



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YMCA OF READING & BERKS COUNTY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 631 WASHINGTON STREET City or town, state or country, and ZIP + 4 READING, PA 19601	D Employer identification number 23-1244009
		E Telephone number 610-378-4700
		G Gross receipts \$ 6,870,625.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer: RUSTY BAHR SAME AS C ABOVE		H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.YMCA-BERKSCOUNTY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1858 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a) 3 28	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28	
	5 Total number of employees (Part V, line 2a) 5 380	
	6 Total number of volunteers (estimate if necessary) 6 186	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.	
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h) 3,803,300. 4,089,101.
		9 Program service revenue (Part VIII, line 2g) 1,573,860. 1,914,694.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15,614. -8,790.		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 358,765. 389,817.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,751,539. 6,384,822.		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 97,289. 99,097.		
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,867,699. 3,113,173.		
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.		
b Total fundraising expenses (Part IX, column (D), line 25) 105,105.		
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,016,989. 2,200,517.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4,981,977. 5,412,787.	
	19 Revenue less expenses. Subtract line 18 from line 12 769,562. 972,035.	
	20 Total assets (Part X, line 16) 5,649,801. 6,513,016.	
	21 Total liabilities (Part X, line 26) 1,389,807. 1,129,939.	
	22 Net assets or fund balances Subtract line 21 from line 20 4,259,994. 5,383,077.	

Part II Signature Block

Sign Here	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.	
	Rusty Bahr Signature of officer RUSTY BAHR, PRESIDENT Type or print name and title	Date 5/7/10
Paid Preparer's Use Only	Preparer's signature D. Sull Firm's name (or yours if self-employed), address, and ZIP + 4 MAILLIE FALCONIERO & COMPANY, LLP PO BOX 680 OAKS, PA 19456-0680	Date 4/26/10 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN 23-1244009 Phone no. (610) 935-1420

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE YMCA OF READING AND BERKS COUNTY IS A CHARITABLE, COMMUNITY
SERVICE AND MEMBERSHIP ORGANIZATION THAT PROVIDES SERVICES TO MEN,
WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND
RELIGIONS. WE ARE DEDICATED TO BUILDING STRONG KIDS, STRONG FAMILIES
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
SEE SCHEDULE O FOR CONTINUATION(S)
- 4a (Code:) (Expenses \$ 1,832,090. including grants of \$ 1,623.) (Revenue \$ 736,818.)
CHILD CARE - THE YMCA OF READING AND BERKS COUNTY IS THE LARGEST
PROVIDER OF CHILDCARE IN BERKS COUNTY. THE YMCA PROVIDES HIGH QUALITY
CHILDCARE BY PROVIDING COMPREHENSIVE, AGE APPROPRIATE ACTIVITIES FOR
INFANTS THROUGH SCHOOL AGE CHILDREN AT FOUR FULL DAY CENTERS AND SIX
BEFORE AND AFTER SCHOOL LOCATIONS. WE PROVIDE FULL AND PART TIME
OPTIONS, AS WELL AS SECOND SHIFT CARE AT OUR CENTRAL LOCATION, TO SERVE
A WIDE RANGE OF FAMILY SCHEDULING NEEDS. WOVEN INTO THE FABRIC OF THE
YMCA MISSION IS A COMMITMENT TO STRENGTHEN FAMILIES. YMCA CHILDCARE
PROGRAMS RELIEVE THE BURDEN OF BALANCING WORK AND FAMILY AND MAKE IT
POSSIBLE FOR PARENTS OF CHILDREN IN OUR CARE TO REMAIN GAINFULLY
EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE,
DEVELOPMENTALLY SOUND ENVIRONMENT. THE YMCA COLLABORATES WITH OTHER
- 4b (Code:) (Expenses \$ 996,535. including grants of \$ 0.) (Revenue \$ 16,066.)
HUMAN SERVICES - OUR YMCA WORKS IN COLLABORATION WITH GOVERNMENTAL AND
COMMUNITY AGENCIES TO PROVIDE NINE TRANSITIONAL HOUSING PROGRAMS FOR
HOMELESS MEN, WOMEN AND CHILDREN. THESE PROGRAMS INCLUDE LIFE SKILLS,
EDUCATION, JOB READINESS AND INTENSIVE CASE MANAGEMENT TO INDIVIDUALS
WHO ARE LEAVING DRUG AND ALCOHOL REHABILITATION CENTERS AND/OR
INCARCERATION. IN ADDITION, THE SAME SERVICES ARE PROVIDED TO HOMELESS
VETERANS, INDIVIDUALS WHO HAVE BEEN DUALY DIAGNOSED WITH DRUG
ADDICTIONS AND MENTAL HEALTH ISSUES AND SINGLE MOMS AND THEIR CHILDREN.
THESE PROGRAMS CREATE A SENSE OF COMMUNITY AND BELONGING FOR OUR
CLIENTS AND WERE DEVELOPED TO PROVIDE CLIENTS WITH THE SUPPORTIVE
SERVICES THEY NEED TO BECOME SELF SUFFICIENT.
- 4c (Code:) (Expenses \$ 864,180. including grants of \$ 87,268.) (Revenue \$ 889,028.)
HEALTH AND WELLNESS/MEMBERSHIP AND FITNESS - HELPING PEOPLE OF ALL AGES
AND ABILITIES (REGARDLESS OF ABILITY TO PAY) TO DEVELOP HEALTH IN
SPIRIT, MIND AND BODY IS AT THE CORE OF THE YMCA MOVEMENT. OUR
PROGRAMS ARE DESIGNED TO HELP PEOPLE CREATE REALISTIC GOALS FOR SELF
IMPROVEMENT AND EMPHASIZE DISEASE PREVENTION THROUGH REGULAR EXERCISE,
PROPER NUTRITION, STRESS REDUCTION, AND HEALTH EDUCATION. SPORTS
PROGRAMS FOR YOUTH, FAMILIES AND ADULTS PROMOTE TEAMWORK, INTERACTION,
AND DEVELOPMENT OF SOCIAL AND PHYSICAL SKILLS. OUR AQUATIC EXERCISE
PROGRAM KEEPS SENIORS ACTIVE AND FLEXIBLE; OUR AQUATIC PROGRAM HELPS TO
DEVELOP PHYSICAL SKILLS FOR CHILDREN OF ALL AGES; OUR FAMILY SWIM AND
PARENT-CHILD PROGRAMS GIVE ADULTS AND CHILDREN SHARED TIME IN THE POOL
TO INTERACT WITH EACH OTHER AND PROMOTE INTERGENERATIONAL
- 4d Other program services (Describe in Schedule O)
 (Expenses \$ 864,669. including grants of \$ 10,206.) (Revenue \$ 430,352.)
- 4e Total program service expenses **\$** 4,557,474.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; 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>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	<input checked="" type="checkbox"/>	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
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</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

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

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

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	13		
1b	Enter the number of Forms W-2G included in 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
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	380
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	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	X
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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the 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	

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

	Yes	No
1a Enter the number of voting members of the governing body	28	
b Enter the number of voting members that are independent	28	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does 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 in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **YMCA OF READING AND BERKS COUNTY - 610-378-4700**
631 WASHINGTON STREET, READING, PA 19601

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

(A) Name and title	(B) Average hours per week	(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			
1b Total								282,740.	0.	23,801.

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

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

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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

(A) Name and business address	(B) Description of services	(C) Compensation
BENCHMARK CONSTRUCTION COMPANY 4121 OREGON PIKE, BROWNSTOWN, PA 17508	CONSTRUCTION RENOVATIONS	190,377.
BLANSKI, INC 120 MADISON AVENUE, READING, PA 19601	BOILER REPAIRS	113,265.

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 348,144.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2830747.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 910,210.				
	g Noncash contributions included in lines 1a-1f \$	199,200.				
	h Total. Add lines 1a-1f		4,089,101.			
Program Service Revenue	2 a FITNESS PROGRAM	Business Code 713940	774,334.	774,334.		
	b CHILDCARE	624410	735,195.	735,195.		
	c YOUTH PROGRAM	713940	309,770.	309,770.		
	d AQUATICS PROGRAM	713940	95,395.	95,395.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,914,694.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		43,836.			43,836.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real 232,247. (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	232,247.				
	d Net rental income or (loss)		232,247.			232,247.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 379,788. (ii) Other				
	b Less cost or other basis and sales expenses	432,414.				
	c Gain or (loss)	-52,626.				
	d Net gain or (loss)		-52,626.			-52,626.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 162,015.				
	b Less direct expenses	b 48,637.				
	c Net income or (loss) from fundraising events		113,378.	113,378.		
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a 13,494.					
b Less: cost of goods sold	b 4,752.					
c Net income or (loss) from sales of inventory		8,742.	8,742.			
Miscellaneous Revenue		Business Code				
11 a MISC. REVENUE-RELATED-	900099	35,450.	35,450.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		35,450.				
12 Total revenue. See instructions.		6,384,822.	2,072,264.	0.	223,457.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	99,097.	99,097.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	306,541.		256,945.	49,596.
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	2,274,385.	2,170,636.	57,839.	45,910.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	89,209.	66,905.	22,304.	
9 Other employee benefits	265,518.	235,543.	28,064.	1,911.
10 Payroll taxes	177,520.	150,385.	20,120.	7,015.
11 Fees for services (non-employees):				
a Management				
b Legal	10,351.	371.	9,980.	
c Accounting	22,600.		22,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,819.		2,819.	
g Other	50,061.	852.	49,209.	
12 Advertising and promotion	12,562.	7,766.	4,677.	119.
13 Office expenses	343,019.	295,426.	47,501.	92.
14 Information technology	40,183.	20,702.	19,481.	
15 Royalties				
16 Occupancy	894,944.	815,005.	79,939.	
17 Travel	85,472.	75,644.	9,828.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,733.	14,248.	8,273.	212.
20 Interest	63,336.		63,336.	
21 Payments to affiliates	50,280.	45,672.	4,608.	
22 Depreciation, depletion, and amortization	355,776.	355,776.		
23 Insurance	6,352.	2,949.	3,403.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD SERVICE	134,511.	134,511.		
b EQUIPMENT RENTAL AND MA	83,359.	53,636.	29,723.	
c MISCELLANEOUS	12,343.	2,534.	9,559.	250.
d BAD DEBT EXPENSE	9,816.	9,816.		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,412,787.	4,557,474.	750,208.	105,105.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non interest-bearing	185,112.	1	205,539.
	2 Savings and temporary cash investments	258,798.	2	330,286.
	3 Pledges and grants receivable, net	285,022.	3	608,332.
	4 Accounts receivable, net	238,164.	4	423,910.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	30,000.	7	20,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,015.	9	9,699.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 12,037,633.		
	b Less accumulated depreciation	10b 7,958,779.	10c	4,078,854.
	11 Investments - publicly traded securities	336,797.	11	119,411.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	593,098.	15	716,985.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,649,801.	16	6,513,016.	
Liabilities	17 Accounts payable and accrued expenses	335,289.	17	315,303.
	18 Grants payable		18	
	19 Deferred revenue	66,294.	19	54,229.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	988,224.	23	760,407.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,389,807.	26	1,129,939.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,246,867.	27	4,095,290.
	28 Temporarily restricted net assets	441,877.	28	607,309.
	29 Permanently restricted net assets	571,250.	29	680,478.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,259,994.	33	5,383,077.
34 Total liabilities and net assets/fund balances	5,649,801.	34	6,513,016.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number

23-1244009

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) ☐ A family member of a person described in (i) above?
- (iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?
- h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1058912.	1002861.	3172357.	3803300.	4089101.	13126531.
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	1058912.	1002861.	3172357.	3803300.	4089101.	13126531.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						13126531.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1058912.	1002861.	3172357.	3803300.	4089101.	13126531.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	457,337.	544,660.	517,271.	294,037.	276,083.	2089388.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	57.					57.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	90,225.	28,687.	34,528.	30,480.	35,450.	219,370.
11 Total support. Add lines 7 through 10						15435346.
12 Gross receipts from related activities, etc. (see instructions)					12 11,151,697.	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	85.04 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	78.98 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number

23-1244009

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

- | | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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 in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 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, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, 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" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items.
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

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 XIV

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 organization answered "Yes" to 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 XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	590,120.	835,256.			
b Contributions		7,132.			
c Net investment earnings, gains, and losses	108,979.	-233,398.			
d Grants or scholarships					
e Other expenditures for facilities and programs	9,983.	10,990.			
f Administrative expenses	8,638.	7,880.			
g End of year balance	680,478.	590,120.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☒ 100.00 %

c Term endowment ☐ %

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" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,832.		2,832.
b Buildings		9,270,558.	6,520,358.	2,750,200.
c Leasehold improvements		330,166.	11,920.	318,246.
d Equipment		1,947,732.	1,426,501.	521,231.
e Other		486,345.		486,345.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,078,854.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,384,822.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,412,787.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	972,035.
4	Net unrealized gains (losses) on investments	4	151,048.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	151,048.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,123,083.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,584,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	151,048.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	48,637.
e	Add lines 2a through 2d	2e	199,685.
3	Subtract line 2e from line 1	3	6,384,822.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,384,822.

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

1	Total expenses and losses per audited financial statements	1	5,461,424.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	48,637.
e	Add lines 2a through 2d	2e	48,637.
3	Subtract line 2e from line 1	3	5,412,787.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,412,787.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: FUNDS HELD IN THE TAMAQUA ENDOWMENT WILL BE USED TO

BUILD AND EXPAND THE TAMAQUA BRANCH. OTHER ENDOWMENT FUNDS WILL BE USED

AS A BASE TO GENERATE INCOME TO SUPPORT ONGOING PROGRAMS AND OPERATIONS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING COSTS

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

DIRECT FUNDRAISING COSTS

Lined area for supplemental information.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number

23-1244009

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

[illegible]

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 BREAKFAST OF KIDS CHAMPIONS (event type)	(b) Event #2 CLASSIC (event type)	(c) Other events 19 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	75,689.	29,845.	56,481.	162,015.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	75,689.	29,845.	56,481.	162,015.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,937.	11,458.	990.	16,385.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses			32,252.	32,252.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(48,637)
	11 Net income summary. Combine line 3, column (d), and line 10				113,378.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine line 1, column (d), and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes No

9a

10a

11

12

13 Indicate the percentage of gaming activity operated in**a** The organization's facility

13a %

b An outside facility

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number
23-1244009

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?

- 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- | | |
|---|--|
| 2 | Enter total number of section 501(c)(3) and government organizations |
| 3 | Enter total number of other organizations |

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

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance
MEMBERSHIP SCHOLARSHIPS	380	0.	87,268. FMV		SEE PART IV SUPPLEMENTAL INFORMATION
CHILD CARE SCHOLARSHIPS	4	0.	1,623. FMV		SEE PART IV SUPPLEMENTAL INFORMATION
AQUATICS SCHOLARSHIPS	3	0.	229. FMV		SEE PART IV SUPPLEMENTAL INFORMATION
YOUTH SPORTS AND CAMP SCHOLARSHIPS	370	0.	9,977. FMV		SEE PART IV SUPPLEMENTAL INFORMATION
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information					

SCHEDULE I, PART I, LINE 2: THE YMCA OF READING AND BERKS COUNTY AWARDS

FINANCIAL ASSISTANCE THROUGH MEMBERSHIP AND PROGRAM SPONSORSHIPS TO

INDIVIDUALS AND FAMILIES WHO CAN DOCUMENT THEIR NEED. ELIGIBILITY IS

DETERMINED BASED ON AN APPLICATION FORM AND DOCUMENTATION OF FINANCIAL

NEED, INCLUDING A COPY OF LATEST INCOME TAX RETURN USED TO VERIFY INCOME

AND VERIFICATION OF EMPLOYMENT. RECIPIENTS OF FINANCIAL ASSISTANCE ARE

REQUIRED TO FULFILL THEIR PAYMENT OBLIGATIONS ON A TIMELY BASIS AND NOTIFY

THE YMCA IMMEDIATELY IF THERE IS ANY CHANGE IN INCOME STATUS. THESE

REQUIREMENTS ARE MONITORED BY THE YMCA FOR ALL INDIVIDUALS RECEIVING

Part IV Supplemental Information

FINANCIAL ASSISTANCE, AND ELIGIBILITY IS REDETERMINED ANNUALLY.

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

2009

Open To Public Inspection

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number

23-1244009

Part I	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)
---------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II | Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

[illegible]

Total ▶ \$

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV	Business Transactions Involving Interested Persons.
----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CASIDY COMPANY	OWNED BY FATHER-IN-	501.	INDEPENDENT		X
K. JORDAN BAHR	DAUGHTER OF CEO	1,087.	SEASONAL PA		X
BRANDON BAHR	SON OF CEO	757.	SEASONAL PA		X
JOHNNIE BAHR	WIFE OF CEO	24,875.	FULL-TIME E		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number

23-1244009

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	2	49,200.	FMV AT DATE OF CONTR
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 ► (<u>INDOOR PLAYGR</u>)	X	1	150,000.	MANAGEMENT'S ESTIMAT
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report revenues 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

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number
23-1244009

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SPIRIT, MIND AND BODY FOR ALL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND STRONG COMMUNITIES BY PUTTING JUDEO-CHRISTIAN PRINCIPLES INTO

PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG

VALUES, LEADERSHIP DEVELOPMENT, COMMUNITY INTERACTION, AND

INTERNATIONAL UNDERSTANDING. ALL PEOPLE ARE WELCOME AT OUR YMCA,

REGARDLESS OF THEIR ABILITY TO PAY. OUR YMCA IS FOUNDED AND LED BY

POLICY VOLUNTEERS DEDICATED TO SERVING THE COMMUNITY; VOLUNTEERS ALSO

SERVE AS PROGRAM LEADERS, COACHES, CLASS INSTRUCTORS AND MORE.

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

SOCIAL SERVICE AGENCIES TO PROVIDE SUBSIDY FOR CHILDCARE FEES AND

SUPPORTIVE SERVICES FOR PARENTS AND CHILDREN. ALL YMCA CHILDCARE

CENTERS ARE LICENSED BY THE DEPARTMENT OF PUBLIC WELFARE AND ARE

PARTICIPATING IN KEYSTONE STARS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

RELATIONSHIPS. IN LIGHT OF THE NATIONAL OBESITY CRISIS, OUR YMCA

PARTICIPATES IN THE ACTIVATE AMERICA INITIATIVE, HIP KIDS, AND

PARTICIPATES IN A VARIETY OF EVENTS AND COMMUNITY ACTIVITIES DESIGNED

TO HELP THE "AT RISK POPULATION" DEVELOP HABITS AND RELATIONSHIPS THAT

LEAD TO MORE ACTIVE LIFESTYLES. YMCA MEMBERSHIP IS INCLUSIVE AND

AVAILABLE REGARDLESS OF ABILITY TO PAY. THERE ARE NO JOINER FEES OR

CONTRACT. YMCA MEMBERSHIP AND PROGRAMS ARE AVAILABLE TO ALL.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number

23-1244009

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AQUATICS - IN ADDITION TO TRADITIONAL YMCA SWIM LESSONS, THE YMCA PROVIDES COMMUNITY LIFEGUARD CERTIFICATION CLASSES, MANAGES THE FLEETWOOD BOROUGH POOL, PROVIDES LIFEGUARD SERVICES TO THE READING PHILLIES, OFFERS AQUATIC PHYSICAL EDUCATION CLASSES IN COLLABORATION WITH READING AREA COMMUNITY COLLEGE, PROVIDES FREE SWIM LESSONS TO ALL CHILDREN ENROLLED IN CHILDCARE PROGRAMS AND OFFERS AGE GROUP AND MASTERS SWIM TEAM PROGRAMS. OUR YMCA ALSO PROVIDES COMMUNITY FIRST AID AND CPR CERTIFICATION CLASSES, AS WELL AS RED CROSS BABYSITTING CERTIFICATION.

EXPENSES \$ 312549. INCLUDING GRANTS OF \$ 229. REVENUE \$ 96324.

YOUTH - YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND STRONG VALUES, INCLUDING COOPERATION, RESPECT, GOOD CITIZENSHIP, FAIR PLAY, AND A STRONG WORK ETHIC. OUR TEEN CENTER IS A SAFE PLACE FOR TEENS TO COME AFTER SCHOOL TO PARTICIPATE IN RECREATIONAL ACTIVITIES, RECEIVE HOMEWORK ASSISTANCE, DEVELOP LEADERSHIP SKILLS AND PROVIDE SERVICE TO THE COMMUNITY. MORE THAN 50 TEENS ATTEND THE TEEN CENTER EACH DAY. YOUTH SPORTS PROGRAMS PROVIDE SKILL DEVELOPMENT TO MORE THAN 1,000 CHILDREN THROUGHOUT BERKS COUNTY EACH SEASON. YMCA DAY CAMP PROGRAMS ARE PROVIDED TO OVER 350 CHILDREN IN TEN LOCATIONS WITHIN THE ASSOCIATION EACH SUMMER. OUR DAY CAMP PROGRAMS ARE DONE IN COLLABORATION WITH THE LOCAL MUNICIPALITIES, THE HOUSING AUTHORITY, LOCAL CHURCHES AND SCHOOL DISTRICTS.

EXPENSES \$ 389488. INCLUDING GRANTS OF \$ 9977. REVENUE \$ 334028.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number
23-1244009

FOOD SERVICE - THE YMCA PROVIDES MEALS TO ALL CHILDREN ENROLLED IN
CHILDCARE AND PARTICIPATES IN THE FEDERAL FOOD PROGRAM; MORE THAN
140,000 MEALS ARE SERVED ANNUALLY THROUGH THIS PROGRAM.

EXPENSES \$ 159850. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

INTERNATIONAL - OUR YMCA IS EXTREMELY ACTIVE IN WORLD SERVICE THROUGH
THE YMCA OF THE USA AND CURRENTLY HAS PARTNERSHIPS IN CHAVAKALI, KENYA,
IVANOVO, RUSSIA AND HANNOVER, GERMANY. THESE PARTNERSHIPS PROVIDE
EXCHANGE PROGRAMS FOR INTERNATIONAL INTERNS, ALLOW FOR PRESCHOOL
EDUCATION IN KENYA, SUPPORT A STAFF MEMBER IN RUSSIA AND PROVIDE
SUPPORT FOR GENERAL PROGRAM OPERATIONS.

EXPENSES \$ 2782. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION MERGED WITH ITS
FORMER CORPORATE SUBSIDIARY, ADAMSTOWN YMCA, EFFECTIVE OCTOBER 26, 2009.
THE YMCA OF READING AND BERKS COUNTY IS THE SURVIVING CORPORATION.
ARTICLES/CERTIFICATE OF MERGER WAS FILED WITH THE PENNSYLVANIA DEPARTMENT
OF STATE CORPORATION BUREAU.

FORM 990, PART VI, SECTION B, LINE 11: AFTER THE DRAFT OF THE ANNUAL 990
IS SUBMITTED TO THE ACCOUNTING DEPARTMENT, IT IS REVIEWED INTERNALLY BY THE
CFO. ONCE ANY CHANGES ARE MADE, THE REVISED DRAFT IS SUBMITTED TO THE
FINANCE COMMITTEE CHAIR/TREASURER FOR REVIEW. FINANCE COMMITTEE MEMBERS
ARE ALSO OFFERED THE OPPORTUNITY TO INDIVIDUALLY REVIEW THE 990. THE
TREASURER THEN GIVES A SUMMARY REPORT TO THE BOARD OF DIRECTORS AT THE NEXT

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number
23-1244009

SCHEDULED MEETING AFTER HIS REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE BOARD OF DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY, AND SIGN THE DISCLOSURE FORM THAT EVIDENCES THAT THE POLICY HAS BEEN READ, UNDERSTOOD, AND THAT THE INFORMATION PROVIDED ON THE DISCLOSURE FORM IS TRUE AND CORRECT.

THE BOARD OF DIRECTORS RECOGNIZES THAT IT IS INEVITABLE THAT CONFLICTS OF INTEREST, OR THE APPEARANCE OF CONFLICTS OF INTEREST, WILL ARISE. HOWEVER, THE POLICY IS INTENDED TO PROVIDE A WORKABLE PROCESS FOR IDENTIFYING, MINIMIZING AND RESOLVING CONFLICTS OF INTEREST SO THAT BUSINESS TRANSACTIONS ARE TRANSACTED AT ARMS LENGTH.

THE CONFLICT OF INTEREST POLICY/ DISCLOSURE ADDRESSES SUCH MATTERS AS THE REQUIREMENT FOR FULL DISCLOSURE; HOW AND WHEN A CONFLICT MAY ARISE; DEEMED CONFLICTS OF INTEREST; AND THE DUTY TO REFRAIN FROM VOTING WHERE A CONFLICT EXISTS. THE CEO IS RESPONSIBLE FOR MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, AND FOR NOTIFYING THE EXECUTIVE COMMITTEE WHEN AND CONFLICTS ARISE. PERIODICALLY THE BOARD CHAIRPERSON REMINDS THE BOARD MEMBERS OF THEIR RESPONSIBILITY REGARDING THE DISCLOSURE OF ANY CONFLICTS AND THE DUTY TO REFRAIN FROM VOTING IF SUCH CONFLICT EXISTS.

FORM 990, PART VI, SECTION B, LINE 15: THE RESPONSIBILITY OF AUTHORIZING COMPENSATION PACKAGES FOR EMPLOYEES OTHER THAN HIM/HERSELF RESTS WITH THE CEO OF THE ORGANIZATION. COMPENSATION PACKAGES FOR THOSE EMPLOYEES ARE

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number

23-1244009

DEVELOPED WITH THE GOAL OF STRENGTHENING STAFF EFFECTIVENESS IN DELIVERING
MISSION-DRIVEN PROGRAMS BY PROVIDING A REWARDING COMPENSATION PACKAGE
DETERMINED THROUGH A FAIR PROCESS.

THE EXECUTIVE COMPENSATION PACKAGE DETERMINATION PROCESS RESTS SQUARELY
WITH THE EXECUTIVE COMMITTEE (EC) OF THE BOARD OF DIRECTORS. ANNUALLY,
THESE INDIVIDUALS UTILIZE A VARIETY OF INPUTS AND TOOLS PRIOR TO
DETERMINING THE CEO'S COMPENSATION PACKAGE. FIRST AND FOREMOST IS THE
CEO'S ABILITY TO ACHIEVE THE GOALS SET OUT PREVIOUSLY BY THE BOARD OF
DIRECTORS.

OTHER FACTORS CONSIDERED IN DEVELOPING A COMPENSATION PACKAGE INCLUDE:
LABOR MARKET TRENDS; COMPARATIVE SALARY AND BENEFITS AT OTHER YMCAS; AND
LOCAL AREA COMPARABLE DATA, AMONG OTHER FACTORS. THE EC DISCUSSES AND
EVALUATES THE CEO'S PERFORMANCE IN CONJUNCTION WITH ALL OTHER RELEVANT
FACTORS. THE EC IS AWARE OF AND CONSIDERS THE IMPLICATIONS OF ANY EXCESS
BENEFIT SANCTIONS THAT COULD POTENTIALLY BE IMPOSED BY THE IRS. ONCE A
COMPENSATION PACKAGE IS DECIDED UPON, IT IS COMMUNICATED IN WRITING TO THE
CEO (AND ALSO TO THE CFO FOR IMPLEMENTATION) BY THE CHAIRPERSON OF THE EC
(WHO IS ALSO THE CHAIRPERSON OF THE BOARD OF DIRECTORS).

THE COMPENSATION OF THE CEO IS CLEARLY REPORTED ON FORM 990, INCLUDING ANY
RETIREMENT CONTRIBUTIONS MADE TO THE YMCA RETIREMENT FUND.

THE YMCA OF READING AND BERKS COUNTY BELIEVES THAT ITS EMPLOYEES ARE ITS
GREATEST ASSET. THE YMCA OF READING AND BERKS COUNTY ALSO UNDERSTANDS THAT

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number

23-1244009

THERE IS A RESPONSIBILITY TO DONORS, FUNDERS AND MEMBERS TO UTILIZE
FINANCIAL RESOURCES TO SUPPORT THE MISSION AND ACHIEVE THE BEST OUTCOMES.
FAIR COMPENSATION PACKAGES ACCOMPLISH BOTH OF THESE GOALS.

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS,
ORGANIZATION POLICIES AND PROCEDURES AND FINANCIAL STATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XI, LINE 2C

THE ORGANIZATION DID NOT CHANGE ITS POLICIES FROM PRIOR YEARS RELATED
TO OVERSIGHT OF THE AUDIT OF FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT AUDITOR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CASIDY COMPANY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY FATHER-IN-LAW OF CEO

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR

(A) NAME OF PERSON: K. JORDAN BAHR

(D) DESCRIPTION OF TRANSACTION: SEASONAL PART-TIME EMPLOYMENT

(A) NAME OF PERSON: BRANDON BAHR

(D) DESCRIPTION OF TRANSACTION: SEASONAL PART-TIME EMPLOYMENT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF READING & BERKS COUNTY

Employer identification number
23-1244009

(A) NAME OF PERSON: JOHNNIE BAHR

(D) DESCRIPTION OF TRANSACTION: FULL-TIME EMPLOYMENT

Depreciation and Amortization 990
 (Including Information on Listed Property)
 ▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009
 Attachment
 Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

YMCA OF READING & BERKS COUNTY

FORM 990 PAGE 10

23-1244009

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	260,745.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	94,318.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27 5 yrs.	MM	S/L	
	/		27 5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	355,063.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis
		(e) Basis for depreciation (business/investment use only)	(f) Recovery period
		(g) Method/ Convention	(h) Depreciation deduction
		(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use			25
26 Property used more than 50% in a qualified business use			
		%	
		%	
		%	
27 Property used 50% or less in a qualified business use:			
		%	S/L -
		%	S/L -
		%	S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1			29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
LOAN FEES	102909	34,242.	197	96M	713.
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44 713.

YMCA OF READING & BERKS COUNTY
CORPORATE BOARD OF DIRECTORS
2009

(as of May 19, 2009)

CLASS	NAME	ADDRESS	AVERAGE HOURS WORKED PER WEEK
2012	Sime B. Bertolet	The Historical Society of Berks County	NONE
2010	William E. Buckholz	Goodman Vending Services	NONE
2012	Tony L. Buckholz	Goodman Vending Services	NONE
2011	Pamela T. Campbell	Sovereign Bank	NONE
2012	Richard W. Campbell Central Branch Board Chairman	Quadrant Engineering Plastic Products	NONE
2011	Keith Cleary Secretary	M & T Bank	NONE
2011	VADM Daniel L. Cooper, USN (ret.)		NONE
2009	Stephen J. Esser Trustee Board Chairman		NONE
2011	Philip Espinosa	Reading Hospital and Medical Center	NONE
2010	John Gallen	EthoSource, LLC	NONE
2010	Matthew Golden	Reese	NONE
2009	Robert Harrop	East Penn Manufacturing	NONE
2011	Bruce Hartman		NONE
2010	Daniel Huyett, Esq.	Stevens & Lee	NONE
2012	Lisa Lavender	Berks Fire Water Restorations	NONE
2009	Jim Michalak Treasurer	Herbein & Company	NONE
2010	John E. Muir, Esq. Chairman	Roland & Schlegel, PC	NONE
2010	Jeannine O'Neill-Rohrbach	Brentwood Industries	NONE
2010	Joseph Plasko, Jr. Tamaqua Branch Board Chairman		NONE
2011	Stephen Price, Esq.	Mogel, Speidel, Bobb & Kershner	NONE
2011	Andrew Rothermel	Caron Foundation	NONE

YMCA OF READING & BERKS COUNTY
CORPORATE BOARD OF DIRECTORS
2009

(as of May 19, 2009)

CLASS	NAME	ADDRESS	AVERAGE HOURS WORKED PER WEEK
2012	Christopher Smith Adamstown Branch Board Chairman	Benchmark Construction Company	NONE
2012	James Smith, Esq. Tri Valley Branch Board Chairman		NONE
2011	Carl Sottosanti	Penn National Gaming Inc.	NONE
2011	John J. Speicher, Esq.	Leisawitz Heller	NONE
2011	Liz Sterner Vice Chairman	Comcast	NONE
2011	Jeff Wasmuth	Wachovia Bank	NONE
2011	Randy Weidner	RE/MAX of Reading	NONE
	Rusty Bahr President	YMCA of Reading and Berks County 631 Washington Street Reading, PA 19601	50 Hours
	Jill Marino Chief Financial Officer (2009)	YMCA of Reading and Berks County 631 Washington Street Reading, PA 19601	50 Hours
	Jeff Krick Chief Financial Officer (2010)	YMCA of Reading and Berks County 631 Washington Street Reading, PA 19601	50 Hours
	Kim Johnson Vice President	YMCA of Reading and Berks County 631 Washington Street Reading, PA 19601	50 Hours