPORTUNITY HOUSE, EMERGENCY SHELTER PR OVIDES EMERGENCY SHELTER HOUSING TO HOMELESS CHILDREN, WOMEN AND MEN, AS WELL AS ON-SITE C ASE MANAGEMENT SERVICES, AND CHILDCARE BERKS COUNSELING SERVICES PROVIDES ON-SITE BEHAVIO RAL HEALTH COUNSELING AND MEDICAL CARE IS PROVIDED THROUGH THE BERKS COMMUNITY HEALTH CENT ER AT 2ND STREET - SALVATION ARMY READING CORPS, FAMILY SERVICES PROGRAM ASSIST CLIENTS RECEIVING EMERGENCY BASIC NEEDS, INCLUDING MONTHLY FOOD DISTRIBUTIONS, CLOTHING DISTRIBUTI ONS, AND THROUGH CASE MANAGEMENT PROVIDES UTILITY ASSISTANCE, PRESCRIPTION DRUG ASSISTANCE, RENTAL ASSISTANCE, EDUCATION ABOUT COMMUNITY RESOURCES, AND APPROPRIATE REFERRALS. THEY ALSO OFFER A YEAR-ROUND FURNITURE BANK - SALVATION ARMY SERVICE EXTENSION UNITS, COMMUNI TY WELFARE COVERING THE HAMBURG AREA, THEY PROVIDE IMMEDIATE EMERGENCY ASSISTANCE TO MEET A SHORT-TERM NEED AS A SERVICE UNIT. THEY ARE A VOLUNTEER COMMITTEE IN A REGION WHERE THE REE IS NO PROFESSIONAL SALVATION ARMY PERSONNEL EXAMPLES OF SERVICE UNIT EMERGENCY ASSIST ANCE PROVIDED INCLUDED GROCERIES, RENTAL ASSISTANCE, FUEL/UTILITIES, MEDICAL/DENTAL/EYE CA RE, CLOTHING, SCHOOL SUPPLIES FOR SCHOOL AGED CHILDREN, TEMPORARY SHELTER, AND SEASONAL AS SISTANCE - COMMUNITY-LEVEL OUTCOME VICTIMS OF DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT ARE ENSURED SAFETY AND SUPPORTIVE SERVICES - OPPORTUNITY HOUSE, CH

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	N ENGLISH AND SPANISH THE RAPID RESPONSE PROGRAM PROVIDES SUPPORT TO VICTIMS SEEKING EMER GENCY PROTECTION, OR WHO ARE ACCESSING EMERGENCY MEDICAL SERVICES, BASIC CARE, OR RAPE EXA MS AT AREA EMERGENCY ROOMS AND CLINICS - COMMUNITY-LEVEL OUTCOME INDIVIDUALS HAVE ACCESS TO TRANSPORTATION - AMERICAN RED CROSS BERKS COUNTY CHAPTER, VETERANS TRANSPORTATION V ETERANS RECEIVE SAFE AND RELIABLE TRANSPORTATION TO AND FROM THE LEBANON VA MEDICAL CENTER TO REACH NECESSARY MEDICAL APPOINTMENTS - BOYERTOWN AREA MULTI-SERVICE, BASIC NEEDS (UND ER AGE 60 POPULATION) - OPPORTUNITY HOUSE, EMERGENCY SHELTER - SALVATION ARMY SERVICE EXT ENSION UNITS, COMMUNITY WELFARE SAFETY NET CASE MANAGEMENT - COMMUNITY-LEVEL OUTCOME INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES - BOYERTOWN AREA MULTI-SERVICE, BA SIC NEEDS (UNDER AGE 60 POPULATION) - CASE MANAGEMENT - COMMUNITY-LEVEL OUTCOME INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES - BOYERTOWN AREA MULTI-SERVICE, BA SIC NEEDS (UNDER AGE 60 POPULATION) CASE MANAGER MEETS WITH FAMILIES/INDIVIDUALS TO ASSES S CIRCUMSTANCES AND HELPS PROVIDE SUPPORT DURING A CRISIS SITUATION TO ADDRESS BASIC NEEDS SUCH AS FOOD, HEAT, RENT, PRESCRIPTIONS, AND TRANSPORTATION ADDITIONAL SUPPORT IS PROVIDE DTO GUIDE CLIENTS TO OTHER PROGRAMS AND SERVICES, INCLUDING EMPLOYMENT SERVICES, TO HELP IMPROVE THEIR SITUATION - CASA OF BERKS COUNTY (COURT APPOINTED SPECIAL ADVOCATE PROGRAM) CASA IS A NATIONAL PROGRAM THAT RECRUITS AND TRAINS VOLUNTEERS TO SERVE AS ADVOCATES FOR CHILDREN WHO HAVE BEEN PLACED IN THE FOSTER CARE SYSTEM THERE ARE CURRENTLY 640 CHILDREN IN THE FOSTER CARE SYSTEM THERE ARE CURRENTLY 640 CHILDREN IN THE FOSTER CARE SYSTEM THERE ARE CURRENTLY 640 CHILDREN IN THE FOSTER CARE SYSTEM THERE ARE CURRENTLY 640 CHILDREN IN THE FOSTER CARE SYSTEM THERE ARE CURRENTLY 640 CHILDREN IN THE FOSTER CARE SYSTEM THERE ARE CURRENTLY 640 CHILDREN IN THE FOSTER CARE SYSTEM THE FOSTER CARE SYSTEM HERE AS ADVOCATES FOR CHILDREN IN THE FOSTER CARE SYSTEM THE FOSTER CARE SYSTEM FOR SOME SHORE

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	ADOPTION PROGRAM PROVIDES A VARIETY OF SERVICES TO FAMILIES WHO ARE INVOLVED IN THE CHILD WELFARE SYSTEM. CHILDREN WHO ARE UNABLE TO REMAIN SAFELY IN THE HOME OF PARENTS/CAREGIVERS REQUIRE TEMPORARY PLACEMENT WHEN A CHILD ENTERS CHOR'S PROGRAM, THEY ARE ASSIGNED A CASE MANAGER, WHO ENSURES THEIR SAFETY, ADDRESSES PERMANENCY, AND THEIR OVERALL WELL-BEING. FAMILY PROMISE OF BERKS COUNTY, INC., U-TURN HELPS KEEP YOUTH OFF THE STREETS. THE PROGRAM 'S CASE MANAGER HELPS YOUTH FOCUS ON A CHIEVING EDUCATIONAL, EMPLOYMENT AND HOUSING STABILI ZATION GOALS. FRIEND, INC. COMMUNITY SERVICES, COMMUNITY RESOURCE CONNECTIONS. SERVING THE KUTZTOWN AREA, CLIENTS ARE REFERRED BY CHURCHES, SCHOOLS, OTHER AGENCIES OR NEIGHBORS. THE CASE MANAGER MEETS WITH THE CLIENT TO DETERMINE WHAT SERVICES ARE NEEDED AND WHAT THE CLIENT QUALIFIES FOR IF THERE IS AN IMMEDIATE CRISIS, THE CASE MANAGER WILL WORK WITH THE CLIENT TO ADDRESS THE ISSUE IT COULD INCLUDE EMERGENCY FOOD, ASSISTANCE WITH RENT, HEAT, AND/OR ELECTRIC. THE CLIENT IS REFERRED TO OTHER AGENCIES AND/OR CONNECTED TO OTHER SERVI CES DEPENDING ON THEIR NEEDS COMMUNITY COLLABORATION 211 INFORMATION AND REFERRAL THE 211 SERVICE PROVIDES PEOPLE WITH INFORMATION ABOUT ESSENTIAL HUMAN SERVICES, SUCH AS LOCATING CHILD CARE, FINDING QUALITY CARE FOR AGING PARENTS, ASSISTANCE TO MEET BASIC NEEDS, OR JO B TRAINING PROGRAMS 211 CENTERS ARE STAFFED BY TRAINED SPECIALISTS WHO ASSESS THE CALLERS' NEEDS AND REFER THEM TO THE HELP THEY SEEK IN ADDITION, THE CALL CENTER SPECIALISTS, SE VERAL POSSESSING BILINGUAL SKILLS, FACILITATE CALLS AND QUESTIONS FROM THOSE INTERESTED IN VOLUNTEERING OR DONATING ITEMS, SUCH AS FOOD AND CLOTHING 211 SERVES AS A VALUED COMMUNITY TRESOURCE AND SERVES AS A VITAL CONNECTION FOR THOSE NEEDING HELP, AS WELL AS FOR THOSE WANTING TO GIVE HELP ADDITIONALLY, 211 IS A USEFUL PLANNING TOOL SINCE IT PROVIDES REAL IT ME INFORMATION ABOUT THE SCOPE OF ISSUES LOCAL PEOPLE ARE FACING IN 2019, 6,658 CALLS/WE B VISITS/TEXTS/EMAILS WERE RECEIVED TO PNEEDS REQUESTED WERE HOUSING A

Return Reference	Explanation
PART VI, SECTION A, LINE 2	THE FOLLOWING BOARD MEMBERS ARE RELATED SANTINA AND PETER CONNORS SPOUSES BARBARA AND BRADLEY HALL SPOUSES SUE AND CRAIG PERROTY SPOUSES SHELLEY AND DAVID SHAFFER SPOUSES FOUR MARRIED COUPLES MAINTAIN POSITIONS ON THE UNITED WAY OF BERKS COUNTY BOARD OF DIRECTORS THIS SITUATION OCCURS BECAUSE IT IS A COMMON PRACTICE FOR A HUSBAND AND WIFE TEAM TO SERVE AS COCHAIRS OF THE ANNUAL FUND-RAISING CAMPAIGN, WHICH HAS BEEN A VERY SUCCESSFUL AND POPULAR APPROACH WITH THE VOLUNTEERS THE COUPLES REPRESENT PAST AND/OR CURRENT AND/OR FUTURE CAMPAIGN CO-CHAIRS NO OTHER BOARD MEMBERS ARE RELATED

Return Explanation
Reference

FORM 990 THE BYLAWS WERE UPDATED DURING THE YEAR

LINE 4

FORM 990, THE BYLAWS WERE UPDATED DURING THE YEAR PART VI, SECTION A.

Return Explanation
Reference

LINE 11B

FORM 990, PORM 990 IS REVIEWED AND APPROVED BY THE GOVERNANCE COMMITTEE AND REPORTED TO THE BOARD OF DIRECTORS ANNUALLY PRIOR TO SUBMISSION ALL BOARD MEMBERS RECEIVE A COPY OF THE FORM 990 SECTION B,

Return	Evalenation
Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DISCLOSURE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AN INTERESTED PARTY IS UNDER A CON TINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN, OR REASONABLY SHOULD BE KNOWN AN INTERESTED PARTY SHALL COMPLETE A QUESTIONNAIR E/DISCLOSURE STATEMENT, IN THE FORM ATTACHED, TO FULLY AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THE DISCLOSURE STATEMENT SHALL BE COMPLETED UPON HIS OR HER ASSOCIATION WITH UNITED WAY OF BERKS COUNTY AND SHALL BE UP DATED ANNUALLY AN ADDITIONAL DISCLOSURE STATEMENT SHALL BE COMPLETED AT SUCH TIMES AS AN ACTUAL POTENTIAL CONFLICT ARISES FOR BOARD MEMBERS, THE DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE PRESIDENT, WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE GOVERNANCE COMMITTEE THE GOVERNANCE COMMITTEE THE HIS ENVEYOR OF EACH YEAR IN THE CASE OF MEMBERS OF THE FINANCE COMMITTEE. THE INVESTMENT OF THE FINANCE COMMITTEE, THE INVESTMENT OF EACH YEAR IN THE CASE OF MEMBERS OF THE FINANCE COMMITTEE, THE INVESTMENT COMMITTEE IN THE SPRING OF EACH YEAR IN THE CASE OF STAFF, THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE EXCLUTIVE COMMITTEE IN THE SPRING OF EACH YEAR IN THE CASE OF STAFF, THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE EXECUTIVE COMMITTEE IN THE SPRING OF EACH YEAR IN THE CASE OF STAFF, THE DISCLOSURE STATEMENTS SHALL BE PRESENTED TO THE SENIOR VICE PRESIDENT FINANCE & ADMINISTRATION, WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE PRESIDENT THE PRESIDENT THAN OF THE PRESIDENT THE PRESIDENT THAN OF THE PRESIDENT THE SPRING OF EACH YEAR IN THE CASE OF THE SENIOR VICE PRESIDENT FINANCE & ADMINISTRATION, THE DISCLOSURE STATEMENTS WHAT HE OFFICIAL CORPORATE RECORDS OF UNITED WAY OF BERKS COUNTY THE SENIOR VICE PRESIDENT FINANCE & ADMINISTRATION SHALL FILE THE STAFF DISCLOSURE STATEMENTS WILL BE PROVIDED TO THE PRESIDENT THE PRESIDENT THE BOARD OF THE SENIOR VI

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FORM 990, PART VI, SECTION B, LINE 12C	TED TO THE CHAIRMAN, THE CHAIRMAN, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE, SHALL DET ERMINE IF ANY FURTHER BOARD REVIEW OR ACTION IS REQUIRED PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST SPECIFIC TRANSACTIONS WHERE AN ACTUAL OR POTENTIAL CONFLICT EXISTS BETWEEN THE INTERESTS OF UNITED WAY OF BERKS COUNTY AND AN INTERESTED PARTY WITH RESPECT TO A SPECIFIC PROPOSED ACTION OR TRANSACTION, THE UNITED WAY OF BERKS COUNTY SHALL REFRAIN FROM THE PROPOSED ACTION ON TRANSACTION UNTIL SUCH TIME AS THE PROPOSED ACTION OR TRANSACTION HAS BEEN APPROVED BY THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION THE FOLLOWING PROCEDURES MAY APPLY AN INTERESTED PARTY WHO HAS AN ACTUAL OR POTENTIAL CO NFLICT OF INTEREST WITH RESPECT TO A PROPOSED ACTION OR TRANSACTION OF THE ORGANIZATION SHALL NOT PARTICIPATE, AND MAY BE EXCUSED FROM THE DELIBERATIONS AND DECISION MAKING, WITH RESPECT TO SUCH ACTION OR TRANSACTION UPON REQUEST BY THE BOARD, THE INTERESTED PARTY MAY ANSWER QUESTIONS OR PROVIDE MATERIAL OR FACTUAL INFORMATION ABOUT THE PROPOSED ACTION OR T RANSACTION UPON FINDING THAT IT IS IN THE BEST INTERESTS OF UNITED WAY OF BERKS COUNTY THE BOARD ACTION OR TRANSACTION UPON FINDING THAT IT IS IN THE BEST INTERESTS OF UNITED WAY OF BERKS COUNTY THE BOARD SHALL CONSIDER WHETHER THE TERMS OF THE PROPOSED TRANSACTION ARE FAIR AN D REASONABLE TO THE UNITED WAY OF BERKS COUNTY AND WHETHER IT WOULD BE POSSIBLE, WITH REAS ONABLE EFFORT, TO FIND A MORE ADVANTAGEOUS ARRANGEMENT WITH A PARTNER OR ENTITY THAT IS NO T AN INTERESTED PARTY APPROVAL BY THE DISINTERESTED DEATHY APPROVAL BY THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS SHALL BE BY VOTE OF A MAJORITY OF DIRECTORS IN ATTENDANCE TO PREYORD SHOULD BE POSSIBLE. WITH REAS ONABLE EFFORT, TO FIND A MORE ADVANTAGEOUS ARRANGEMENT WITH A PARTNER OR ENTITY THAT IS NO T AN INTERESTED PARTY APPROVAL BY THE DISINTERESTED DEATHY APPROVAL BY THE DISINTERESTED PARTY SHALL NEITHER BE COUNTED FOR PURPOSES OF DETER MINING WHETHER A QUORUM IS PRESENT NOR FOR THE PURPO

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FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE COMPENSATION PROCEDURES UNITED WAY OF BERKS COUNTY'S PRIMARY OBJECTIVE IS TO PR OVIDE A REASONABLE AND COMPETITIVE EXECUTIVE COMPENSATION OPPORTUNITY CONSISTENT WITH COMP ENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION THE ORGANIZATION'S EXECUTIVE COMPENSATION PHI LOSOPHY IS DESIGNED TO - ENCOURAGE THE ATTRACTION AND RETENTION OF A HIGH CALIBER EXECUTI VE - REINFORCE THE GOALS FOR THE ORGANIZATION BY SUPPORTING TEAMWORK AND COLLABORATION - E NSURE THAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE - BE FLEXIBLE TO REWARD INDIVIDUAL AC COMPLISHMENTS AS WELL AS ORGANIZATIONAL SUCCESS - ENSURE THAT THE PROGRAM IS EASY TO EXPLA IN, UNDERSTAND AND ADMINISTER-BALANCE THE NEED TO BE COMPETITIVE WITH THE LIMITS OF AVAI LABLE FINANCIAL RESOURCES THE CHAIRPERSON OF THE BOARD LEADS THE BOARD OF DIRECTORS IN THE EVALUATION OF THE PRESIDENT'S PERFORMANCE ON AN ANNUAL BASIS THE PRESIDENT PRESENTS TO THE EVALUATION OF THE PRESIDENT'S PERFORMANCE ON AN ANNUAL BASIS THE PRESIDENT PRESENTS TO THE CHAIRPERSON INFORMATION ON THE ACCOMPLISHMENTS OF THE ORGANIZATION AND ITS PROGRESS TOW ARD ACHIEVING THE GOALS OUTLINED IN THE STRATEGIC PLAN, THE FULFILLMENT OF HIS/HER DUTIES AND RESPONSIBILITIES AS OUTLINED IN THE POSITION DESCRIPTION, AND THE MANNER IN WHICH THE CHALLENGES OF THE ORGANIZATION HAVE BEEN ADDRESSED AND THE OPPORTUNITIES TAKEN THE PRESID ENT ALSO DEFINES AND DISCUSSES CURRENT AND FUTURE ORGANIZATION TO THE THE ANNUAL REVIEW, A PRESIDENT'S EVALUATION SURVEY IS CONDUCTED SEMI-ANNUALLY WITH FULL BOARD OF PORTUNITIES THE SINDION TO THE ANNUAL REVIEW, A PRESIDENT'S EVALUATION SURVEY IS CONDUCTED SEMI-ANNUALLY WITH FULL BOARD PARTICIPAT ION, THE RESULTS OF WHICH ARE COMPILED AND ANALYZED BY A THIRD-PARTY PROVIDER HAVING NO VE STED INTEREST IN THE OUTCOME OF THIS PROCESS A FORMAL REPORT IS PRESENTED BY THE PROVIDER FIRST TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR INITIAL DISCUSSION, THEN TO THE FULL BOARD OF DIRECTORS AS

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FORM 990, PART VI, SECTION B, LINE 15	TS AND PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS, MAY BE USED AS A SUPPLEMENT THE PRE SIDENT'S ANNUAL COMPENSATION IS COMMUNICATED BOTH VERBALLY AND IN WRITING TO THE PRESIDENT AND IS INCLUDED IN HIS/HER PERSONNEL FILE KEY EMPLOYEE COMPENSATION PROCEDURES COMPENSA TION PROCEDURES FOR KEY EMPLOYEES OF UNITED WAY OF BERKS COUNTY FOLLOW THE ORGANIZATION'S SALARY AND ADMINISTRATION PROGRAM AND THE PERSONNEL POLICIES AS PROVIDED TO ALL STAFF THE COMPETITIVENESS OF THE SALARY STRUCTURE AT UNITED WAY OF BERKS COUNTY WILL BE ASSESSED PE RIODICALLY, AS DETERMINED BY THE PRESIDENT, BUT NOT MORE THAN EVERY THREE YEARS, BASED ON SURVEYS OF SALARIES PAID BY OTHER EMPLOYERS FOR SIMILAR WORK AN OUTSIDE HUMAN RESOURCES F IRM NORMALLY DOES THE ASSESSMENT IF THERE IS EVIDENCE OF A CHANGE IN GENERAL SALARY LEVEL S, THE SALARY RANGES ARE ADJUSTED ACCORDING TO THE PROGRAM'S OBJECTIVES, WITH THE APPROVAL OF THE EXECUTIVE COMMITTEE (SEE BELOW) THESE ADJUSTMENTS DO NOT CHANGE THE GRADES TO WHI CH POSITIONS ARE ASSIGNED AND DO NOT RESULT IN AUTOMATIC CHANGES IN INDIVIDUAL SALARIES THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, SITTING AS THE PERSONNEL COMMITTEE, SHAL L REVIEW AND APPROVE THE SALARY STRUCTURE THE REVIEW AND APPROVAL NORMALLY FOLLOWS THE AS SESSMENT DONE BY AN OUTSIDE HUMAN RESOURCES FIRM TO DETERMINE WHETHER CHANGES HAVE OCCURRE D IN THE GENERAL SALARY LEVELS THE EXECUTIVE COMMITTEE WILL DETERMINE IF A REPORT ON THE ORGANIZATION'S COMPENSATION PLAN/SALARY STRUCTURE SHALL BE MADE TO THE FULL BOARD OF DIREC TORS UNITED WAY OF BERKS COUNTY'S POLICY IS THAT SALARY INCREASES ARE BASED ON MERIT AND SHOULD REFLECT AN EMPLOYEE'S CONTRIBUTION TO THE ORGANIZATION IN RELATION TO THE RESPONSIB LITIES OF HIS OR HER POSITION SALARY INCREASES MAY BE LIMITED BY THE AVAILABILITY OF FUN DS THE SALARY ADMINISTRATION PROGRAM, THEREFORE, HAS BEEN DESIGNED TO PROVIDE THE BEST PE RFORMERS WITH HIGHER PERCENTAGES OF MERIT INCREASES WITH THE EXCEPTION OF SPECIAL TYPES O F SALARY ADJUSTMENTS, MERIT INCREASES ARE THE ONLY TYPE OF SALARY I

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FORM 990, PART VI, SECTION C, LINE 19	COMPLIANCE WITH PUBLIC INSPECTION REQUIREMENTS IN GENERAL, EXEMPT ORGANIZATIONS MUST MAKE AVAILABLE FOR PUBLIC INSPECTION CERTAIN ANNUAL RETURNS AND APPLICATIONS FOR EXEMPTION, AND MUST PROVIDE COPIES OF SUCH RETURNS AND APPLICATIONS TO INDIVIDUALS WHO REQUEST THEM IN COMPLIANCE WITH THIS REQUIREMENT, UNITED WAY OF BERKS COUNTY ADHERES TO THE FOLLOWING - IN RESPONSE TO A WRITTEN REQUEST AT THE PRINCIPAL OFFICE OF UNITED WAY OF BERKS COUNTY, A COPY OF THE COVERED TAX DOCUMENTS SHALL BE PROVIDED TO THE REQUESTER WITHIN THIRTY (30) DA YS PER IRS GUIDANCE, A REQUEST THAT IS FAXED, E-MAILED OR SENT BY PRIVATE COURIER IS CONS IDERED A WRITTEN REQUEST - IN RESPONSE TO AN IN-PERSON REQUEST AT THE PRINCIPAL OFFICE OF UNITED WAY OF BERKS COUNTY, A COPY OF THE COVERED TAX DOCUMENTS SHALL GENERALLY BE PROVIDED TO THE DAY OF THE REQUEST - REQUESTS EITHER IN-PERSON OR WRITTEN SHALL BE PROVIDED INFORM ATION THAT OFFERS THE REQUEST OF THE OPPORTUNITY TO ACCESS THE DOCUMENTS SHALL GENERALLY BE PROVIDED THAT OFFERS THE REQUEST OF THE OPPORTUNITY TO ACCESS THE DOCUMENTS FREE OF CHARGE VIA THE WEB, OR AT A COST SHOULD A HARD COPY BE REQUESTED - UNITED WAY OF BERKS COUNTY SHALL CHARGE A REASONABLE FEE FOR COPYING COSTS AND THE ACTUAL COST OF POSTAGE BEFORE PROVIDING COPIES OF THE DOCUMENTS REASONABLE FEES FOR COPYING ARE CONSISTENT WITH THE IRS STANDARD CHARGE OF NO MORE THAN \$ 20 PER PAGE, WHILE POSTAGE FEES SHALL BE THE ACTUAL COST INCURRE D BY THE ORGANIZATION - TIMELY NOTICE OF THE APPROXIMATE COST AND ACCEPTABLE FORM OF PAYM ENT WILE BE PROVIDED WITHIN SEVEN DAYS OF RECEIPT OF THE REQUEST IF IN WRITING OR IMMEDIAT ELY UPON A REQUEST FROM AN IN-PERSON REQUEST) AND CERTIFIED CHECK, MONEY ORDER, AND P ERSONAL CHECK OR CREDIT CARD, IN THE CASE OF A WRITTEN REQUEST PAYMENT IN FULL IS DUE PRI OR TO PROVIDING COPIES - THE NAMES OR ADDRESSES OF THE ORGANIZATION'S CONTRIBUTORS ON 1TS ANNUAL RETURN SHALL NOT BE DISCLOSURE AND DISSEMINATION OF INFORMATION OF INFORMATION OR ONGREFIUNDERS, AND THE GOVERNANCE, OPERATIONS, AND FINANCIAL INFO

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FORM 990,	HE OPPORTUNITY TO ACCESS THE INFORMATION FREE OF CHARGE VIA THE WEB UNITED WAY OF BERKS C OUNTY
PART VI,	SHALL CHARGE A REASONABLE FEE FOR COPYING COSTS AND THE ACTUAL COST OF POSTAGE BEFOR E
SECTION C,	PROVIDING COPIES OF THE DOCUMENTS IF A HARD COPY IS REQUESTED REASONABLE FEES FOR COPYI NG ARE
LINE 19	CONSISTENT WITH THE IRS STANDARD CHARGE OF NO MORE THAN \$ 20 PER PAGE WHILE POSTAGE FEES SHALL BE
	THE ACTUAL COST INCURRED BY THE ORGANIZATION THE FOLLOWING DOCUMENTS ARE A CCESSIBLE VIA UNITED
	WAY OF BERKS COUNTY WEB-SITE AT WWW UWBERKS ORG - ANNUAL REPORT - AU DITED FINANCIAL STATEMENTS
I	L-CAMPAIGN HIGHLIGHTS REPORT - CODE OF ETHICS AND CONDUCT AND W HISTLEBLOWER POLICY - LINKS TO

FORM 990 VIA CHARITY NAVIGATOR AND GUIDESTAR - MISSION STAT EMENT - VISION STATEMENT

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