

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2024Open to Public
Inspection**A For the 2024 calendar year, or tax year beginning and ending****B** Check if applicable:Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending**C** Name of organization

UNITED WAY OF BERKS COUNTY, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

25 N. 2ND STREET, SUITE 101

Room/suite

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

READING, PA 19601

F Name and address of principal officer: TAMMY L. WHITE

SAME AS C ABOVE

D Employer identification number

23-1655375

E Telephone number

(610) 685-4550

G Gross receipts \$

21,289,592.

H(a) Is this a group returnfor subordinates? Yes ☒ No**H(b)** Are all subordinates included? Yes No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527**J** Website: WWW.UWBERKS.ORG**K** Form of organization: ☒ Corporation Trust Association Other**L** Year of formation: 1963**M** State of legal domicile: PA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: INSPIRING COLLABORATION, VOLUNTEERISM AND FINANCIAL SUPPORT TO BUILD A STRONGER COMMUNITY
	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) 38
	4	Number of independent voting members of the governing body (Part VI, line 1b) 38
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 32
	6	Total number of volunteers (estimate if necessary) 2115
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 11,325,499.
	9	Program service revenue (Part VIII, line 2g) 229,630.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 378,859.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,938.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,955,926.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,619,276.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 1,547,589.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,813,821.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,616,167.
19	Revenue less expenses. Subtract line 18 from line 12 -1,660,241.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 31,457,292.
	21	Total liabilities (Part X, line 26) 3,827,611.
	22	Net assets or fund balances. Subtract line 21 from line 20 27,629,681.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	TAMMY L. WHITE, PRESIDENT				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	LINDA S HIMEBACK, CPA	LINDA S HIMEBACK, CP	05/12/25	<input type="checkbox"/>	P00042618
Paid Preparer Use Only	Firm's name	Firm's EIN	23-2415973		
	Firm's address	2763 CENTURY BOULEVARD READING, PA 19610	Phone no. 610-378-1175		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:UNITED WAY OF BERKS COUNTY IMPROVES LIVES BY INSPIRING COLLABORATION,
VOLUNTEERISM AND FINANCIAL SUPPORT TO BUILD A STRONGER COMMUNITY.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,481,257. including grants of \$ 9,278,236.) (Revenue \$ 661,202.)MORE THAN 190,000 CHILDREN, FAMILIES AND SENIORS BENEFITTED FROM VITAL
HEALTH AND HUMAN SERVICES PROGRAMS FUNDED BY UNITED WAY OF BERKS COUNTY
(UWBC) THROUGHOUT 2024. UWBC'S WORK AND INVESTMENTS FOCUS ON FOUR
AREAS: EDUCATION, FINANCIAL STABILITY, HEALTH AND SAFETY NET SERVICES.

SEE ADDITIONAL INFORMATION ON SCH O.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 11,481,257.Form **990** (2024)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	28
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	32
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	X
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).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a 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	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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.		
a 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	
b 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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
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	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	38			
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		38		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed PA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
MONICA RUANO-WENRICH - (610) 685-4550
25 N. 2ND STREET, SUITE 101, READING, PA 19601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TAMMY L. WHITE PRESIDENT	37.50			X				205,743.	0.	19,454.
(2) MONICA RUANO-WENRICH SR VP FINANCE & ADMIN	37.50			X				129,793.	0.	24,832.
(3) JEAN MORROW SR VP LEADERSHIP UNITED	37.50				X			118,226.	0.	17,442.
(4) SHEILA TULLI VP RESOURCE DEVELOPMENT	37.50				X			107,097.	0.	14,571.
(5) ASHLEY CHAMBERS SR VP COMMUNITY IMPACT	37.50				X			108,045.	0.	10,909.
(6) CHRIS SPANIER VP MARKETING & COMMUNICATIONS	37.50				X			101,150.	0.	16,550.
(7) JONI NAUGLE CHAIR	1.00	X		X				0.	0.	0.
(8) PETE CONNORS VICE CHAIR AS OF MARCH	1.00	X		X				0.	0.	0.
(9) RUTHANN WOLL SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(10) ROBERT FIRELY ASST. SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(11) JOHN ARNOLD DIRECTOR	1.00	X						0.	0.	0.
(12) DR. CHARLES BARBERA DIRECTOR AS OF MAY	1.00	X						0.	0.	0.
(13) JOHN BOBO DIRECTOR	1.00	X						0.	0.	0.
(14) JAMES BOSCOV DIRECTOR	1.00	X						0.	0.	0.
(15) ANTHONY COX DIRECTOR	1.00	X						0.	0.	0.
(16) KELLEY CROZIER, M.D. DIRECTOR	1.00	X						0.	0.	0.
(17) MICHAEL DUFF DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KELLY FESSLER DIRECTOR AS OF MARCH	1.00	X						0.	0.	0.
(19) ROBERT GOONAN DIRECTOR	1.00	X						0.	0.	0.
(20) TERRY GRASSLEY DIRECTOR	1.00	X						0.	0.	0.
(21) BRADLEY HALL DIRECTOR	1.00	X						0.	0.	0.
(22) VICTORIA HAWKINS DIRECTOR	1.00	X						0.	0.	0.
(23) ANGEL HELM DIRECTOR AS OF JANUARY	1.00	X						0.	0.	0.
(24) SCOTT HELM DIRECTOR AS OF JANUARY	1.00	X						0.	0.	0.
(25) PAMELA HERNANDEZ DIRECTOR AS OF MAY	1.00	X						0.	0.	0.
(26) JASON HOERR DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								770,054.	0.	103,758.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								770,054.	0.	103,758.

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

6

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DR. SUSAN LOONEY DIRECTOR	1.00	X						0.	0.	0.
(28) DR. JOSEPH MACHAROLA DIRECTOR	1.00	X						0.	0.	0.
(29) NICK MARMONTELLO DIRECTOR	1.00	X						0.	0.	0.
(30) TIM MIKSIEWICZ DIRECTOR AS OF JANUARY	1.00	X						0.	0.	0.
(31) DR. JENNIFER MURRAY DIRECTOR	1.00	X						0.	0.	0.
(32) MISSY ORLANDO DIRECTOR	1.00	X						0.	0.	0.
(33) RENDY ORTIZ DIRECTOR	1.00	X						0.	0.	0.
(34) CRAIG PERROTY DIRECTOR	1.00	X						0.	0.	0.
(35) SUE PERROTY DIRECTOR	1.00	X						0.	0.	0.
(36) FRANCIS POST DIRECTOR	1.00	X						0.	0.	0.
(37) SIDNEY PURNELL DIRECTOR	1.00	X						0.	0.	0.
(38) JULIE RAVIS DIRECTOR AS OF JANUARY	1.00	X						0.	0.	0.
(39) MIKE REESE DIRECTOR	1.00	X						0.	0.	0.
(40) ROBERTO SANCHEZ DIRECTOR	1.00	X						0.	0.	0.
(41) DHARMA SIVASAMY DIRECTOR AS OF JANUARY	1.00	X						0.	0.	0.
(42) SHANNON THOMAS DIRECTOR AS OF JANUARY	1.00	X						0.	0.	0.
(43) PATRICK VELEKEI DIRECTOR	1.00	X						0.	0.	0.
(44) KIM WOERLE DIRECTOR	1.00	X						0.	0.	0.
(45) WESLIE LIANA DIRECTOR THROUGH MARCH	1.00	X						0.	0.	0.
(46) DAVID TURNER DIRECTOR THROUGH MARCH	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

2024.03040 UNITED WAY OF BERKS COUNT 63018.01

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	15,775,224.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,352,718.			
	h	Total. Add lines 1a-1f		15,775,224.			
Program Service Revenue	2 a	READ ALLIANCE	Business Code	611710	485,041.	485,041.	
	b	TRAINING & WORKSHOP FEES		611430	119,770.	119,770.	
	c	EVENTS		611430	56,391.	56,391.	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		661,202.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			749,565.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	(ii) Personal			
b		Less: rental expenses ...					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			421,363.		421,363.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	ADMINISTRATION FEES	Business Code	561000	7,848.	7,848.	
	b	MISCELLANEOUS		900099	94.	94.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		7,942.			
	12	Total revenue. See instructions		17,615,296.	669,144.	0.	1,170,928.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,278,236.	9,278,236.		
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	379,822.	121,004.	183,528.	75,290.
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	1,786,658.	844,458.	278,328.	663,872.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	381,160.	152,742.	75,851.	152,567.
10 Payroll taxes	162,390.	72,868.	35,049.	54,473.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	25,715.	17,723.	2,242.	5,750.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	67,584.	30,974.	14,449.	22,161.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	775,437.	534,429.	67,578.	173,430.
12 Advertising and promotion	179,081.	66,976.	1,278.	110,827.
13 Office expenses	103,416.	88,437.	3,002.	11,977.
14 Information technology				
15 Royalties				
16 Occupancy	187,196.	81,611.	39,868.	65,717.
17 Travel	14,067.	7,583.	2,108.	4,376.
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	132,330.	56,200.	30,096.	46,034.
22 Depreciation, depletion, and amortization	147,851.	66,355.	30,362.	51,134.
23 Insurance	18,023.	7,627.	4,110.	6,286.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a UW SPONSORED MEETINGS	81,160.	26,215.	1,065.	53,880.
b MISCELLANEOUS EXPENSES	71,966.	12,657.	26,413.	32,896.
c EQUIPMENT RENTAL & MAIN	39,341.	15,162.	7,260.	16,919.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,831,433.	11,481,257.	802,587.	1,547,589.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,373,424.	2	5,410,003.
	3 Pledges and grants receivable, net	6,516,877.	3	9,875,958.
	4 Accounts receivable, net	96,510.	4	171,827.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,290.	9	16,021.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 677,057.		
	b Less: accumulated depreciation	10b 526,656.		
		286,207.	10c	150,401.
	11 Investments - publicly traded securities	16,423,067.	11	16,931,038.
	12 Investments - other securities. See Part IV, line 11	884,531.	12	937,134.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,856,386.	15	1,740,196.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,457,292.	16	35,232,578.	
Liabilities	17 Accounts payable and accrued expenses	704,050.	17	689,021.
	18 Grants payable		18	
	19 Deferred revenue	52,517.	19	61,667.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,071,044.	25	2,864,881.
	26 Total liabilities. Add lines 17 through 25	3,827,611.	26	3,615,569.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,559,464.	27	8,615,422.
	28 Net assets with donor restrictions	18,070,217.	28	23,001,587.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	27,629,681.	32	31,617,009.
	33 Total liabilities and net assets/fund balances	31,457,292.	33	35,232,578.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,615,296.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,831,433.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,783,863.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,629,681.
5	Net unrealized gains (losses) on investments	5	436,385.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-232,920.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	31,617,009.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		<input checked="" type="checkbox"/>
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

UNITED WAY OF BERKS COUNTY, INC.

Employer identification number

23-1655375

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,426,022.	12,544,375.	10,296,839.	11,325,499.	15,775,224.	71,367,959.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21,426,022.	12,544,375.	10,296,839.	11,325,499.	15,775,224.	71,367,959.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,455,843.
6 Public support. Subtract line 5 from line 4.						65,912,116.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	21,426,022.	12,544,375.	10,296,839.	11,325,499.	15,775,224.	71,367,959.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	321,510.	1,242,838.	579,625.	693,071.	749,565.	3,586,609.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	57,533.	20,187.	21,729.	21,938.	7,942.	129,329.
11 Total support. Add lines 7 through 10						75,083,897.
12 Gross receipts from related activities, etc. (see instructions)					12	1,000,282.

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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	87.78 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	88.60 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b 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.			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI**Supplemental Information.**

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**ADMINISTRATION FEES**

2020 AMOUNT: \$ 57,533.

2021 AMOUNT: \$ 20,187.

2022 AMOUNT: \$ 21,729.

2023 AMOUNT: \$ 21,938.

2024 AMOUNT: \$ 7,942.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

UNITED WAY OF BERKS COUNTY, INC.

23-1655375

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

UNITED WAY OF BERKS COUNTY, INC.

23-1655375

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,052,928.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,235,153.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>606,779.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>558,252.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,500,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,000,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-1655375

Part I

[illegible]

Name of organization

Employer identification number

UNITED WAY OF BERKS COUNTY, INC.

23-1655375

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	PLEDGE RECEIVABLE _____ _____ _____	\$ <u>801,994.</u>	<u>12/31/24</u>
<u>2</u>	PLEDGE RECEIVABLE _____ _____ _____	\$ <u>20,440.</u>	<u>12/31/24</u>
<u>4</u>	VARIOUS SHARES OF STOCK _____ _____ _____	\$ <u>508,266.</u>	<u>11/29/24</u>
<u>5</u>	PLEDGE RECEIVABLE _____ _____ _____	\$ <u>1,500,000.</u>	<u>12/31/24</u>
<u>6</u>	VARIOUS SHARES OF STOCK AND PLEDGE RECEIVABLE _____ _____ _____	\$ <u>1,000,000.</u>	<u>12/31/24</u>
<u>7</u>	PLEDGE RECEIVABLE _____ _____ _____	\$ <u>500,000.</u>	<u>12/31/24</u>

Name of organization	Employer identification number
UNITED WAY OF BERKS COUNTY, INC.	23-1655375

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

UNITED WAY OF BERKS COUNTY, INC.

Employer identification number

23-1655375

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition ☐ d ☐ Loan or exchange program
- b Scholarly research ☐ e ☐ Other _____
- c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII _____

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,807,880.	7,769,023.	9,840,583.	9,104,248.	8,074,015.
b Contributions	2,618,074.	61,916.	18,662.	12,647.	94,680.
c Net investment earnings, gains, and losses	887,891.	1,327,532.	-1,741,710.	1,086,706.	1,270,441.
d Grants or scholarships					
e Other expenditures for facilities and programs	333,040.	350,591.	348,512.	363,018.	334,888.
f Administrative expenses					
g End of year balance	11,980,805.	8,807,880.	7,769,023.	9,840,583.	9,104,248.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 17.8500 %
- b Permanent endowment 82.1500 %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations? _____
- (ii) Related organizations? _____

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		22,258.	13,304.	8,954.
d Equipment		356,225.	333,684.	22,541.
e Other		298,574.	179,668.	118,906.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				150,401.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO OTHER UNITED WAYS	285,485.
(3)	DUE TO DESIGNATED AFFILIATED AGENCIES	801,033.
(4)	OPERATING LEASE LIABILITY	1,778,363.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		2,864,881.

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

1	Total revenue, gains, and other support per audited financial statements	1	16,875,228.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	436,385.
b	Donated services and use of facilities	2b	54,922.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-117,838.
e	Add lines 2a through 2d	2e	373,469.
3	Subtract line 2e from line 1	3	16,501,759.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,584.
b	Other (Describe in Part XIII.)	4b	1,045,953.
c	Add lines 4a and 4b	4c	1,113,537.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,615,296.

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

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

1	Total expenses and losses per audited financial statements	1	12,887,900.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	54,922.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	54,922.
3	Subtract line 2e from line 1	3	12,832,978.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,584.
b	Other (Describe in Part XIII.)	4b	930,871.
c	Add lines 4a and 4b	4c	998,455.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,831,433.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF TWENTY-TWO DONOR-RESTRICTED SUB-FUNDS AND ONE BOARD-DESIGNATED 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.

PART X, LINE 2:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

TRANSFERS BETWEEN NET ASSET RESTRICTIONS -117,838.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 1,045,953.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED ALLOCATIONS 930,871.

[illegible]

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF BERKS COUNTY, INC.

Employer identification number

23-1655375

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 498 BELLEVUE AVENUE READING, PA 19605	13-1788491	501(C)(3)	105,004.	0.			PARTNER AGENCY INVESTMENTS: HEALTH; ONE-TIME GRANT: SUPPORT OPERATIONS
AMERICAN RED CROSS - TRI COUNTY CHAPTER - 3939 BROADWAY - ALLENTOWN, PA 18104	53-0196605	501(C)(3)	195,403.	0.			PARTNER AGENCY INVESTMENTS: DISASTER RESPONSE, VETERANS TRANSPORTATION
BERKS COALITION TO END HOMELESSNESS - 600 PENN STREET - READING, PA 19601	37-1575390	501(C)(3)	55,162.	0.			PARTNER AGENCY INVESTMENTS: HOMELESS PREVENTION; ONE-TIME GRANT: BUS PASSES
BERKS COMMUNITY HEALTH CENTER 1040 LIGGETT AVENUE READING, PA 19611	27-3795179	501(C)(3)	47,000.	0.			RAPID RESPONSE GRANT: HYPERTENSION AWARENESS; ONE-TIME GRANT: HEALTH WORKER
BERKS COUNSELING CENTER 645 PENN STREET, 2ND FLOOR READING, PA 19601	23-2043478	501(C)(3)	203,650.	0.			HEALTH FOCUSED GRANT: FAMILY CENTER & INTENSIVE OUTPATIENT PROGRAM
BERKS ENCORE 40 NORTH 9TH STREET READING, PA 19601	23-1656050	501(C)(3)	156,528.	0.			PARTNER AGENCY INVESTMENTS: MEALS ON WHEELS; RAPID RESPONSE GRANT: HVAC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **59.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS LATINO WORKFORCE DEVELOPMENT CORPORATION - 450 S 6TH STREET - READING, PA 19602	84-2735102	501(C)(3)	136,366.	0.			FOCUS GRANT: ALLIED HEALTH PROGRAMS; ONE-TIME GRANT: WORKFORCE DEVELOPMENT
BERKS NATURE 575 SAINT BERNARDINE STREET READING, PA 19607	23-1966295	501(C)(3)	6,500.	0.			ONE-TIME GRANT: COMMUNITY GARDEN ACCESSIBILITY
BIG BROTHERS/BIG SISTERS OF BERKS COUNTY - 303 WINDSOR STREET - READING, PA 19601	23-6463246	501(C)(3)	280,962.	0.			PARTNER AGENCY INVESTMENTS: MENTORING PROGRAM; ONE-TIME GRANT: LEADERSHIP DEVELOPMENT
BIRDSBORO COMMUNITY MEMORIAL CENTER - 201 EAST MAIN STREET - BIRDSBORO, PA 19508	23-1365317	501(C)(3)	61,349.	0.			PARTNER AGENCY INVESTMENTS: OUT OF SCHOOL EDUCATION PROGRAMMING
BOYERTOWN AREA MULTI-SERVICE, INC. 200 WEST SPRING STREET BOYERTOWN, PA 19512	23-7289405	501(C)(3)	60,384.	0.			PARTNER AGENCY INVESTMENTS: SUPPORTIVE SERVICES, CASE MANAGEMENT & MEALS ON WHEELS
BRING THE CHANGE 47 NANTUCKET DRIVE READING, PA 19605	83-4062630	501(C)(3)	8,000.	0.			ONE-TIME GRANT: HAITIAN COMMUNITY OUTREACH
CASA OF BERKS COUNTY 845 N. PARK ROAD WYOMISSING, PA 19610	47-3440847	501(C)(3)	30,000.	0.			ONE-TIME INVESTMENT GRANT: AT RISK YOUTH PROGRAM
CATHOLIC CHARITIES, DIOCESE OF ALLENTOWN - 400 WASHINGTON STREET, SUITE 100 - READING, PA 19601	23-1352211	501(C)(3)	54,686.	0.			PARTNER AGENCY INVESTMENTS: CASE MANAGEMENT/COUNSELING FOR VETERANS & FAMILIES
CENTRO HISPANO DANIEL TORRES, INC. 201 PENN STREET, SUITE 101 READING, PA 19601	23-2041081	501(C)(3)	292,216.	0.			PARTNER AGENCY INVESTMENTS: SOCIAL SERVICES, OPENING DOORS; ONE-TIME GRANT: PERSONNEL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CO-COUNTY WELLNESS SERVICES 429 WALNUT STREET READING, PA 19601	23-2657264	501(C)(3)	161,038.	0.			PARTNER AGENCY INVESTMENTS: BERKS TEENS MATTER; ONE-TIME GRANT: LEADERSHIP DEVELOPMENT
COMMUNITIES IN SCHOOLS OF EASTERN PA - 739 N 12TH STREET - ALLENTOWN, PA 18102	23-2222874	501(C)(3)	61,019.	0.			PARTNER AGENCY INVESTMENTS: INTEGRATED STUDENT SUPPORT; ONE-TIME GRANT: LEADERSHIP
COMMUNITY SERVICES FOR CHILDREN 1520 HANOVER AVE ALLENTOWN, PA 18109	23-2204725	501(C)(3)	108,606.	0.			PARTNER AGENCY INVESTMENTS: EARLY CHILDHOOD EDUCATION
CONNECTIONS WORK 19TH N. 6TH STREET, 4TH FLOOR READING, PA 19601	23-1969810	501(C)(3)	680,527.	0.			PARTNER AGENCY INVESTMENTS: PRISONER REENTRY SERVICES; WORKFORCE DEVELOPMENT
EASTER SEALS EASTERN PENNSYLVANIA 1501 LEHIGH STREET, SUITE 201 ALLENTOWN, PA 18103	23-2823542	501(C)(3)	388,327.	0.			PARTNER AGENCY INVESTMENTS: PEDIATRIC CLINICS, OUTPATIENT THERAPY, THERAPEUTIC
EMERGENCY MEDICAL TRAINING 3933 PERKIOMEN AVE READING, PA 19606	23-7407937	501(C)(3)	14,715.	0.			RAPID RESPONSE GRANT: AHA TRAINING CENTER
FAMILY GUIDANCE CENTER 1235 PENN AVENUE, SUITE 205-206 READING, PA 19610	23-1679207	501(C)(3)	457,226.	0.			PARTNER AGENCY INVESTMENTS: COUNSELING; ONE-TIME GRANT: LEADERSHIP DEVELOPMENT
FAMILY PROMISE OF BERKS COUNTY 325 N. 5TH STREET READING, PA 19601	20-4557683	501(C)(3)	47,633.	0.			PARTNER AGENCY INVESTMENTS; U-TURN
FRIEND, INC. COMMUNITY SERVICES 658D NOBLE STREET KUTZTOWN, PA 19530	23-1924643	501(C)(3)	177,380.	0.			PARTNER AGENCY INVESTMENTS: COMMUNITY RESOURCE CONNECTIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF EASTERN PENNSYLVANIA - 330 MANOR ROAD - MIQUON, PA 19444	23-1352309	501(C)(3)	137,570.	0.			PARTNER AGENCY INVESTMENTS: OUTREACH TO AT-RISK GIRLS
GOGGLEWORKS CENTER FOR THE ARTS 201 WASHINGTON STREET READING, PA 19601	41-2165262	501(C)(3)	10,000.	0.			ONE-TIME GRANT: GARDENS AT LAUER'S PARK SCHOOL
GREATER READING MENTAL HEALTH ALLIANCE - 1234 PENN AVENUE - WYOMISSING, PA 19610	23-1522636	501(C)(3)	144,600.	0.			PARTNER AGENCY INVESTMENTS: ADVOCACY & SUPPORT GROUPS
HABITAT FOR HUMANITY OF BERKS COUNTY - 201 WASHINGTON STREET; SUITES 329-330 - READING, PA 19601	23-2500851	501(C)(3)	98,067.	0.			PARTNER AGENCY INVESTMENTS: HOME CONSTRUCTION/RENOVATION FOR LOW INCOME FAMILIES;
HAWK MOUNTAIN COUNCIL BOY SCOUTS OF AMERICA - 5027 POTTSVILLE PIKE - READING, PA 19605	23-1352047	501(C)(3)	317,199.	0.			PARTNER AGENCY INVESTMENTS: TRADITIONAL & URBAN SCOUTING
HELPING HARVEST 117 MORGAN DRIVE READING, PA 19608	22-2456238	501(C)(3)	78,899.	0.			PARTNER AGENCY INVESTMENTS; FOOD ACCESS & DISTRIBUTION
HOPE RESCUE MISSION 645 N 6TH ST READING, PA 19601	23-1413677	501(C)(3)	18,700.	0.			RAPID RESPONSE GRANT: ADA GUEST SUPPORT; ONE-TIME GRANT: LIGHTHOUSE PROGRAM
IM ABLE FOUNDATION 1007 HILL AVENUE, BLDG 17 WYOMISSING, PA 19610	06-1783154	501(C)(3)	15,000.	0.			ONE-TIME INVESTMENTGRANT: EXPANSION OF OPERATION LEAD FROM THE FRONT PROGRAM
JEWISH FEDERATION OF READING, PA 1100 BERKSHIRE BOULEVARD, SUITE 125 WYOMISSING, PA 19610	23-1728784	501(C)(3)	83,602.	0.			PARTNER AGENCY INVESTMENTS: FOOD BANK, SUPPORTIVE SERVICES; ONE-TIME GRANT: YOUTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY COUNCIL OF READING-BERKS 35 SOUTH DWIGHT STREET WEST LAWN, PA 19609	23-2004957	501(C)(3)	139,569.	0.			PARTNER AGENCY INVESTMENTS: ENGLISH FORWARD; LITERACY TRAINING & ESL; ONE-TIME
MANUFACTURERS RESOURCE CENTER 7200A WINDSOR DRIVE ALLENTOWN, PA 18106	23-2514764	501(C)(3)	8,000.	0.			ONE-TIME INVESTMENT GRANT: PA DREAM TEAM BERKS
MARY'S SHELTER 615 KENHORST BLVD READING, PA 19611	23-2722494	501(C)(3)	36,300.	0.			PARTNER AGENCY INVESTMENTS: SHELTER SERVICES PROGRAM
MIDPENN LEGAL SERVICES 213-A NORTH FRONT STREET HARRISBURG, PA 17101	23-7101191	501(C)(3)	87,006.	0.			PARTNER AGENCY INVESTMENTS: LEGAL REPRESENTATION FOR BASIC NEEDS
NEW JOURNEY COMMUNITY OUTREACH, INC. - 138 S 6TH STREET - READING, PA 19602	46-3623955	501(C)(3)	58,883.	0.			PARTNER AGENCY INVESTMENTS: SOUP KITCHEN & FOOD PANTRY; ONE-TIME GRANTS: LEADERSHIP
OLIVET BOYS & GIRLS CLUB OF READING & BERKS COUNTY - 1161 PERSHING BOULEVARD - READING, PA 19611	23-1365380	501(C)(3)	1,022,817.	0.			PARTNER AGENCY INVESTMENTS: COMPREHENSIVE YOUTH DEVELOPMENT
OPPORTUNITY HOUSE 430 NORTH SECOND STREET READING, PA 19601	23-2543677	501(C)(3)	257,581.	0.			PARTNER AGENCY INVESTMENTS: CHILDCARE, EMERGENCY SHELTER; ONE-TIME GRANT:
OUR CITY READING, INC. 4500 PERKIOMEN AVE READING, PA 19606	23-3080065	501(C)(3)	500,000.	0.			IMPACT GRANT: HELPING HARVEST COMMUNITY KITCHEN
PENN STATE HEALTH - ST. JOSEPH'S 2500 BERNVILLE RD BERN TOWNSHIP, PA 19605	23-1352211	501(C)(3)	139,760.	0.			ONE TIME GRANT: VEGGIE RX & HEALTHY FOOD ACCESS; HEALTH FOCUSED GRANT: VEGGIE RX EXPANSION &

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING AREA COMMUNITY COLLEGE 10 SOUTH SECOND STREET, PO BOX 1706 READING, PA 19603	23-1745816		155,235.	0.			PARTNER AGENCY INVESTMENTS: BILINGUAL ESL PROGRAM; WORKFORCE DEVELOPMENT FOCUSED
READING HOSPITAL/TOWER HEALTH 420 S 5TH AVENUE WEST READING, PA 19611	23-1352204	501(C)(3)	54,653.	0.			PARTNER AGENCY INVESTMENTS: STREET MEDICINE
READING PUBLIC LIBRARY 100 SOUTH FIFTH STREET READING, PA 19602	23-1628407	501(C)(3)	26,000.	0.			READY SET READ SUMMER LEARNING GRANT; ONE-TIME GRANT: MOVIE NIGHTS
READING SCHOOL DISTRICT 800 WASHINGTON STREET READING, PA 19601	23-6004134		26,000.	0.			READY SET READ SUMMER LEARNING GRANTS: SUMMER GRANT PROGRAMS
READING SCIENCE CENTER PO BOX 7573; 645 PENN STREET READING, PA 19603	82-5063856	501(C)(3)	10,000.	0.			RAPID RESPONSE GRANT: FUNDING GAPP SUPPORT
SAFE BERKS 255 CHESTNUT ST READING, PA 19602	23-2087191	501(C)(3)	206,219.	0.			PARTNER AGENCY INVESTMENTS: CRISIS SERVICES
SALVATION ARMY: SERVICE EXTENSION UNITS - 701 BROAD STREET - PHILADELPHIA, PA 19123	13-5562351	501(C)(3)	54,103.	0.			PARTNER AGENCY INVESTMENTS: COMMUNITY WELFARE
SPOTLIGHT PA 312 MARKET STREET HARRISBURG, PA 17108	92-0577182	501(C)(3)	25,000.	0.			ONE-TIME GRANT: BERKS COMMUNITY SPOTLIGHT NEWSLETTER
THE LGBT CENTER OF GREATER READING 1501 N 13TH STREET READING, PA 19604	81-3191097	501(C)(3)	118,900.	0.			HEALTH FOCUSED GRANT: MIND BODY SENSORY HEALTH PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OUTREACH PROGRAM 301 CENTER STREET UNION, IA 50258	20-0636360	501(C)(3)	78,750.	0.			ONE-TIME INVESTMENT GRANT: FOOD INSECURITY
THE SALVATION ARMY OF READING CORPS - PO BOX 1099 - READING, PA 19602	13-5562351	501(C)(3)	284,532.	0.			PARTNER AGENCY INVESTMENTS: LEARNING CENTER, SUPPORTIVE HOUSING, FAMILY SERVICES
THRESHOLD REHABILITATION SERVICES, INC. - 1000 LANCASTER AVENUE - READING, PA 19607	23-1681448	501(C)(3)	142,733.	0.			PARTNER AGENCY INVESTMENTS: EMPLOYMENT SERVICES
TOWER HEALTH AT HOME BERKS 1170 BERKSHIRE BOULEVARD WYOMISSING, PA 19610	23-1466250	501(C)(3)	351,345.	0.			PARTNER AGENCY INVESTMENTS: SKILLED NURSING & RELATED SERVICES
UNITED COMMUNITY SERVICES 1251 NORTH FRONT STREET READING, PA 19601	23-2962223	501(C)(3)	101,917.	0.			PARTNER AGENCY INVESTMENTS: CASE MANAGEMENT FOR WORKING FAMILIES
UNITED WAY OF LANCASTER COUNTY 1910 HARRINGTON DR, SUITE A LANCASTER, PA 17601	23-1352093	501(C)(3)	65,000.	0.			SUBCONTRACTED GRANTS: PA 211 CALL CENTER
YMCA OF READING & BERKS COUNTY 631 WASHINGTON STREET READING, PA 19603	23-1244009	501(C)(3)	526,237.	0.			PARTNER AGENCY INVESTMENTS: CHILD CARE/HEALTHY YOUTH, TRANSITIONAL HOUSING,
YOCUM INSTITUTE FOR ARTS EDUCATION 3000 PENN AVE WYOMISSING, PA 19609	23-1365985	501(C)(3)	25,000.	0.			SUBCONTRACTED GRANTS: NEIGHBORHOOD BRIDGES

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

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 AND ROUTINE AGENCY RELATIONS' ACTIVITIES. IN 2024, WE ALLOCATED FUNDS TO 33 AGENCY AND 5 CONTRACTED PARTNERS, SUPPORTING OVER 50 PROGRAMS AND SERVICES. IN TOTAL, MORE THAN 190,000 BERKS COUNTIANS RECEIVED UNITED WAY-FUNDED SERVICES.

UNITED WAY CONTINUES ITS EMPHASIS ON COMPLIANCE AND ACCOUNTABILITY PROCEDURES TO ENSURE THE EFFECTIVE AND EFFICIENT OPERATION OF UNITED WAY PARTNER PROGRAMS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO HISPANO DANIEL TORRES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: SOCIAL SERVICES, OPENING DOORS; ONE-TIME GRANT: PERSONNEL COSTS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS OF EASTERN PA
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS:
INTEGRATED STUDENT SUPPORT; ONE-TIME GRANT: LEADERSHIP DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTIONS WORK
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: PRISONER
REENTRY SERVICES; WORKFORCE DEVELOPMENT FOCUSED GRANT: REENTRY WORKS

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS EASTERN PENNSYLVANIA
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS:
PEDIATRIC CLINICS, OUTPATIENT THERAPY, THERAPEUTIC RECREATION

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY OF BERKS COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: HOME
CONSTRUCTION/RENOVATION FOR LOW INCOME FAMILIES; RAPID RESPONSE GRANT:
TRUCK PURCHASE

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF READING, PA
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: FOOD
BANK, SUPPORTIVE SERVICES; ONE-TIME GRANT: YOUTH SERVICE PROJECTS

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY COUNCIL OF READING-BERKS
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: ENGLISH
FORWARD; LITERACY TRAINING & ESL; ONE-TIME GRANT: GATEWAY TO CITIZENSHIP

NAME OF ORGANIZATION OR GOVERNMENT: NEW JOURNEY COMMUNITY OUTREACH, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: SOUP
KITCHEN & FOOD PANTRY; ONE-TIME GRANTS: LEADERSHIP DEVELOPMENT, FOOD
ACCESS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: OPPORTUNITY HOUSE
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS:
CHILDCARE, EMERGENCY SHELTER; ONE-TIME GRANT: OPERATIONS, SHELTER
TRAINING, SUMMER READING GRANT

NAME OF ORGANIZATION OR GOVERNMENT: PENN STATE HEALTH - ST. JOSEPH'S
(H) PURPOSE OF GRANT OR ASSISTANCE: ONE TIME GRANT: VEGGIE RX & HEALTHY
FOOD ACCESS; HEALTH FOCUSED GRANT: VEGGIE RX EXPANSION & URBAN FARM STAND

NAME OF ORGANIZATION OR GOVERNMENT: READING AREA COMMUNITY COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS:
BILINGUAL ESL PROGRAM; WORKFORCE DEVELOPMENT FOCUSED GRANT: GATEWAY TO
THE WORKPLACE

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF READING & BERKS COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: CHILD
CARE/HEALTHY YOUTH, TRANSITIONAL HOUSING, PARENTING PATHWAYS

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

UNITED WAY OF BERKS COUNTY, INC.

Employer identification number

23-1655375

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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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 aren't 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.

[illegible]

Part III Supplemental Information

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

PART I, LINE 3:**EXECUTIVE COMPENSATION PROCEDURES:**

UNITED WAY OF BERKS COUNTY'S PRIMARY OBJECTIVE IS TO PROVIDE A REASONABLE AND COMPETITIVE EXECUTIVE COMPENSATION OPPORTUNITY CONSISTENT WITH COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION.

THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO:

- ENCOURAGE THE ATTRACTION AND RETENTION OF A HIGH CALIBER EXECUTIVE
- REINFORCE THE GOALS FOR THE ORGANIZATION BY SUPPORTING TEAMWORK AND COLLABORATION

- ENSURE THAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE
- BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS

ORGANIZATIONAL SUCCESS

- ENSURE THAT THE PROGRAM IS EASY TO EXPLAIN, UNDERSTAND AND ADMINISTER
- BALANCE THE NEED TO BE COMPETITIVE WITH THE LIMITS OF AVAILABLE

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 CHAIRPERSON INFORMATION ON THE ACCOMPLISHMENTS OF THE ORGANIZATION AND ITS PROGRESS TOWARD 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 PRESIDENT ALSO DEFINES AND DISCUSSES CURRENT AND FUTURE ORGANIZATIONAL CHALLENGES AND OPPORTUNITIES. THIS INFORMATION IS SHARED WITH THE BOARD OF DIRECTORS.

IN ADDITION TO THE ANNUAL REVIEW, A PRESIDENT'S EVALUATION SURVEY IS CONDUCTED ON A BIENNIAL BASIS WITH FULL BOARD PARTICIPATION, THE RESULTS OF WHICH ARE COMPILED AND ANALYZED BY A THIRD-PARTY PROVIDER HAVING NO VESTED 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 PART OF AN EXECUTIVE SESSION.

FOLLOWING THIS SESSION, THE CHAIRPERSON MEETS WITH THE PRESIDENT AND SHARES

Part III Supplemental Information

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

THE RESULTS OF THE GROUP EVALUATION AS WELL AS ANY GOALS OR SUGGESTIONS THE BOARD HAS RELATIVE TO THE INFORMATION PRESENTED AND THE FUTURE DIRECTION OF THE ORGANIZATION. THE CHAIRPERSON OF THE BOARD COMMUNICATES THE RESULTS OF THE ASSESSMENT VERBALLY TO THE PRESIDENT AND THE INFORMATION IS CAPTURED THROUGH THE MINUTES OF THE EXECUTIVE SESSIONS FOR EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS. THE RESULTS OF THE ASSESSMENT ARE INCLUDED IN THE PRESIDENT'S PERSONNEL FILE.

THE LEVEL AND FORM OF COMPENSATION IS DETERMINED FOLLOWING A REVIEW OF LOCAL COMPENSATION LEVELS OF CEO'S OF ORGANIZATIONS OF SIMILAR SIZE AND SCOPE, AS WELL AS THE COMPENSATION LEVELS OF CEO'S OF UNITED WAY ORGANIZATIONS OF SIMILAR SIZE AND SCOPE. WHILE UNITED WAY FOCUSES ON OTHER UNITED WAYS AND NONPROFITS TO BENCHMARK COMPENSATION, THE ORGANIZATION UNDERSTANDS THAT THE MARKET FOR EXECUTIVE TALENT MAY BE BROADER THAN THE GROUP OF CHARITIES. MARKET INFORMATION FROM ADDITIONAL MARKET SEGMENTS AND PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS, MAY BE USED AS A SUPPLEMENT. THE PRESIDENT'S ANNUAL COMPENSATION IS COMMUNICATED BOTH VERBALLY AND IN WRITING TO THE PRESIDENT AND IS INCLUDED IN HIS/HER PERSONNEL FILE.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

UNITED WAY OF BERKS COUNTY, INC.

Employer identification number

23-1655375

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	29	1,352,718.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

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

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

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

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

Schedule Part II

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF BERKS COUNTY, INC.

Employer identification number

23-1655375

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DURING 2024, UWBC INVESTED FUNDING IN 51 PROGRAMS DELIVERED BY 33 AGENCIES AND 5 CONTRACTED PARTNERS, AS WELL AS SUPPORTED COMMUNITY INITIATIVES AND PROVIDED VARIOUS ONE-TIME GRANTS. ALL PROGRAMS UWBC INVESTS IN ANNUALLY ARE EVALUATED BY OUR COMMUNITY IMPACT CABINET, FOCUS AREA PANELS (FAP) AND COMPLIANCE REVIEWERS, REPRESENTING 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 A REPORT 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. IN ADDITION TO THE PROGRAMS OUTLINED BELOW, YOU CAN READ MORE ABOUT THE UWBC'S VARIOUS 2024 GRANT RECIPIENTS AS REPORTED ON SCHEDULE I.

UWBC INVESTED IN THE FOLLOWING PROGRAMS IN 2024:

EDUCATION FOCUS AREA

UNITED WAY 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 CHILDHOOD CARE, SCHOOL READINESS, SCHOOL SUCCESS, AND POSITIVE YOUTH DEVELOPMENT, SINCE THESE ISSUES ARE ALL INTERTWINED IN HELPING CHILDREN ACHIEVE THEIR POTENTIAL. THESE PROGRAMS IMPACTED OVER 43,700 CHILDREN AND YOUTH IN BERKS COUNTY IN 2024.

EARLY CARE AND SCHOOL READINESS

- COMMUNITY-LEVEL OUTCOME: FAMILIES HAVE ACCESS TO AFFORDABLE AND QUALITY EARLY LEARNING EXPERIENCES THAT RESULT IN KINDERGARTEN READINESS.

-- COMMUNITY SERVICES FOR CHILDREN, INC. IS A LEADER IN PROVIDING THE HIGHEST QUALITY EARLY CHILDHOOD EDUCATION AND FAMILY SERVICES FOR ECONOMICALLY DISADVANTAGED FAMILIES. AS PARENTS ARE CONTINUING TO RETURN TO THE WORKFORCE, CHILDCARE IS A GREATER NEED THAN EVER ACROSS THE COUNTY, STATE AND COUNTRY. SUPPORTING FAMILIES IN CHOOSING AND AFFORDING QUALITY CHILDCARE IS ONE OF THE MAIN FUNCTIONS OF THE EARLY LEARNING RESOURCE CENTER. WHILE SUPPORT AROUND CHILDCARE CONTINUES TO BE A GREAT NEED IN THE COMMUNITY, THE AVAILABILITY OF CHILD CARE WORKS (CCW) DOLLARS SUPPORTED BY UNITED WAY HAS MEANT THAT THERE IS CURRENTLY NO WAITING LIST FOR FUNDING. THE FOCUS HAS BEEN ON SUPPORTING FAMILIES IN NEED WHO DO NOT QUALIFY FOR OTHER FUNDING SOURCES TO BE ABLE TO HAVE ACCESS TO CHILDCARE.

-- OPPORTUNITY HOUSE, CHILDCARE: THE SECOND STREET LEARNING CENTER IS A COMPREHENSIVE COMMUNITY CHILDCARE PROGRAM FOR CHILDREN AGES 6 WEEKS

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization UNITED WAY OF BERKS COUNTY, INC.	Employer identification number 23-1655375
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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. THE PROGRAM IS OFFERED VIRTUALLY TO ELIMINATE BARRIERS FOR PARENTS TO PARTICIPATE, INCLUDING TRANSPORTATION. THIS PROGRAM ALSO ALIGNS WITH UWBC'S READY.SET.READ! INITIATIVE.

-- YMCA OF READING & BERKS COUNTY, PARENTING PATHWAYS (FORMERLY BABY UNIVERSITY): OFFERED AS A 6-WEEK SESSION, EACH PARTICIPANT, 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, A 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 AFTER-SCHOOL PROGRAM ENDS, KEEPING YOUTH ENGAGED IN PROGRAMS DURING THE SUMMER MONTHS.

-- THE SALVATION ARMY READING CORPS LEARNING CENTER: A SUMMER DAY CAMP IS OFFERED FOR YOUTH IN THE SOUTHSIDE OF PENN NEIGHBORHOOD. THEY ARE PROVIDED BREAKFAST AND THEN ENJOY A DAY OF FUN INCLUDING EDUCATIONAL GAMES AND ACTIVITIES, CHARACTER DEVELOPMENT SKILLS, AND A WEEKLY FIELD TRIP. SNACKS ARE PROVIDED THROUGHOUT THE DAY AND LUNCH AND DINNER ARE

Name of the organization	UNITED WAY OF BERKS COUNTY, INC.	Employer identification number	23-1655375
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ALSO PROVIDED.**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 AFTER-SCHOOL CLUBHOUSE, WHICH ENGAGES STUDENTS, GRADES 1-6. STAFF ASSIST STUDENTS WITH HOMEWORK AND READING SUPPORT. THE PROGRAM ALSO ENCOMPASSES SOCIAL ACTIVITIES.

-- GIRL SCOUTS OF EASTERN PA, GIRL LEADERSHIP IN READING: GIRLS IN FUNDED INITIATIVES PROGRAMS PROVIDE HIGH-QUALITY OUT-OF-SCHOOL 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, OR CULTURAL 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 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, AND VISUAL AND PERFORMING ARTS.

-- THE SALVATION ARMY READING CORPS LEARNING CENTER: AN AFTER-SCHOOL PROGRAM IS AVAILABLE FOR CHILDREN IN THE SOUTH OF PENN NEIGHBORHOOD, WHERE THERE ARE LIMITED OPPORTUNITIES FOR YOUTH. CHILDREN ARE ABLE TO ATTEND RIGHT AFTER SCHOOL UNTIL 5 P.M. THEY ARE PROVIDED SNACKS, RECEIVE TUTORING, HELP WITH HOMEWORK ASSIGNMENTS, CAN PARTICIPATE IN ARTS AND CRAFTS, PLAY GAMES IN THE GYM, READ BOOKS, WORK OUT, COMPLETE PUZZLES, AND HAVE DINNER BEFORE HEADING HOME.

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EDUCATIONAL CASE MANAGEMENT

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES.

-- COMMUNITIES IN SCHOOLS (CIS), INTEGRATED STUDENT SUPPORT: THE CIS MODEL OF INTEGRATED STUDENT SUPPORT OPERATES THROUGH THE COORDINATION AND DELIVERY OF SCHOOL-WIDE SUPPORTS, GROUP-LEVEL SUPPORTS, 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 DISTRICT STAFF, AND COMMUNITY PARTNERS.

LITERACY

- COMMUNITY-LEVEL OUTCOME: STUDENTS IMPROVE MEANING-BASED LITERACY SKILLS. MEANING-BASED SKILLS INCLUDE ORAL LANGUAGE (VOCABULARY AND WORD KNOWLEDGE), TEXT CHARACTERISTICS, UNDERSTANDING OF PURPOSE, INTEREST, MOTIVATION, AND 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 GRADERS IN BERKS COUNTY FALL SHORT OF BEING PROFICIENT. LAUNCHED IN 2012, READY.SET.READ! (RSR) IS A COLLABORATION AMONG UNITED WAY OF BERKS COUNTY, THE EDUCATIONAL AND BUSINESS COMMUNITIES, AND COMMUNITY ORGANIZATIONS WORKING TO IMPROVE READING PROFICIENCY FOR STUDENTS BY THE END OF THIRD GRADE. THE COLLECTIVE WORK FOCUSES ON FOUR KEY STRATEGIES: IMPLEMENT SCHOOL-READINESS ACTIVITIES FOR PRE-SCHOOL CHILDREN TO SUPPORT LANGUAGE AND PRE-LITERACY DEVELOPMENT IN YOUNG CHILDREN, CONNECT TUTORS WITH EARLY GRADE STUDENTS NEEDING SUPPLEMENTAL INSTRUCTION, ENGAGE PARENTS TO PROMOTE LITERACY, AND MOBILIZE THE COMMUNITY AROUND THIS WORK.

RSR 2024 PROGRAM OVERVIEW:

- HISTORICALLY, STAR READERS HAS PROVIDED TUTORING TO 35 ELEMENTARY SCHOOLS IN 14 SCHOOL DISTRICTS AND SERVING OVER 300 STUDENTS IN FIRST AND SECOND GRADE BUT HAS CONTINUED TO RECOVER FROM THE IMPACTS OF THE PANDEMIC. IN THE 2023-2024 SCHOOL YEAR STAR READERS PROVIDED TUTORING TO 29 ELEMENTARY SCHOOLS IN 12 SCHOOL DISTRICTS AND WAS DELIVERED BY 260 VOLUNTEER TUTORS SERVING 275 STUDENTS IN FIRST AND SECOND GRADES, ONE DAY PER WEEK, ONE HOUR TUTORING SESSIONS.

- GROWING READERS: LATINO-OWNED CHILDCARE CENTERS IN THE CITY OF READING RECEIVE COACHING AND MENTORING SERVICES ALONG WITH CURRICULUM SUPPORT TO ENHANCE LITERACY DEVELOPMENT FOR THEIR STUDENTS. GROWING READERS ALSO OFFERS A PROFESSIONAL DEVELOPMENT PROGRAM TO ASSIST CHILDCARE TEACHERS IN OBTAINING THEIR CHILD DEVELOPMENT ASSOCIATE CREDENTIAL (CDA) THROUGH A PARTNERSHIP WITH READING AREA COMMUNITY COLLEGE. IN 2024, 14 CANDIDATES COMPLETED THE EDUCATION PORTION OF THE PROGRAM. THERE WERE 16 CDAS EARNED IN 2024. ONE CDA CREDENTIALLED STUDENT GRADUATED WITH HER ASSOCIATE DEGREE IN EARLY CHILDHOOD EDUCATION IN MAY 2024. ADDITIONALLY, NINE OTHER STUDENTS COMPLETED 50% OF PROGRAM REQUIREMENTS (ONE CLASS AND THE CDA APPLICATION PROCESS REMAIN TO BE COMPLETED IN 2025). UWBC WORKED WITH CANDIDATES FROM 11 CENTERS. COACHING AND MODELING WAS DELIVERED IN TWO CENTERS IN 2024, WHITE HOUSE DAY CARE ONE AND READING DAY CARE. ALL TEACHERS WERE EVALUATED (PRE AND POST) USING THE EARLY LANGUAGE AND LITERACY CLASSROOM OBSERVATION (ELLCO) FOR PRESCHOOL AND THE CIRCLE CLASSROOM

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OBSERVATION FOR INFANT TODDLERS. ALL TEACHERS SHOWED IMPROVEMENT AFTER RECEIVING COACHING AND MODELING ALONG WITH COMPLETION OF THE EDUCATION PORTION OF GROWING READERS. ADDITIONALLY, CENTER STAFF WHO RECEIVED COACHING AND MODELING IN 2022 WERE EVALUATED 6 MONTHS AFTER COMPLETION OF THE GROWING READERS HANDS-ON SUPPORT. ALL TEACHERS MAINTAINED PRIOR GROWTH OR DEMONSTRATED NEW GROWTH. IN 2024, THERE WERE TWO CENTERS THAT ACHIEVED A STAR 4 RATING (READING DAYCARE AND MARY'S DAYCARE) AND ONE ACHIEVED A STAR 3 RATING (JARDIN DE DIOS DAY CARE) AS A RESULT OF UNITED WAY INTERVENTIONS. THERE WERE 230 CHILDREN SERVED DIRECTLY FOR GROWING READERS, RESULTING FROM PROFESSIONAL DEVELOPMENT OF THE TEACHERS IN 2024. OVERALL, BASED ON CHILDCARE CENTER CAPACITY, THE NUMBER OF CHILDREN BENEFITING FROM TEACHER EDUCATION AND UNITED WAY INTERVENTIONS IS 2,470.

- READ WITH ME IS A WEEKLY BOOK BORROWING PROGRAM THAT PROMOTES HOME BOOK READING ROUTINES IN TWO CHILDCARE CENTERS IN A TOTAL OF 11 PRESCHOOL/PRE-KINDERGARTEN CLASSROOMS. STAFF AT THE CHILDCARE CENTERS ASSIST WITH THE IMPLEMENTATION OF THIS PROGRAM, REVIEWING AND ROTATING THE BOOK BAGS ON A WEEKLY BASIS; WITH 110 CHILDREN/FAMILIES PARTICIPATING IN THE PROGRAM.
- REACH OUT AND READ INCORPORATES EARLY LITERACY INTO PEDIATRIC PRACTICES, PROVIDING PARENTS CHILDREN'S BOOKS TO HELP PREPARE THEIR CHILDREN TO LEARN AND READ. A TOTAL OF 500 BOOKS WERE DISTRIBUTED TO PARTNER PEDIATRIC PRACTICES TO CHILDREN, AGES BIRTH THROUGH FIVE YEARS OLD, AT THEIR ANNUAL CHECKUP.
- SUMMER LEARNING GRANTS: THIS COMPETITIVE GRANT IS OPEN TO SCHOOLS AND ORGANIZATIONS SERVING BERKS COUNTY STUDENTS. THE GRANT PROVIDES UP TO \$5,000 IN SUPPORT OF SUMMER LEARNING PROGRAMMING. IN 2024, 13 SUMMER PROGRAMS RECEIVED GRANTS TOTALING \$51,365. THESE SUMMER PROGRAMS PROVIDED OVER 1,860 CHILDREN WITH AN OPPORTUNITY TO MITIGATE SUMMER LEARNING LOSS.
- READ ALLIANCE: READ ALLIANCE IS A DUAL IMPACT PROGRAM TRAINING HIGH SCHOOL STUDENTS TO TUTOR FIRST GRADERS STRUGGLING WITH READING. THE PROGRAM WAS PILOTED DURING THE 2021-22 SCHOOL YEAR WITH ONE READING SCHOOL DISTRICT ELEMENTARY SCHOOL. IN 2022-2023, UWBC EXPANDED THE PROGRAM, ADDING FOUR READING SCHOOL DISTRICT ELEMENTARY SCHOOLS, WITH A TOTAL OF FIVE PARTICIPATING IN THE PROGRAM. IN THE 2023-2024 SCHOOL YEAR, THE PROGRAM EXPANDED TO SIX ELEMENTARY SCHOOLS. THERE WERE 128 FIRST GRADERS IN THE PROGRAM WORKING WITH 102 TEEN TUTORS. ALL FIRST GRADERS DEMONSTRATED READING GROWTH AND 81 PERCENT OF THEM MET THEIR READING GOAL. THE FIRST GRADERS GREW SOCIALLY AS WELL AS ACADEMICALLY. THEY IMPROVED THEIR READING SKILLS WHILE CREATING BONDS WITH THEIR PEERS AND TEENS IN THE PROGRAM. FOR MANY OF THE TEENS, THIS WAS THEIR FIRST PAID WORK EXPERIENCE AND PROVIDED THEM WITH THE OPPORTUNITY TO LEARN FIRST-HAND WHAT A CAREER IN EDUCATION COULD BE LIKE. THE PROGRAM RAN FOR 15-25 WEEKS DEPENDING ON THE SCHOOL BUILDING, TUESDAY THROUGH THURSDAY, FROM 3:00-4:30 P.M.
- YOCUM INSTITUTE FOR ARTS EDUCATION RECEIVED A \$25,000 INVESTMENT FROM UWBC TO SUPPORT NEIGHBORHOOD BRIDGES, A COMPREHENSIVE PROGRAM OF STORYTELLING AND CREATIVE DRAMA THAT IS CURRICULUM-BASED AND DEVELOPS CHILDREN'S CRITICAL AND CULTURAL LITERACY, VOCABULARY, WRITING AND COMMUNICATION SKILLS. IT IS RECOGNIZED BY THE U.S. DEPARTMENT OF EDUCATION'S OFFICE OF IMPROVEMENT AND INNOVATION AS AN EFFECTIVE MODEL FOR INTEGRATING THE ARTS WITH STANDARDS-BASED EDUCATION PROGRAMS. DURING THE 2023-2024 SCHOOL YEAR, YOCUM DELIVERS THE PROGRAM TO 16 THIRD-GRADE CLASSROOMS IN READING AND WILSON SCHOOL DISTRICTS.

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- READING PUBLIC LIBRARY (RPL) RECEIVED A \$25,000 INVESTMENT TO SUPPORT ITS EARLY LITERACY PROGRAM AND THE ENDEAVORS OF THE EARLY LITERACY OUTREACH COORDINATOR. IN 2024, RPL EARLY LITERACY OUTREACH COORDINATOR MADE 597 VISITS TO PRESCHOOLERS AT EARLY LEARNING CENTERS, SCHOOL CLASSROOMS, COMMUNITY ORGANIZATIONS, PROVIDING A STORY TIME WITH SONGS AND CRAFT ACTIVITIES. THE LIBRARY ALSO HOSTED TWO AUTHOR VISITS AND TWO PARENT LITERACY WORKSHIPS IN 2024 AND INCREASED THE NUMBER OF DRAMATIC PLAY STATIONS AT ALL THEIR BRANCHES. THESE STATIONS ARE HEAVILY USED AND HELP DRAW FAMILIES TO THE LIBRARY.

HARWOOD INSTITUTE FOR PUBLIC INNOVATION READING, PA, INITIATIVE SINCE JUNE 2022, UNITED WAY OF BERKS COUNTY HAS BEEN INVOLVED WITH THE HARWOOD INITIATIVE, FOCUSED ON SPURRING EDUCATION AND COMMUNITY TRANSFORMATION IN READING, PA. BASED ON THE READING THRIVING, TOGETHER REPORT - THREE MAIN FOCUSES WERE IDENTIFIED AS AREAS TO ADDRESS: EARLY CHILDHOOD EDUCATION (ECE), ESL, AND AFTER SCHOOL PROGRAMS. THREE TEAMS WERE FORMED - ONE FOR EACH OF THESE AREAS - AND HAVE BEEN DOING WORK ON THEIR RESPECTIVE AREA. UNITED WAY LEADS THE EARLY CHILDHOOD EDUCATION (ECE) TEAM, WHOSE FOCUS IS HELPING TO BUILD AWARENESS FOR PARENTS/CAREGIVERS ABOUT THE IMPORTANCE OF A CHILD'S FIRST FIVE YEARS OF DEVELOPMENT, WHILE ENGAGING AND CONNECTING THEM WITH EXPERIENCES AND ACTIVITIES FOR LITTLES ONES TO ASSIST WITH BRAIN DEVELOPMENT. THIS HELPS SET CHILDREN UP FOR SUCCESS WHEN ENTERING SCHOOL.

THE ECE TEAM CONTINUED TO FOCUS OUTREACH EFFORTS ON NORTHEAST READING THROUGHOUT 2024, IN THE NEIGHBORHOOD AROUND THE 11TH & PIKE PARK AND THE NORTHEAST BRANCH OF THE READING PUBLIC LIBRARY. ACTIVITIES INCLUDED POP-UP STORY TIME AT THE PARK TO ENGAGE WITH FAMILIES AND SHARE INFORMATION ON ECE RESOURCES. UNITED WAY AGAIN PROVIDED A GRANT TO SUPPORT READING RECREATION'S MOVIE NIGHTS AT 11TH & PIKE PARK THROUGHOUT THE SUMMER OF 2024. MEMBERS OF THE ECE CONTINUED ENGAGEMENT EFFORTS WITH FAMILIES AT THESE EVENTS. THE TEAM ALSO WORKED WITH THE NORTHEAST BRANCH OF THE READING PUBLIC LIBRARY TO SERVE AS HUB OF ACTIVITIES FOR FAMILIES WITH YOUNG CHILDREN. BASED ON OUTREACH IN THE NEIGHBORHOOD, THE LIBRARY HAS SEEN AN INCREASE IN ATTENDANCE!

AS WE CONTINUED OUTREACH, THE TEAM FELT IT WAS IMPORTANT TO GET A PULSE ON THE NORTHEAST COMMUNITY. DURING THE FALL OF 2024, THE TEAM CONDUCTED A DOOR-TO-DOOR SURVEY IN NORTHEAST READING TO GAIN MORE INPUT FROM RESIDENTS TO HEAR WHAT THEY ARE LOOKING FOR REGARDING THEIR ASPIRATIONS FOR THEIR COMMUNITY AND THE TYPE OF ACTIVITIES THEY WOULD WANT TO SEE FOR THEIR CHILDREN. BY HEARING FIRST-HAND FROM FAMILIES THROUGH THE SURVEY, WE HOPE TO BETTER MEET THEIR NEEDS, SO THEIR CHILDREN HAVE MEANINGFUL EXPERIENCES DURING THEIR CRITICAL DEVELOPMENTAL YEARS. THE RESULTS WILL HELP GUIDE THE FUTURE DIRECTION OF OUTREACH EFFORTS AROUND ECE IN THE NEIGHBORHOOD AS WE HEAR AND RESPOND TO WHAT RESIDENTS SHARED. COMMUNITY VOLUNTEERS, ALONG WITH UNITED WAY STAFF, CONDUCTED THE SURVEYS - EACH SURVEY TEAM HAD A SPANISH-SPEAKING MEMBER TO ENSURE WE COULD ENGAGE WITH RESIDENTS. ALL SURVEYORS PARTICIPATED IN A TRAINING SESSION IN ADVANCE.

OVER TWO DESIGNATED DATES, OUR SURVEY VOLUNTEERS KNOCKED ON NEARLY EVERY DOOR IN OUR TARGETED AREA - BETWEEN 9TH, UNION, 13TH, AND MARION - WHICH WAS OVER 1,300 HOUSEHOLDS. THERE WERE ADDITIONAL SURVEY FOLLOW-UP DATES, INCLUDING AT EVENTS HELD AT 13TH AND UNION ELEMENTARY SCHOOL. WE HAD 133 COMPLETED SURVERYS - 83 IN ENGLISH AND 50 IN

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SPANISH. WE ENGAGED WITH AN ADDITIONAL 225+ HOUSEHOLDS WHO WOULD HAVE PARTICIPATED BUT DID NOT MEET THE QUALIFYING QUESTION OF CARING FOR A CHILD AGED 0-5. ALL THE FAMILIES WE ENGAGED WITH RECEIVED A PACKET THAT INCLUDED PA 211 INFORMATION, AN ECE FACT SHEET, AND NORTHEAST LIBRARY CALENDAR OF UPCOMING ACTIVITIES. THE RESULTS OF THE SURVEY WILL BE SHARED WITH THE COMMUNITY DURING THE SPRING OF 2025.

THE TEAM ALSO CONTINUES TO BUILD PARTNERSHIPS WITH OTHER ORGANIZATIONS SERVING CHILDREN, PARENTS AND CAREGIVERS TO RAISE AWARENESS ON THE IMPORTANCE OF ECE. GRANDPARENTS OFTEN CARE FOR YOUNG CHILDREN DURING THE DAY, SO WE PARTNERED WITH BERKS ENCORE, A NONPROFIT PROVIDING SENIOR SERVICES IN BERKS. WE PROVIDED AN ARTICLE FEATURING ECE TIPS FOR GRANDPARENTS THAT WAS INCLUDED IN THEIR NOVEMBER NEWSLETTER AND APPEARED AS A GUEST ON THEIR BCTV PROGRAM, "APPLAUDING LIFE AFTER 50", TO SHARE SIMILAR MESSAGING.

THE TEAM CONTINUES TO UTILIZE SOCIAL MEDIA, PROVIDING STATS ABOUT THE IMPORTANCE OF EARLY CHILDHOOD EDUCATION, AS WELL AS A VIDEO SERIES "MAKE LEARNING FUN!" THAT PROVIDES EDUCATIONAL ACTIVITIES CAREGIVERS CAN DO WITH ITEMS YOU FIND AROUND THE HOME.

FINANCIAL STABILITY

UNITED WAY OF BERKS COUNTY IS COMMITTED TO EFFORTS THAT HELP INDIVIDUALS AND FAMILIES ACCESS STABLE HOUSING, GAIN JOB SKILLS AND BUILD FINANCIAL LITERACY SO THEY HAVE INCREASED OPPORTUNITIES TO ACHIEVE LONG-TERM FINANCIAL STABILITY, BENEFITTING 3,950+ BERKS RESIDENTS IN 2024. THIS IS ACCOMPLISHED THROUGH FUNDING PROGRAMS WITH OUR AGENCY PARTNERS, IN ADDITION TO PROVIDING SPECIAL GRANTS FOR OTHER ORGANIZATIONS, HELPING PEOPLE TO ATTAIN FINANCIAL INDEPENDENCE IN DIFFERENT WAYS.

AFFORDABLE HOUSING

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS HAVE ACCESS TO SAFE AND AFFORDABLE HOUSING.

-- HABITAT FOR HUMANITY OF BERKS COUNTY, INC., HOME CONSTRUCTION/RENOVATION 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 FAMILIES. RECIPIENTS OF HOMES INVEST THEIR OWN LABOR, CALLED "SWEAT EQUITY", INTO THE BUILDING/RENOVATION, AND PURCHASE THE HOME THROUGH AN AFFORDABLE FINANCING PROGRAM.

-- MIDPENN LEGAL SERVICES HANDLES LANDLORD/TENANT ISSUES, MORTGAGE FORECLOSURE, PUBLIC HOUSING AND OTHER ISSUES AFFECTING LOW-INCOME RESIDENTS, RENTERS, AND HOMEOWNERS. THEY REPRESENTED CLIENTS TO RESOLVE THEIR HOUSING ISSUE WITH A POSITIVE RESULT OF PRESERVING THEIR HOUSING.

- COMMUNITY-LEVEL 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 PROGRAM INCLUDES RENTAL ASSISTANCE, LANDLORD RELATIONS, LIFE SKILLS TRAINING, MONITORING OF BOTH FISCAL (BUDGET) AND PHYSICAL/MENTAL HEALTH ISSUES, CONNECTION WITH THE SALVATION ARMY'S FAMILY SERVICES PROGRAM, AND OTHER COMMUNITY PROGRAMS. SKILLED CASEWORKERS DEVELOP AND MONITOR A 12-POINT ENCOURAGEMENT PLAN FOR EACH INDIVIDUAL AND FAMILY.

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-- YMCA OF READING & BERKS 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 TO ADDRESS AND RESOLVE THE ROOT CAUSES OF HOMELESSNESS, CHEMICAL DEPENDENCY, MENTAL HEALTH, AND OTHER SOCIAL SERVICE NEEDS.

EMPLOYMENT/JOB SKILLS

- COMMUNITY-LEVEL OUTCOME: UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS PARTICIPATE IN JOB PREPAREDNESS AND SOFT SKILLS TRAINING, AND RECEIVE SUPPORT TO BETTER CONNECT THEM WITH, AND HELP MAINTAIN, EMPLOYMENT.

-- THRESHOLD REHABILITATION SERVICES, INC., BERKS PERSONNEL NETWORK: PROVIDES COMPREHENSIVE EMPLOYMENT SERVICES DESIGNED TO SUPPORT AND EMPOWER PEOPLE WITH DISABILITIES TO OBTAIN AND MAINTAIN COMPETITIVE EMPLOYMENT IN THE COMMUNITY. THE SERVICES ARE INDIVIDUALLY TAILORED TO MEET EACH PERSON'S AREAS OF NEED. ACTIVITIES MAY INCLUDE CAREER EXPLORATION, RESUME AND EMPLOYMENT APPLICATION SUPPORT, JOB INTERVIEW SUPPORT, ADVOCACY, TRANSPORTATION TRAINING, JOB DEVELOPMENT AND PLACEMENT, ON-THE-JOB TRAINING, SERVICE COORDINATION, AND FOLLOW-UP SUPPORT.

-- CONNECTIONS WORKS (FORMERLY KNOWN AS BERKS CONNECTIONS PRETRIAL SERVICES), PRISONER REENTRY SERVICES: INMATES AT THE BERKS COUNTY JAIL 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 REENTRY CENTER (CRC). ALL RESIDENTS ARE ASSIGNED A CASE MANAGER AND RECEIVE AN INDIVIDUALIZED TRANSITION PLAN. SECURING STABLE, SUSTAINABLE EMPLOYMENT IS A GOAL THAT CONNECTIONS WORK SPENDS THE MOST TIME WORKING ON WITH CLIENTS' POST-RELEASE. REENTRANTS REVIEW LESSONS LEARNED FROM EMPLOYMENT GROUPS AT THE CRC AND ARE PROVIDED WITH ONGOING COACHING AND SUPPORT TO AID IN OBTAINING AND MAINTAINING EMPLOYMENT. CLIENTS RECEIVE DIRECT ASSISTANCE THROUGH JOB LEADS, INTERVIEWING SKILLS PRACTICE, RESUME UPDATES AND SUPPORT UTILIZING THE COMPUTER BASED LEARNING CENTER (CBLC) FOR COMPLETING APPLICATIONS, AND CHECKING EMAIL FOR CORRESPONDENCE FROM POTENTIAL EMPLOYERS.

-- FAMILY PROMISE OF BERKS COUNTY, INC. U-TURN PROGRAM SERVES UNACCOMPANIED, HOMELESS, AND AT-RISK YOUTH. FAMILY PROMISE WORKS WITH PROGRAM PARTICIPANTS WHO ARE ACTIVELY SEEKING EMPLOYMENT TO ASSIST WITH EMPLOYMENT SEARCHES AND INTERVIEW PREPARATION.

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS IMPROVE LITERACY AND ENGLISH LANGUAGE SKILLS.

-- LITERACY COUNCIL OF READING-BERKS, LITERACY TRAINING AND ESL: ONE-ON-ONE TUTORING 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 CIVICS CLASS ARE 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 CAREERS. THEY ALSO OFFER CITIZENSHIP PREPARATION CLASSES, A WORKFORCE DEVELOPMENT PROGRAM, HIGH SCHOOL EQUIVALENCY CERTIFICATION CLASSES, AND MORE.

-- LITERACY COUNCIL OF READING-BERKS, ENGLISH FORWARD: INCREASES ACCESS TO ESL CLASSES IN BERKS COUNTY AND IMPROVES THE QUALITY OF ESL INSTRUCTION IN ADULT CLASSROOMS THROUGH INSTRUCTOR TRAINING AND SUPPORT, CLASSROOM RESOURCE DEVELOPMENT, AND TECHNICAL ASSISTANCE. ONCE

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INSTRUCTORS COMPLETE THE 11-HOUR INSTRUCTOR TRAINING, THEY CAN BEGIN THEIR OWN ESL PROGRAMS. THE COUNCIL PROVIDES CONTINUED LEARNING OPPORTUNITIES FOR INSTRUCTORS TO ENSURE THE QUALITY OF ADULT INSTRUCTION ACROSS ALL ESL PROGRAMS.

-- READING AREA COMMUNITY COLLEGE, BILINGUAL ESL PROGRAM : SINCE 2008, UNITED WAY HAS PROVIDED A YEARLY GRANT TO READING AREA COMMUNITY COLLEGE TO OFFER ENGLISH AS A SECOND LANGUAGE (ESL) CLASSES FOR PEOPLE WITH THE MOST BASIC ENGLISH LANGUAGE SKILLS, OR NONE AT ALL, AND PROVIDE THEM WITH A MORE FLEXIBLE AND CUSTOMIZED LEARNING ENVIRONMENT. IN 2024, 193 PEOPLE WERE ABLE TO COMPLETE THE PROGRAM.

PERSONAL FINANCIAL MANAGEMENT

- INDIVIDUALS DEVELOP BASIC FINANCIAL MANAGEMENT SKILLS

-- FAMILY PROMISE OF BERKS COUNTY, INC.
 -- FRIEND, INC. COMMUNITY SERVICES, COMMUNITY RESOURCE CONNECTIONS
 -- HABITAT FOR HUMANITY OF BERKS COUNTY, HOME OWNERSHIP OPPORTUNITIES FOR MODERATE INCOME FAMILIES
 -- THE SALVATION ARMY READING CORPS, PERMANENT SUPPORTIVE HOUSING

FINANCIAL STABILITY CASE MANAGEMENT

- INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES.

-- CASA OF BERKS COUNTY
 -- CENTRO HISPANO DANIEL TORRES
 -- CONNECTIONS WORK
 -- JEWISH FAMILY SERVICE
 -- THE SALVATION ARMY - READING CORPS
 -- UNITED COMMUNITY SERVICES FOR WORKING FAMILIES (UCS)
 -- YMCA OF READING & BERKS COUNTY

HEALTH FOCUS AREA

HEALTH IMPACTS EVERY ASPECT OF A PERSON'S LIFE. GOOD HEALTH ALLOWS CHILDREN TO LEARN BETTER AND ADULTS TO LIVE MORE PRODUCTIVE, FULLER LIVES. THROUGH FUNDING PROGRAMS WITH OUR AGENCY PARTNERS AND OUR INVOLVEMENT IN VARIOUS COMMUNITY COLLABORATIONS, UWBC IS CREATING OPPORTUNITIES FOR PEOPLE TO ACHIEVE THEIR OPTIMAL HEALTH AND INDEPENDENCE. PROGRAMS UNITED WAY SUPPORTS ADDRESS BOTH THE PREVENTIVE ASPECT OF PHYSICAL AND MENTAL HEALTH ISSUES, WHILE ALSO ADDRESSING INTERVENTIONAL NEEDS AND IMPACTED 40,700 BERKS RESIDENTS IN 2024.

MENTAL HEALTH

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH PROBLEMS RECEIVE SERVICES THAT IMPROVE THEIR ABILITY TO FUNCTION.

-- FAMILY GUIDANCE CENTER, COUNSELING: ASSISTS PERSONS IN IMPROVING THEIR QUALITY OF LIFE BY PROVIDING AFFORDABLE, ACCESSIBLE, QUALITY COUNSELING SERVICES. THEY UTILIZE QUALIFIED, CREDENTIALLED, COMPETENT STAFF TRAINED IN EVIDENCE-BASED PRACTICE APPROACHES.
 -- GREATER READING MENTAL HEALTH ALLIANCE, ADVOCACY AND SUPPORT GROUPS: ASSIST INDIVIDUALS, INCLUDING CHILDREN AND THEIR FAMILIES, AS WELL AS ADULTS, WITH MENTAL ILLNESS TO DEVELOP STRATEGIES AND ADVOCATE FOR THEMSELVES IN ORDER TO RECEIVE THE SERVICES THEY NEED.

HEALTH AND WELLNESS

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS DEVELOP AND PRACTICE ACTIVE LIFESTYLES.

-- EASTERSEALS EASTERN PENNSYLVANIA, THERAPEUTIC RECREATION: SEVERAL THERAPEUTIC PROGRAMS ARE OFFERED THROUGHOUT THE YEAR THAT PROVIDE

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SOCIAL, FITNESS, COMMUNITY, LIFE SKILLS, AND OUTDOOR RECREATIONAL OPPORTUNITIES. PROGRAMS ARE OFFERED FRIDAY EVENINGS, SATURDAYS, AND ALL WEEK LONG DURING THE SUMMER MONTHS. IN ADDITION, THERE ARE A NUMBER OF EVENTS THROUGHOUT THE YEAR IN COMMUNITY-BASED SETTINGS.

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS HAVE ACCESS TO HIGH-QUALITY, PATIENT-CENTERED HEALTH CARE.

-- TOWER HEALTH AT HOME, SKILLED NURSING AND RELATED SERVICES: PATIENTS ARE REFERRED 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 RATHER 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.

-- TOWER HEALTH STREET MEDICINE: HOMELESS PEOPLE ARE FREQUENT EMERGENCY ROOM VISITORS AND DO NOT HAVE ACCESS TO CONSISTENT HEALTHCARE. ON AVERAGE, HOMELESS INDIVIDUALS VISIT THE EMERGENCY DEPARTMENT FIVE TIMES PER YEAR. STREET MEDICINE PATIENTS RECEIVE VERY SIMILAR CARE TO THOSE VISITING A PRIMARY CARE PHYSICIAN. PATIENTS ARE REGISTERED, TRIAGED AND THEN SEEN BY A PHYSICIAN OR ADVANCED PRACTICE PROVIDER (APP). THE GOAL IS TO REPLICATE WHAT YOU MIGHT FIND IN A BRICK-AND-MORTAR PRIMARY CARE PRACTICE. VERY FREQUENTLY DURING A VISIT, PHYSICIANS CAN PROVIDE IMMEDIATE TREATMENT. THE TEAM PROVIDES AN IN-PERSON CLINIC 1/WEEK AT VARIOUS COMMUNITY LOCATIONS. ADDITIONALLY, A TELEMEDICINE KIOSK LOCATED AT HOPE RESCUE OPERATES FOR 12-15 HOURS/WEEK.

- COMMUNITY-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 HOME DELIVERED MEAL SERVICE ENABLES THE HOME-BOUND SENIOR TO LIVE INDEPENDENTLY AS LONG AS POSSIBLE AND RELIEVES THE ISOLATION AND LONELINESS THEY EXPERIENCE.

-- BOYERTOWN AREA MULTI-SERVICE, INC., SUPPORTIVE SERVICES PROGRAM PROVIDES CASE MANAGEMENT SERVICES AND MEETS THE NEEDS OF INDIVIDUALS AND FAMILIES FACING VARIOUS ISSUES INCLUDING FOOD INSECURITY. THE ORGANIZATION PROVIDES A FOOD PANTRY, WHICH THE NEED FOR THIS SERVICE CONTINUES TO GROW, AS WELL AS PREPARES AND ORGANIZES THE DELIVERY OF THE MEALS ON WHEELS PROGRAM.

-- HELPING HARVETS, ACCESS TO FOOD: THE WEEKENDER PROGRAM

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS RECEIVE ADVOCACY AND PREVENTATIVE AND MANAGED CARE FOR CHRONIC DISEASES AND HEALTH CONDITIONS.

-- FAMILY PROMISE OF BERKS COUNTY, INC.

-- GREATER READING MENTAL HEALTH ALLIANCE, ADVOCACY AND SUPPORT GROUPS

-- EASTERSEALS OF EASTERN PENNSYLVANIA

-- READING HOSPITAL TOWER HEALTH, STREET MEDICINE

-- TOWER HEALTH AT HOME, SKILLED NURSING AND RELATED SERVICES

SELF-SUFFICIENCY AND INDEPENDENT LIVING

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS RECEIVE EARLY ASSESSMENT AND INTERVENTION SERVICES.

-- BERKS ENCORE, MEALS ON WHEELS

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS MAINTAIN INDEPENDENT LIVING IN THEIR RESIDENCE.

-- EASTERSEALS EASTERN PENNSYLVANIA, OUTPATIENT THERAPY: AT THEIR

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CENTER IN READING, EASTERSEALS OFFERS PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES TO HELP CHILDREN OF ALL AGES DEVELOP NEW SKILLS AND IMPROVE THEIR OVERALL LEVEL OF FUNCTIONING.	
-- EASTERSEALS EASTERN PENNSYLVANIA, PEDIATRIC CLINICS: SPECIALTY MEDICAL CLINICS BRING THE SERVICES OF TOP-QUALITY MEDICAL AND SURGICAL SPECIALISTS TO BERKS COUNTY TO WORK WITH CHILDREN WITH COMPLEX MEDICAL NEEDS. EASTERSEALS PROVIDES SPECIALTY PEDIATRIC NEUROLOGY, ORTHOPEDIC, ORTHOTIC, AND FEEDING CLINICS ALL UNDER ONE ROOF. CLINIC SERVICES ARE OFFERED AT NO CHARGE TO THE FAMILIES.	
-- TOWER HEALTH AT HOME, SKILLED NURSING AND RELATED SERVICES	

HEALTH CASE MANAGEMENT

- INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES.
- AMERICAN CANCER SOCIETY
- BOYERTOWN AREA MULTI-SERVICES
- CENTRO HISPANO DANIEL TORRES
- CO-COUNTY WELLNESS SERVICES, BERKS TEENS
- EASTERSEALS EASTERN PENNSYLVANIA
- READING HOSPITAL TOWER HEALTH STREET MEDICINE

COMMUNITY COLLABORATIONS:

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), WHICH 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 ROLE 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 STATE HEALTH ST. JOSEPH FOR VEGGIE RX PROGRAM: WITH MORE FAST FOOD AND CORNER STORES THAN GROCERY 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 CHRONIC ILLNESS AS AREAS OF GREATEST NEED. OVER 20 PERCENT OF ADULTS SUFFER FROM DIABETES, NEARLY 40 PERCENT HAVE HIGH BLOOD PRESSURE, AND 35 PERCENT ARE CONSIDERED OBESE.

([HTTP://WWW.THEFUTUREOFHEALTHCARE.ORG/ASSETS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF](http://WWW.THEFUTUREOFHEALTHCARE.ORG/ASSETS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF)).

IN RESPONSE TO THESE COMMUNITY NEEDS, PENN STATE HEALTH ST. JOSEPH IMPLEMENTED A PREVENTATIVE HEALTHCARE PROGRAM 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 DIET-RELATED CHRONIC ILLNESSES. THROUGH PARTNERSHIPS WITHIN THE LOCAL COMMUNITY AND ADAPTING THE NATIONALLY USED, EVIDENCE-BASED VEGGIE RX MODEL, PATIENTS REDEEM VOUCHERS AT PARTICIPATING FARMER'S MARKETS, GROCERY STORES, AND BODEGAS. AUGMENTED WITH COOKING DEMONSTRATIONS AND NUTRITION EDUCATION, THIS PROGRAM IS CLOSELY MONITORED TO TRACK KEY PATIENT HEALTH INDICATORS, WHICH EVALUATE PROGRESS AND OVERALL PROGRAM EFFECTIVENESS.

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UNITED WAY'S ONGOING SUPPORT ASSISTED WITH PROGRAM EXPANSION FROM THE VEGGIE RX PILOT PROGRAM INTO ITS NEXT FORMAL PHASE, VEGGIE RX 2.0, AND SUSTAINS PSHSJ'S HEALTHY FOOD ACCESS PROGRAMMING FOR FOOD INSECURE AND AT-RISK PATIENTS. THE VEGGIE RX ADDRESSES HIGH LEVELS OF TYPE 2 DIABETES AND OBESITY IN OUR COMMUNITY, SPECIFICALLY WITHIN PSHSJ PATIENT POPULATION AT THE HOSPITAL'S DOWNTOWN CAMPUS. MOST VEGGIE RX PATIENTS ARE CONSIDERED LOW-INCOME (MEASURED BY FOOD INSECURITY QUESTIONS), AND THIS PROGRAM EXPANDS THEIR PURCHASING POWER FOR NUTRITIOUS FRUITS AND VEGETABLES, FOOD WHICH OTHERWISE OFTEN GETS PASSED ON FOR CHEAPER, NUTRITIONALLY DEPLETED ALTERNATIVES. VEGGIE RX VOUCHERS ARE PAIRED WITH NUTRITION EDUCATION, WHICH EMPOWERS PATIENTS TO LEARN WAYS OF MAKING HEALTHIER CHOICES WHILE HAVING THE DIGNITY OF PURCHASING THEIR OWN FOOD. ST. JOSEPH MEDICAL CENTER IS PART OF THE BIGGER PENN STATE HEALTH SYSTEM AND IS USING THE MODEL TO REPLICATE VEGGIE RX ACROSS THEIR HEALTH SYSTEM AND INTO SURROUNDING COUNTIES.

SINGLECARE DISCOUNT PRESCRIPTION DRUG PROGRAM

UNITED WAY OF BERKS COUNTY HAS JOINED WITH 1,000 UNITED WAYS ACROSS THE NATION IN LOWERING THE COSTS OF PRESCRIPTION MEDICATION THROUGH ADMINISTERING THE SINGLECARE (FORMERLY FAMILYWIZE) PROGRAM. THE SINGLECARE DISCOUNT PRESCRIPTION CARD IS AVAILABLE FREE-OF-CHARGE TO ANYONE WHO NEEDS ASSISTANCE IN PAYING FOR PRESCRIPTIONS NOT COVERED BY AN INSURANCE PLAN. IN 2024, INDIVIDUALS WERE ASSISTED WITH A PRESCRIPTION DISCOUNT UTILIZING SINGLECARE, REPRESENTING \$158,585 IN SAVINGS FOR PEOPLE ACROSS THE COUNTY.

SAFETY-NET SERVICES

PART OF UNITED WAY'S MISSION IS TO ENSURE THAT THE BASIC NECESSITIES OF LIFE ARE AVAILABLE FOR THOSE IN NEED. UNITED WAY'S PARTNERSHIPS AND FUNDED PROGRAMS PROVIDE A CRUCIAL SAFETY NET FOR VULNERABLE POPULATIONS TO QUICKLY 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 APPROACH TO PROVIDING EMERGENCY SERVICES THAT SIMPLY TAKE CARE OF THE CRISIS AT HAND FOR THEIR CLIENTS; PROGRAMS ARE NOW STARTING TO HELP ADDRESS THE ROOT CAUSES OF WHY A CLIENT NEEDS SAFETY NET SERVICES, TO HOPEFULLY AVOID THE CLIENT REQUIRING THESE TYPES OF SERVICES IN THE FUTURE. THE FOLLOWING PROGRAMS SUPPORTED OVER 133,700 RESIDENTS IN BERKS COUNTY IN 2024.

BASIC NEEDS

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS IN CRISIS HAVE THEIR BASIC NEEDS MET.

-- AMERICAN RED CROSS TRI-COUNTY CHAPTER, DISASTER SERVICES: DISASTER CYCLE SERVICES PROVIDES IMMEDIATE EMERGENCY ASSISTANCE TO THE RESIDENTS OF BERKS COUNTY WHO HAVE BEEN AFFECTED BY NATURAL OR MAN-MADE DISASTERS. TRAINED RED CROSS VOLUNTEERS AND STAFF RESPOND TO DISASTER SITUATIONS AND PROVIDE FOR THE IMMEDIATE EMERGENCY NEEDS OF SHELTER, FOOD, AND CLOTHING. ADDITIONAL ASSISTANCE IN OBTAINING LOST MEDICATIONS AND EYEGLASSES IS ALSO PROVIDED. RED CROSS STAFF CONTINUES TO WORK LONGER TERM WITH CLIENTS THAT NEED HELP WITH RENT OR BEDDING OR REFERRALS FOR HOUSEHOLD FURNISHINGS. IN LARGER DISASTER SITUATIONS, THE RED CROSS IS RESPONSIBLE FOR MASS CARE SHELTERING AND FEEDING OF DISPLACED RESIDENTS. THE RED CROSS ALSO PROVIDES MASS CARE FEEDINGS FOR EMERGENCY RESPONSE PERSONNEL ON THE SCENE OF A DISASTER. STAFF AND VOLUNTEERS ARE TRAINED IN RED CROSS DISASTER SERVICES.

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-- BERKS COALITION TO END HOMELESSNESS (BCEH), HOMELESS PREVENTION: BCEH PROVIDES HOUSING SUPPORT AND ESSENTIAL SERVICES TO INDIVIDUALS EXPERIENCING HOMELESSNESS OR HOUSING INSTABILITY. THE AGENCIES UTILIZE COORDINATED ENTRY (CE) AND THE BERKS COUNTY ASSESSMENT TOOL (BCAT) TO PRIORITIZE THE MOST VULNERABLE INDIVIDUALS EXPERIENCING HOMELESSNESS. UNITED WAY DOLLARS ASSIST WITH CLIENTS AVOIDING EVICTION, RAPID RE-HOUSING OF INDIVIDUALS AND FAMILIES, PERMANENT HOUSING SOLUTIONS FOR OUR NEIGHBORS IN NEED.

-- FAMILY PROMISE OF BERKS COUNTY, INC., U-TURN PROGRAM: SERVES UNACCOMPANIED, HOMELESS 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, ACCESS TO DEDICATED STAFF, COMPUTERS, PEER CONNECTIONS, RECEIVE NUTRITIOUS SNACKS, MEALS, TOILETRIES, AND MORE.

-- HELPING HARVEST, ACCESS TO FOOD: THE WEEKENDER PROGRAM WAS ESTABLISHED 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 AS A RESULT HUNGER, ARE UNFORTUNATELY GROWING PROBLEMS IN BERKS COUNTY. ACCORDING TO THE PENNSYLVANIA DEPARTMENT OF EDUCATION, FOOD AND NUTRITION DIVISION, APPROXIMATELY 50% OF BERKS COUNTY ELEMENTARY SCHOOL STUDENTS QUALIFY FOR FREE OR REDUCED LUNCHES; MEANING, THEIR FAMILY IS LIVING IN, OR CLOSE TO, POVERTY.

-- JEWISH FAMILY SERVICE, SUPPORTIVE SERVICES: SUPPORTIVE SERVICES PROGRAM HELPS CLIENTS AND THEIR FAMILIES FACE VARIOUS CHALLENGES INCLUDING HEALTH, AGING, INTERPERSONAL RELATIONSHIPS, TRANSPORTATION, AND FINANCIAL DIFFICULTIES. CLIENTS ARE EITHER SELF-REFERRED OR REFERRED 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 SERVICE.

-- JEWISH FAMILY SERVICE, FOOD PANTRY: TWO FOOD PANTRIES ARE OFFERED EACH MONTH. ONE IS HELD AT ANOTHER UWBC PARTNER, OLIVET'S PENDORA PARK LOCATION. THE SECOND IS HELD AT THE SEVENTH DAY ADVENTIST CHURCH IN HAMPDEN HEIGHTS.

-- MIDPENN LEGAL SERVICES, LEGAL REPRESENTATION TO SECURE BASIC NEEDS: LOW-INCOME CLIENTS RECEIVE LEGAL COUNSEL AND ADVICE REGARDING THEIR PARTICULAR LEGAL SITUATION THROUGH MIDPENN'S READING OFFICE. MIDPENN WORKS WITH SAFEHERKS 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 REFERRALS ON BEHALF OF INDIVIDUALS WHO REQUIRE THEIR LEGAL SERVICES.

-- 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 RECEIVING A NUTRITIOUS DAILY MEAL AND SUPPLEMENTAL GROCERIES. NJCO IS THE LARGEST SOUP KITCHEN IN DOWNTOWN READING. IN 2024, NJCO'S LUNCH PROGRAM, WHICH OFFERS LUNCH DAILY, MONDAY-FRIDAY, SERVED OVER 90,000 MEALS.

-- OPPORTUNITY HOUSE, EMERGENCY SHELTER: PROVIDES EMERGENCY SHELTER HOUSING TO HOMELESS CHILDREN, WOMEN AND MEN, AS WELL AS, ON-SITE CASE MANAGEMENT SERVICES, AND CHILDCARE. BERKS COUNSELING SERVICES PROVIDES ON-SITE BEHAVIORAL HEALTH COUNSELING AND MEDICAL CARE IS PROVIDED THROUGH THE BERKS COMMUNITY HEALTH CENTER AT 2ND STREET.

-- SALVATION ARMY READING CORPS, FAMILY SERVICES PROGRAM: ASSIST CLIENTS TO RECEIVE EMERGENCY BASIC NEEDS, INCLUDING MONTHLY FOOD DISTRIBUTIONS, CLOTHING DISTRIBUTIONS, AND THROUGH CASE MANAGEMENT

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PROVIDED 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, COMMUNITY 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 THERE ARE NO PROFESSIONAL SALVATION ARMY PERSONNEL. EXAMPLES OF SERVICE UNIT EMERGENCY ASSISTANCE PROVIDED INCLUDED GROCERIES, RENTAL ASSISTANCE, FUEL/UTILITIES, MEDICAL/DENTAL/EYE CARE, CLOTHING, SCHOOL SUPPLIES FOR SCHOOL AGED CHILDREN, TEMPORARY SHELTER, AND SEASONAL ASSISTANCE.

- COMMUNITY-LEVEL OUTCOME: VICTIMS OF DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT ARE ENSURED SAFETY AND SUPPORTIVE SERVICES.

-- SAFEERKS, CRISIS SERVICES: SUPPORTS THE SAFE HOUSE PROGRAM, AN EMERGENCY SHELTER TO INDIVIDUALS AND FAMILIES IMPACTED BY DOMESTIC VIOLENCE AND SEXUAL ASSAULT FOR UP TO 60 DAYS. ALL DAILY NECESSITIES OF FOOD, CLOTHING, HYGIENE PRODUCTS, SAFETY PLANNING, CASE MANAGEMENT, CONNECTION TO COMMUNITY RESOURCES, DOMESTIC VIOLENCE AND SEXUAL ASSAULT COUNSELING, CHILDREN'S PROGRAMMING, INCLUDING A READY TO READ PROGRAM, NUTRITION PROGRAMS, AND RECREATIONAL SUPPORTS ARE PROVIDED. CRISIS SERVICES INCLUDE THE EMERGENCY HOTLINE, WITH TEXTING NOW AVAILABLE 24/7/365 IN ENGLISH AND SPANISH. THE RAPID RESPONSE PROGRAM PROVIDES SUPPORT TO VICTIMS SEEKING EMERGENCY PROTECTION OR WHO ARE ACCESSING EMERGENCY MEDICAL SERVICES, BASIC CARE, OR RAPE EXAMS AT AREA EMERGENCY ROOMS AND CLINICS.

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS HAVE ACCESS TO TRANSPORTATION.

-- AMERICAN CANCER SOCIETY

-- AMERICAN RED CROSS: BERKS COUNTY CHAPTER, VETERANS TRANSPORTATION: VETERANS RECEIVE SAFE AND RELIABLE TRANSPORTATION TO AND FROM THE LEBANON VA MEDICAL CENTER TO REACH NECESSARY MEDICAL APPOINTMENTS.

-- EASTERSEALS EASTERN PENNSYLVANIA, PEDIATRIC CLINICS

SAFETY NET CASE MANAGEMENT

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES.

-- 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 ON AVERAGE 600 CHILDREN IN THE FOSTER CARE SYSTEM/RESIDENTIAL TREATMENT FACILITIES IN BERKS COUNTY. UWBC'S INVESTMENT INCLUDES OPERATIONAL SUPPORT TO CONTINUE TO BUILD PROGRAM CAPACITY. IN 2024, CASA SERVED 86 CHILDREN WITH THE SUPPORT OF 57 VOLUNTEERS.

-- CATHOLIC CHARITIES: DIOCESE OF ALLENTOWN, CASE MANAGEMENT AND COUNSELING FOR VETERANS AND THEIR FAMILIES: VETERANS ARE ASSESSED BY A CASE MANAGER TO DETERMINE THEIR IMMEDIATE NEEDS. A SERVICE PLAN IS CREATED TO IDENTIFY THE GOALS AND ACTION STEPS. THE CASE MANAGER WORKS WITH THE VETERAN TO ACCOMPLISH THESE GOALS, WHICH MAY INCLUDE JOB SEARCH, BUDGET COUNSELING AND GUIDANCE, REFERRAL TO BERKS COUNTY VETERAN'S ADMINISTRATION FOR SPECIFIC ASSISTANCE/ENTITLEMENTS, ASSISTANCE WITH APPLICATIONS FOR SUBSIDIZED HOUSING, FOOD STAMPS, AND OTHER LOW-INCOME PROGRAMS FOR WHICH THE VETERAN MAY BE ELIGIBLE.

-- CENTRO HISPANO DANIEL TORRES, INC., INFORMATION AND REFERRAL: THE MAJORITY OF CENTRO HISPANO'S CLIENTS ARE EITHER UNEMPLOYED OR UNDEREMPLOYED. THEY ARE SEEKING ASSISTANCE OR SERVICES TO HELP THEM IN

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IMPROVING THE QUALITY OF LIFE FOR THEM AND FOR THEIR FAMILIES. INFORMATION AND REFERRAL INCLUDES CLIENT/SYSTEM ADVOCACY, TRANSLATION AND INTERPRETATION, AND ASSISTANCE AND SUPPORT WITH COMPLETING DOCUMENTATION. CENTRO HISPANO ALSO PROVIDES SUPPORT WITH HELPING CLIENTS APPLY FOR BENEFITS THROUGH THE STATE'S COMPASS SYSTEM.

-- FAMILY PROMISE OF BERKS COUNTY, INC., U-TURN HELPS KEEP YOUTH OFF THE STREETS, AND THE PROGRAM'S CASE MANAGER HELPS YOUTH FOCUS ON ACHIEVING EDUCATIONAL, EMPLOYMENT, AND HOUSING STABILIZATION 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 ELECTRICITY. THE CLIENT IS REFERRED TO OTHER AGENCIES AND/OR CONNECTED TO OTHER SERVICES DEPENDING ON THEIR NEEDS.

COMMUNITY COLLABORATION

PA 211 INFORMATION AND REFERRAL

THE PA 211 SERVICE PROVIDES PEOPLE WITH INFORMATION ABOUT ESSENTIAL HUMAN SERVICES. WHEN THE COVID-19 PANDEMIC BEGAN IN MARCH 2020, PA 211 SAW A SIGNIFICANT INCREASE IN CALLS. TOP NEEDS WERE RELATED TO FOOD AND HOUSING/UTILITY ASSISTANCE. FAMILIES WERE ABLE TO IDENTIFY VIRTUAL LEARNING SUPPORTS. PA 211 CAN ASSIST FAMILIES WITH LOCATING CHILDCARE, FINDING QUALITY CARE FOR AGING PARENTS, OR JOB TRAINING PROGRAMS. PA 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, SEVERAL POSSESSING BILINGUAL SKILLS, FACILITATE CALLS AND QUESTIONS FROM THOSE INTERESTED IN VOLUNTEERING OR DONATING ITEMS, SUCH AS FOOD AND CLOTHING.

PA 211 SERVES AS A VALUED COMMUNITY RESOURCE AND SERVES AS A VITAL CONNECTION FOR THOSE NEEDING HELP, AS WELL AS FOR THOSE WANTING TO GIVE HELP. ADDITIONALLY, PA 211 IS A USEFUL PLANNING TOOL SINCE IT PROVIDES REAL TIME INFORMATION ABOUT THE SCOPE OF ISSUES LOCAL PEOPLE ARE FACING.

IN 2024, 32,344 CONTACTS -- CALLS/WEB VISITS/TEXTS/EMAILS WERE RECEIVED FROM BERKS RESIDENTS. THE INCREASE IS CONTRIBUTED TO WEBSITE EVENTS, WHICH INCREASED FROM 12,020 IN 2023 TO 26,080 IN 2024. TOP NEEDS REQUESTED WERE HOUSING ASSISTANCE (2,993), UTILITY ASSISTANCE (2,220) AND FOOD/MEALS (674).

PA 211 PHONE SERVICE IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR. ONLINE SEARCH CAPABILITY OF THE PA 211 DATABASE IS ALSO AVAILABLE AT WWW.PA211EAST.ORG. ASSISTANCE THROUGH TEXTING IS AVAILABLE MONDAY-FRIDAY, 8AM TO 4PM; ONE CAN TEXT THEIR ZIP CODE TO 898211.

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING BOARD MEMBERS ARE RELATED:

SUE AND CRAIG PERROTY	SPOUSES
ANGEL AND SCOTT HELM	SPOUSES

TWO 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 CO-CHAIRS OF THE ANNUAL FUND-RAISING CAMPAIGN, WHICH HAS BEEN A VERY SUCCESSFUL AND POPULAR

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APPROACH WITH THE VOLUNTEERS. THE COUPLES REPRESENT PAST AND/OR CURRENT AND/OR FUTURE CAMPAIGN CO-CHAIRS.

NO OTHER BOARD MEMBERS ARE RELATED.

FORM 990, PART VI, SECTION A, LINE 4:
THE ORGANIZATION'S BYLAWS WERE UPDATED DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 11B:
FORM 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.

FORM 990, PART VI, SECTION B, LINE 12C:
DISCLOSURE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST

AN INTERESTED PARTY IS UNDER A CONTINUING 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 QUESTIONNAIRE/DISCLOSURE STATEMENT, IN THE FORM ATTACHED, TO DISCLOSE THE MATERIAL FACTS FULLY AND COMPLETELY 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 UPDATED 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 SHALL REVIEW THE SUMMARY OF THE FINDINGS PREPARED BY THE PRESIDENT AND PRESENT A REPORT TO THE EXECUTIVE COMMITTEE IN THE SPRING OF EACH YEAR.

IN THE CASE OF IDENTIFIED VOLUNTEERS, THE DISCLOSURES SHALL BE PROVIDED TO THE PRESIDENT WHO WILL REVIEW THE DISCLOSURE STATEMENTS. AS NEEDED A SUMMARY OF FINDINGS WILL BE SHARED WITH THE GOVERNANCE COMMITTEE.

IN THE CASE OF STAFF, THE DISCLOSURE STATEMENTS SHALL BE PRESENTED TO THE PRESIDENT WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE EXECUTIVE COMMITTEE. NEW HIRE AND CHANGES WITH STAFF SHALL BE REVIEWED AS RECEIVED. THE PRESIDENT SHALL PROVIDE HIS/HER DISCLOSURE STATEMENT TO THE CHAIRMAN OF THE BOARD.

THE PRESIDENT SHALL FILE THE VOLUNTEER DISCLOSURE STATEMENTS WITH THE OFFICIAL CORPORATE RECORDS OF UNITED WAY OF BERKS COUNTY. THE SENIOR VICE PRESIDENT FINANCE & ADMINISTRATION SHALL FILE THE STAFF DISCLOSURE STATEMENTS WITH OTHER EMPLOYEE RECORDS.

GENERAL PROCEDURES FOR THE REVIEW OF ACTUAL OR POTENTIAL CONFLICTS

WHENEVER THERE IS REASON TO BELIEVE THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS BETWEEN UNITED WAY OF BERKS COUNTY AND AN INTERESTED PARTY, THE BOARD OF DIRECTORS, UPON THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE OR THE GOVERNANCE COMMITTEE, SHALL DETERMINE THE APPROPRIATE ORGANIZATIONAL RESPONSE. THIS SHALL INCLUDE, BUT IS NOT NECESSARILY LIMITED TO, INVOKING

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THE PROCEDURES DESCRIBED IN SECTION V BELOW, WITH RESPECT TO A SPECIFIC PROPOSED ACTION OR TRANSACTION.

WHERE THE ACTUAL OR POTENTIAL CONFLICT INVOLVES AN EMPLOYEE OF UNITED WAY OF BERKS COUNTY OTHER THAN THE PRESIDENT, THE PRESIDENT SHALL, IN THE FIRST INSTANCE, BE RESPONSIBLE FOR REVIEWING THE MATTER AND MAY TAKE APPROPRIATE ACTION AS NECESSARY TO PROTECT THE INTERESTS OF UNITED WAY OF BERKS COUNTY. THE PRESIDENT SHALL DETERMINE WHETHER THE RESULTS OF ANY REVIEW AND ACTION SHALL BE REPORTED TO THE CHAIRPERSON. WHEN REPORTED TO THE CHAIRPERSON, THE CHAIRPERSON, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE, SHALL DETERMINE 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 OR 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 CONFLICT 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 TRANSACTION.
- THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS MAY APPROVE THE PROPOSED 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 AND REASONABLE TO THE UNITED WAY OF BERKS COUNTY AND WHETHER IT WOULD BE POSSIBLE, WITH REASONABLE EFFORT, TO FIND A MORE ADVANTAGEOUS ARRANGEMENT WITH A PARTNER OR ENTITY THAT IS NOT AN INTERESTED PARTY.
- APPROVAL BY THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS SHALL BE BY VOTE OF A MAJORITY OF DIRECTORS IN ATTENDANCE AT A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS. AN INTERESTED PARTY SHALL NEITHER BE COUNTED FOR PURPOSES OF DETERMINING WHETHER A QUORUM IS PRESENT NOR FOR THE PURPOSES OF DETERMINING WHAT CONSTITUTES A MAJORITY VOTE OF DIRECTORS IN ATTENDANCE.
- THE MINUTES OF THE MEETING SHALL REFLECT THAT THE CONFLICT DISCLOSURE WAS MADE, THE VOTE TAKEN AND, WHERE APPLICABLE, THE ABSTENTION FROM VOTING AND PARTICIPATION BY THE INTERESTED PARTY.

VIOLATIONS OF CONFLICT OF INTEREST POLICY

IF THE BOARD OF DIRECTORS HAS REASON TO BELIEVE THAT AN INTERESTED PARTY HAS FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE RESPONSE OF THE INTERESTED PARTY AND MAKING SUCH

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FURTHER INVESTIGATION, AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD DETERMINES THAT THE INTERESTED PARTY HAS, IN FACT, FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE COMPENSATION PROCEDURES:

UNITED WAY OF BERKS COUNTY'S PRIMARY OBJECTIVE IS TO PROVIDE A REASONABLE AND COMPETITIVE EXECUTIVE COMPENSATION OPPORTUNITY CONSISTENT WITH COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION.

THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO:

- ENCOURAGE THE ATTRACTION AND RETENTION OF A HIGH CALIBER EXECUTIVE
- REINFORCE THE GOALS FOR THE ORGANIZATION BY SUPPORTING TEAMWORK AND COLLABORATION

- ENSURE THAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE
- BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS

ORGANIZATIONAL SUCCESS

- ENSURE THAT THE PROGRAM IS EASY TO EXPLAIN, UNDERSTAND AND ADMINISTER
- BALANCE THE NEED TO BE COMPETITIVE WITH THE LIMITS OF AVAILABLE

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 CHAIRPERSON INFORMATION ON THE ACCOMPLISHMENTS OF THE ORGANIZATION AND ITS PROGRESS TOWARD 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 PRESIDENT ALSO DEFINES AND DISCUSSES CURRENT AND FUTURE ORGANIZATIONAL CHALLENGES AND OPPORTUNITIES. THIS INFORMATION IS SHARED WITH THE BOARD OF DIRECTORS.

IN ADDITION TO THE ANNUAL REVIEW, A PRESIDENT'S EVALUATION SURVEY IS CONDUCTED ON A BIENNIAL BASIS WITH FULL BOARD PARTICIPATION, THE RESULTS OF WHICH ARE COMPILED AND ANALYZED BY A THIRD-PARTY PROVIDER HAVING NO VESTED 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 PART OF AN EXECUTIVE SESSION.

FOLLOWING THIS SESSION, THE CHAIRPERSON MEETS WITH THE PRESIDENT AND SHARES THE RESULTS OF THE GROUP EVALUATION AS WELL AS ANY GOALS OR SUGGESTIONS THE BOARD HAS RELATIVE TO THE INFORMATION PRESENTED AND THE FUTURE DIRECTION OF THE ORGANIZATION. THE CHAIRPERSON OF THE BOARD COMMUNICATES THE RESULTS OF THE ASSESSMENT VERBALLY TO THE PRESIDENT AND THE INFORMATION IS CAPTURED THROUGH THE MINUTES OF THE EXECUTIVE SESSIONS FOR EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS. THE RESULTS OF THE ASSESSMENT ARE INCLUDED IN THE PRESIDENT'S PERSONNEL FILE.

THE LEVEL AND FORM OF COMPENSATION IS DETERMINED FOLLOWING A REVIEW OF LOCAL COMPENSATION LEVELS OF CEO'S OF ORGANIZATIONS OF SIMILAR SIZE AND SCOPE, AS WELL AS THE COMPENSATION LEVELS OF CEO'S OF UNITED WAY ORGANIZATIONS OF SIMILAR SIZE AND SCOPE. WHILE UNITED WAY FOCUSES ON OTHER UNITED WAYS AND NONPROFITS TO BENCHMARK COMPENSATION, THE

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ORGANIZATION UNDERSTANDS THAT THE MARKET FOR EXECUTIVE TALENT MAY BE BROADER THAN THE GROUP OF CHARITIES. MARKET INFORMATION FROM ADDITIONAL MARKET SEGMENTS AND PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS, MAY BE USED AS A SUPPLEMENT. THE PRESIDENT'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:

COMPENSATION 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 PERIODICALLY, 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 FIRM NORMALLY DOES THE ASSESSMENT. IF THERE IS EVIDENCE OF A CHANGE IN GENERAL SALARY LEVELS, 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 WHICH 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, SHALL REVIEW AND APPROVE THE SALARY STRUCTURE. THE REVIEW AND APPROVAL NORMALLY FOLLOWS THE ASSESSMENT DONE BY AN OUTSIDE HUMAN RESOURCES FIRM TO DETERMINE WHETHER CHANGES HAVE OCCURRED 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 DIRECTORS.

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 RESPONSIBILITIES OF HIS OR HER POSITION. SALARY INCREASES MAY BE LIMITED BY THE AVAILABILITY OF FUNDS. THE SALARY ADMINISTRATION PROGRAM, THEREFORE, HAS BEEN DESIGNED TO PROVIDE THE BEST PERFORMERS WITH HIGHER PERCENTAGES OF MERIT INCREASES. WITH THE EXCEPTION OF SPECIAL TYPES OF SALARY ADJUSTMENTS, MERIT INCREASES ARE THE ONLY TYPE OF SALARY INCREASES NORMALLY GRANTED.

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) DAYS. PER IRS GUIDANCE, A REQUEST THAT IS FAXED, E-MAILED OR SENT BY PRIVATE COURIER IS CONSIDERED 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 THE DAY OF THE REQUEST.
- REQUESTS EITHER IN-PERSON OR WRITTEN SHALL BE PROVIDED INFORMATION THAT OFFERS THE REQUESTOR THE OPPORTUNITY TO ACCESS THE DOCUMENTS FREE OF CHARGE VIA THE WEB, OR AT A COST SHOULD A HARD COPY BE REQUESTED.

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- 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 INCURRED BY THE ORGANIZATION.

- TIMELY NOTICE OF THE APPROXIMATE COST AND ACCEPTABLE FORM OF PAYMENT WILL BE PROVIDED WITHIN SEVEN DAYS OF RECEIPT OF THE REQUEST IF IN WRITING OR IMMEDIATELY UPON A REQUEST FROM AN IN-PERSON REQUEST. ACCEPTABLE FORMS OF PAYMENT INCLUDE CASH AND MONEY ORDER (IN THE CASE OF AN IN-PERSON REQUEST) AND CERTIFIED CHECK, MONEY ORDER, AND PERSONAL CHECK OR CREDIT CARD, IN THE CASE OF A WRITTEN REQUEST. PAYMENT IN FULL IS DUE PRIOR TO PROVIDING COPIES.

- THE NAMES OR ADDRESSES OF THE ORGANIZATION'S CONTRIBUTORS ON ITS ANNUAL RETURN SHALL NOT BE DISCLOSED IN ACCORDANCE WITH IRS REGULATIONS.

PUBLIC INSPECTION OF GOVERNING DOCUMENTS:

UNITED WAY OF BERKS COUNTY IS COMMITTED TO OPENNESS AND TRANSPARENCY TO DONORS/FUNDERS, PARTNER AGENCIES, GOVERNMENTAL ORGANIZATIONS, ITS VARIOUS STAKEHOLDERS, AND THE GENERAL PUBLIC. PROACTIVE DISCLOSURE AND DISSEMINATION OF INFORMATION CONCERNING THE GOVERNANCE, OPERATIONS, AND FINANCIAL INFORMATION CONCERNING UNITED WAY OF BERKS COUNTY IS AVAILABLE.

THE FOLLOWING DOCUMENTS ARE ACCESSIBLE FOR PUBLIC INSPECTION AT THE OFFICE OF UNITED WAY OF BERKS COUNTY:

- ALL DOCUMENTS AS REQUIRED BY FEDERAL, STATE, AND LOCAL LAW, INCLUDING BUT NOT LIMITED TO THE IRS FORM 990.
- ANNUAL REPORT
- ARTICLES OF INCORPORATION
- AUDITED FINANCIAL STATEMENTS
- CAMPAIGN HIGHLIGHTS REPORT
- COMMUNITY IMPACT REPORTS
- READY.SET.READ! REPORTS
- CODE OF ETHICS AND CONDUCT AND WHISTLEBLOWER POLICY
- RECORD RETENTION
- CONFLICT OF INTEREST POLICY
- ORGANIZATIONAL BY-LAWS
- MISSION STATEMENT
- VISION STATEMENT

PERSONS REQUESTING HARD COPIES OF DOCUMENTS SHALL BE PROVIDED INFORMATION THAT OFFERS THE REQUESTOR THE OPPORTUNITY TO ACCESS THE INFORMATION FREE OF CHARGE VIA THE WEB. 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 IF A HARD COPY IS REQUESTED. 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 INCURRED BY THE ORGANIZATION.

THE FOLLOWING DOCUMENTS ARE ACCESSIBLE VIA UNITED WAY OF BERKS COUNTY WEB-SITE AT WWW.UWBERKS.ORG.

- ANNUAL REPORT
- AUDITED FINANCIAL STATEMENTS
- FORM 990
- CAMPAIGN HIGHLIGHTS REPORT
- CODE OF ETHICS AND CONDUCT AND WHISTLEBLOWER POLICY
- PRIVACY POLICY

Name of the organization

UNITED WAY OF BERKS COUNTY, INC.

Employer identification number

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- MISSION STATEMENT
- VISION STATEMENT

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFERS BETWEEN NET ASSET RESTRICTIONS	-117,838.
CHANGE IN DONOR DESIGNATIONS	-115,082.
TOTAL TO FORM 990, PART XI, LINE 9	-232,920.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF BERKS COUNTY, INC.	Taxpayer identification number (TIN) 23-1655375
	Number, street, and room or suite no. If a P.O. box, see instructions. 25 N. 2ND STREET, SUITE 101	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. READING, PA 19601	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)The books are in the care of **MONICA RUANO-WENRICH****25 N. 2ND STREET, SUITE 101 - READING, PA 19601**Telephone No. **(610) 685-4550** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 **24** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 1-2025)

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
401 North St Rm 207
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 11/2023)

Fee: See instructions

Certificate number: 01450
(N/A if initial registration)

Fiscal year ended: 12/31/2024
MM DD YYYY

FEIN: 23-1655375

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

☐ Organization is exempt from registration because

☐ Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: UNITED WAY OF BERKS COUNTY, INC.

☐ Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

N/A

3. Contact person: MONICA RUANO-WENRICH Contact's e-mail: MONICAR@UWBERKS.ORG

4. Principal address of organization: _____ Mailing address (if different than principal address): _____

25 N. 2ND STREET, SUITE 101

READING

PA 19601

County: BERKS

Phone number: (610) 685-4550

800 number: _____

Fax number: _____

Email (if different than Contact's email): _____

Website: WWW.UWBERKS.ORG

Item 5 to be completed by initial registrants only

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
NON-PROFIT CORPORATION

Where established: BERKS COUNTY Date established*: 01/01/1963

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

UNITED WAY OF BERKS COUNTY, INC.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

☐ Not Applicable

N/A

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

☐ §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

☐ §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

☐ §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

☐ §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

☒ Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: _____
MM DD YYYY

Other _____

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

MM DD YYYY

Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

UNITED WAY OF BERKS COUNTY, INC.

10. Has the organization been granted IRS tax-exempt status? ☒ Yes ☐ No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

- B. Has the organization's tax-exempt status ever been denied, revoked or modified? ☐ Yes ☒ No
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? ☒ Yes ☐ No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules.
If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, social media, etc.):

☐ Does not solicit contributions

DIRECT MAIL, CORPORATE PRESENTATIONS/MEETINGS, PERSONAL SOLICITATION

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

FUNDRAISING AND OTHER FINANCIAL DEVELOPMENT, COMMUNICATIONS, VOLUTEER DEVELOPMENT, PLANNING, NEEDS AND SERVICES EVALUATION, COMMUNITY SERVICES/BUILDING ACTIVITIES, AND THE ALLOCATION AND DISTRIBUTION OF FUNDS TO MEET HUMAN SERVICES NEEDS.

14. Is the organization registered to solicit contributions in any other state or municipality?

☐ Yes ☒ No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) ☐ Yes ☒ No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:

Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

☐ Not Applicable

SEE STATEMENT 1

UNITED WAY OF BERKS COUNTY, INC.

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

☐ Not Applicable

SEE STATEMENT 2

18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization:
(Attach a separate sheet if necessary)

☐ Not Applicable

NONE

19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") ☐ Yes ☐ No ☒ Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

☐ Yes ☒ No ☐ Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.
(Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 3

UNITED WAY OF BERKS COUNTY, INC.**22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)**

A. Are in charge of solicitation activities:

BOARD OF DIRECTORS25 N. 2ND STREET, SUITE 101 READING, PA 19601

B. Have final responsibility for the custody of contributions:

BOARD OF DIRECTORS25 N. 2ND STREET, SUITE 101 READING, PA 19601

C. Have final responsibility for final distribution of contributions:

BOARD OF DIRECTORS25 N. 2ND STREET, SUITE 101 READING, PA 19601

D. Are responsible for custody of financial records:

MONICA RUANO-WENRICH, SENIOR VP FINANCE AND ADMINISTRATION25 N. 2ND STREET, SUITE 101 READING, PA 19601**23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:**A. Any other officer, director, trustee, or employee? ☒ Yes ☐ No **SEE STATEMENT 4**B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** ☐ Yes ☒ No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

☐ Yes ☒ No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?

☐ Yes ☒ NoC. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? ☐ Yes ☒ No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

UNITED WAY OF BERKS COUNTY, INC.

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

Type or print name and title of Other Authorized Officer

Checklist for registration:

- ☒ Completed registration statement properly signed and dated.
- ☒ A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- ☐ Public Disclosure Form BCO-23 (if required)
- ☒ Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- ☒ Registration fee and any late filing fees
- ☐ Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESS

NONE

PHONE NUMBER

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 2

NAME AND ADDRESS

NONE

PHONE NUMBER

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 3

NAME AND ADDRESS

TAMMY L. WHITE
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

PRESIDENT

NAME AND ADDRESS

MONICA RUANO-WENRICH
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

SR VP FINANCE & ADMIN

NAME AND ADDRESS

JONI NAUGLE
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

CHAIR

NAME AND ADDRESS

PETE CONNORS
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

VICE CHAIR AS OF MARCH

NAME AND ADDRESS

RUTHANN WOLL
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

SECRETARY/TREASURER

NAME AND ADDRESS

ROBERT FIRELY
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

ASST. SECRETARY/TREASURER

NAME AND ADDRESS

JOHN ARNOLD
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

DR. CHARLES BARBERA
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR AS OF MAY

NAME AND ADDRESS

JOHN BOBO
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

JAMES BOSCOV
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

ANTHONY COX
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

KELLEY CROZIER, M.D.
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

MICHAEL DUFF
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

KELLY FESSLER
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR AS OF MARCH

NAME AND ADDRESS

ROBERT GOONAN
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

TERRY GRASSLEY
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

BRADLEY HALL
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

VICTORIA HAWKINS
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

ANGEL HELM
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR AS OF JANUARY

NAME AND ADDRESS

SCOTT HELM
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR AS OF JANUARY

NAME AND ADDRESS

PAMELA HERNANDEZ
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR AS OF MAY

NAME AND ADDRESS

JASON HOERR
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

DR. SUSAN LOONEY
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

DR. JOSEPH MACHAROLA
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

NICK MARMONTELLO
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

TIM MIKSIEWICZ
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR AS OF JANUARY

NAME AND ADDRESS

DR. JENNIFER MURRAY
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

MISSY ORLANDO
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

RENDY ORTIZ
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

CRAIG PERROTY
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

SUE PERROTY
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

FRANCIS POST
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

SIDNEY PURNELL
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

JULIE RAVIS
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR AS OF JANUARY

NAME AND ADDRESS

MIKE REESE
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

ROBERTO SANCHEZ
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

DHARMA SIVASAMY
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR AS OF JANUARY

NAME AND ADDRESS

SHANNON THOMAS
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR AS OF JANUARY

NAME AND ADDRESS

PATRICK VELEKEI
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

KIM WOERLE
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR

NAME AND ADDRESS

WESLIE LIANA
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR THROUGH MARCH

NAME AND ADDRESS

DAVID TURNER
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR THROUGH MARCH

NAME AND ADDRESS

ANNETTE HINES
25 N. 2ND STREET, SUITE 101
READING, PA 19601

TITLE

DIRECTOR THROUGH MAY

FORM BCO-10

RELATED OFFICER, DIRECTOR, TRUSTEE, EMPLOYEE

STATEMENT 4

NAME AND ADDRESS

SUE AND CRAIG PERROTY
25 N. 2ND STREET, SUITE 101 READING, PA 19601

BUSINESS

SPOUSES

NAME AND ADDRESS

ANGEL AND SCOTT HELM
25 N. 2ND STREET, SUITE 101 READING, PA 19601

BUSINESS

SPOUSES