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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:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNITED WAY OF BERKS COUNTY, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 702

City or town, state or country, and ZIP + 4
READING, PA 19603-0702

D Employer identification number
23-1655375

E Telephone number
(610)685-4550

G Gross receipts $ 12,368,280.

F Name and address of principal officer TAMMY L. WHITE
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UWBERKS.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1963 **M** State of legal domicile PA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. TO BE THE STEWARD OF A VOLUNTARY COMMUNITY PROCESS WHICH HARNESSES HUMAN AND FINANCIAL RESOURCES	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	52
	4	Number of independent voting members of the governing body (Part VI, line 1b)	51
	5	Total number of employees (Part V, line 2a)	37
	6	Total number of volunteers (estimate if necessary)	1712
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,614,533.	9,891,322.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	141,838.	18,777.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,494.	62,281.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,808,865.	9,972,380.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,455,159.	7,280,098.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,209,296.	2,102,802.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,122,009.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	868,730.	795,426.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,533,185.	10,178,326.
	19	Revenue less expenses Subtract line 18 from line 12	275,680.	<205,946.>

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	15,556,704.	16,482,265.
	21	Total liabilities (Part X, line 26)	2,953,640.	2,236,727.
	22	Net assets or fund balances Subtract line 21 from line 20	12,603,064.	14,245,538.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 6/23/10

▶ TAMMY WHITE PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 6/22/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
HERBEIN+COMPANY, INC.
2763 CENTURY BOULEVARD
READING, PA 19610

EIN ▶

Phone no ▶ 610-378-1175

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:
TO BE THE STEWARD OF A VOLUNTARY COMMUNITY PROCESS WHICH HARNESSES HUMAN AND FINANCIAL RESOURCES TOWARD BUILDING A STRONGER COMMUNITY THROUGH COLLABORATIVE RESOLUTION OF IDENTIFIED HEALTH AND HUMAN SERVICE CHALLENGES.

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 $ 7,497,580. including grants of $) (Revenue $)
FUND DISTRIBUTION AND AGENCY RELATIONS:

THIS PROGRAM INCLUDES ACTIVITIES RELATED TO UNITED WAY FULFILLING ITS RESPONSIBILITY TO JUDICIOUSLY DISTRIBUTE DOLLARS DONATED IN SUPPORT OF THE COMMUNITY'S HEALTH AND HUMAN SERVICES NEEDS, PRIMARILY TO AND THROUGH THE PARTNER AGENCIES. ALSO INCLUDED IS THE DAY-TO-DAY SUPPORT AND ASSISTANCE PROVIDED TO THE PARTNER AGENCIES THROUGH SPECIAL AND ROUTINE AGENCY RELATIONS' ACTIVITIES. IN 2009, WE ALLOCATED FUNDS TO 37 AGENCY PARTNERS, SUPPORTING OVER 60 PROGRAMS AND SERVICES. THROUGH SPECIAL FUNDING AND GRANT PROGRAMS WE SUPPORTED ANOTHER 20 PROGRAMS/SERVICES. IN TOTAL, MORE THAN 100,000 BERKS COUNTIANS RECEIVED UNITED WAY-FUNDED SERVICES.

4b (Code:) (Expenses $ 825,413. including grants of $) (Revenue $)
SEE SCHEDULE O

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ $ 8,322,993.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
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? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
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? *If "Yes," complete Schedule F, Part II*	15		X
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? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

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

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		
b	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	37		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
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	1a	52		
b	Enter the number of voting members that are independent	1b	51		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	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?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	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*		9		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?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	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*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		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?	16b		

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.

[X] Own website [X] Another's website [X] 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: ▶

LAURA I. MATTERN - (610)685-4550
501 WASHINGTON STREET, PO BOX 702, READING, PA 19603-0702

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
SHARON DANKS DIRECTOR	1.00	X						0.	0.	0.
RICHARD A. EHST DIRECTOR	1.00	X						0.	0.	0.
DOUGLAS ELLIOTT DIRECTOR	1.00	X						0.	0.	0.
STEVEN E. FISHER DIRECTOR	1.00	X						0.	0.	0.
DR. THOMAS F. FLYNN DIRECTOR	1.00	X						0.	0.	0.
ANDREA J. FUNK DIRECTOR	1.00	X						0.	0.	0.
KATHRYN GOODMAN DIRECTOR	1.00	X						0.	0.	0.
T. KATHLEEN HANLEY DIRECTOR	1.00	X						0.	0.	0.
KATHLEEN HERBEIN DIRECTOR	1.00	X						0.	0.	0.
ROBERT JEFFERSON DIRECTOR	1.00	X						0.	0.	0.
GEOFFREY JONES DIRECTOR	1.00	X						0.	0.	0.
JOANNE JUDGE DIRECTOR	1.00	X		X				0.	0.	0.
ANN KRARAS DIRECTOR	1.00	X						0.	0.	0.
CHRIS KRARAS DIRECTOR	1.00	X						0.	0.	0.
MARALYN LAKIN DIRECTOR	1.00	X						0.	0.	0.
R. DENISE LEE DIRECTOR	1.00	X						0'.	0.	0.
PAUL F. MAGLIONICO DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(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			
DANIEL MARTIN DIRECTOR	1.00	X						0.	0.	0.
DR. LEX O. MCMILLAN III DIRECTOR	1.00	X						0.	0.	0.
RAMONA J. MELECIO DIRECTOR	1.00	X						0.	0.	0.
TAMMY MILLER DIRECTOR	1.00	X						0.	0.	0.
EDITH MURRAY DIRECTOR	1.00	X						0.	0.	0.
GERALD A. NAU CHAIRMAN	1.00	X		X				0.	0.	0.
JAVIER ORTEGA-BENITEZ DIRECTOR	1.00	X						0.	0.	0.
RICHARD L. PATTERSON DIRECTOR	1.00	X						0.	0.	0.
STEVEN M. WEIDMAN DIRECTOR	1.00	X						0.	0.	0.
BARBARA PATTISON DIRECTOR	1.00	X						0.	0.	0.
1b Total ▶								417,714.	0.	189,234.

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	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*	4	X	
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*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WEIDENHAMMER SYSTEMS CORPORATION 935 BERKSHIRE BOULEVARD, READING, PA 19610	INFORMATION TECHNOLOGY	118,742.

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 ▶ 1

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	16,002.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	700,278.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9175042.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	9891322.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	174,478.			174,478.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	2,233,007.				
	b Less cost or other basis and sales expenses	2,388,708.				
	c Gain or (loss)	<155,701.>				
	d Net gain or (loss)	▶	<155,701.>	<155,701.>		
	8a Gross income from fundraising events (not including $ 16,002. of contributions reported on line 1c). See Part IV, line 18	a 7,192.				
	b Less direct expenses	b 7,192.				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a ADMINISTRATION FEES	561000	62,281.	62,281.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	62,281.			
	12 **Total revenue.** See instructions	▶	9972380.	<93,420.>	0.	174,478.

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	7,280,098.	7,280,098.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	349,970.	119,555.	118,790.	111,625.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,167,223.	461,234.	273,271.	432,718.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,945.	5,792.	4,367.	6,786.
9 Other employee benefits	442,356.	151,193.	114,008.	177,155.
10 Payroll taxes	126,308.	51,565.	31,081.	43,662.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	154,059.	59,790.	40,052.	54,217.
17 Travel	45,133.	15,530.	12,020.	17,583.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	104,985.	29,126.	29,070.	46,789.
22 Depreciation, depletion, and amortization	33,907.	10,074.	7,943.	15,890.
23 Insurance				
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 CONTRACT SERVICES	194,976.	97,776.	45,020.	52,180.
b PRINTING AND PROMOTION	124,274.	10,175.	1,264.	112,835.
c MISCELLANEOUS	72,309.	11,459.	43,400.	17,450.
d RENT, PURCHASE & MAINEN	24,666.	5,479.	3,843.	15,344.
e TELEPHONE	14,984.	5,421.	4,036.	5,527.
f All other expenses	26,133.	8,726.	5,159.	12,248.
25 **Total functional expenses.** Add lines 1 through 24f	10,178,326.	8,322,993.	733,324.	1,122,009.
26 **Joint costs** Check here ▶ ☐ 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			1	
	2	Savings and temporary cash investments		4,820,634.	2	3,819,346.
	3	Pledges and grants receivable, net		6,200,153.	3	6,069,574.
	4	Accounts receivable, net		51,360.	4	40,756.
	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			7	
	8	Inventories for sale or use		3,850.	8	699.
	9	Prepaid expenses and deferred charges		847.	9	2,589.
	10a	Land, buildings and equipment: cost or other basis. Complete Part VI of Schedule D	10a 248,964.			
	b	Less accumulated depreciation	10b 204,196.	39,358.	10c	44,768.
	11	Investments - publicly traded securities		3,779,165.	11	5,574,560.
	12	Investments - other securities. See Part IV, line 11		661,337.	12	929,973.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15,556,704.	16	16,482,265.
Liabilities	17	Accounts payable and accrued expenses		584,375.	17	248,213.
	18	Grants payable			18	
	19	Deferred revenue		54,528.	19	69,833.
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		2,314,737.	25	1,918,681.
	26	**Total liabilities.** Add lines 17 through 25		2,953,640.	26	2,236,727.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,781,430.	27	3,272,911.
	28	Temporarily restricted net assets		6,810,528.	28	6,598,950.
	29	Permanently restricted net assets		3,011,106.	29	4,373,677.
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		12,603,064.	33	14,245,538.
	34	Total liabilities and net assets/fund balances		15,556,704.	34	16,482,265.

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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.	2c	X	
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?	3a	X	
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.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(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									

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 ")	8,975,307.	9,410,603.	10,187,110.	10,614,952.	9,891,322.	49,079,294.
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	8,975,307.	9,410,603.	10,187,110.	10,614,952.	9,891,322.	49,079,294.
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						49,079,294.

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	8,975,307.	9,410,603.	10,187,110.	10,614,952.	9,891,322.	49,079,294.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	115,114.	218,699.	252,083.	197,515.	174,478.	957,889.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	49,182.	47,948.	53,799.	52,494.	62,281.	265,704.
11 **Total support.** Add lines 7 through 10						50,302,887.

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

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	97.57 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.68 %

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 ▶ ☒

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 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 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

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY, INC.

Employer identification number
23-1655375

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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).
- ☐ Preservation of land for public use (e.g , recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	3454631.	4556539.			
b	Contributions	695,841.	37,057.			
c	Net investment earnings, gains, and losses	974,079.	<956,847.>			
d	Grants or scholarships					
e	Other expenditures for facilities and programs	193,077.	182,118.			
f	Administrative expenses					
g	End of year balance	4931474.	3454631.			

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

a Board designated or quasi-endowment ▶ 25.00 %
b Permanent endowment ▶ 75.00 %
c Term endowment ▶ _____ %

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

		Yes	No
(i)	unrelated organizations	3a(i) X	
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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				
b Buildings				
c Leasehold improvements	21,396.		14,576.	6,820.
d Equipment	202,346.		164,398.	37,948.
e Other	25,222.		25,222.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	44,768.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
CHARITABLE LEAD TRUST		
RECEIVABLE	256,948.	END-OF-YEAR MARKET VALUE
BENEFICIAL INTEREST IN		
PERPETUAL TRUST	673,025.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	929,973.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO OTHER UNITED WAYS	411,260.
DUE TO DESIGNATED AFFILIATED AGENCIES	1,179,110.
UNFUNDED PENSION LIABILITY	328,311.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	1,918,681.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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	9,972,380.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,178,326.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<205,946.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	1,848,420.
9	Total adjustments (net). Add lines 4 through 8	9	1,848,420.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,642,474.

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	9,870,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	1,101,840.		
b	Donated services and use of facilities	2b	127,432.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	290,662.		
e	Add lines 2a through 2d			2e	1,519,934.
3	Subtract line 2e from line 1			3	8,350,881.
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	1,621,499.		
c	Add lines 4a and 4b			4c	1,621,499.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	9,972,380.

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

1	Total expenses and losses per audited financial statements			1	8,684,259.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	127,432.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	127,432.
3	Subtract line 2e from line 1			3	8,556,827.
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	1,621,499.		
c	Add lines 4a and 4b			4c	1,621,499.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	10,178,326.

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED GAIN/LOSS ON INVESTMENT

UNREALIZED GAIN/LOSS ON BENEFICIAL INTEREST

Part XIV Supplemental Information *(continued)*

CHANGE IN VALUE OF CHARITABLE LEAD TRUST

ADJUSTMENT TO REFLECT UNFUNDED PENSION LIABILITY

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAINS/(LOSSES) ON BENEFICIAL INTEREST: 120494.

CHANGE IN VALUE OF CHARITABLE LEAD TRUST: 170168.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS: 1621499.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED ALLOCATIONS: 1621499.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ 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
UNITED WAY OF BERKS COUNTY, INC.

Employer identification number
23-1655375

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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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.

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 FANTASY BASEBALL EVE (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	23,194.			23,194.
	2 Less: Charitable contributions	16,002.			16,002.
	3 Gross income (line 1 minus line 2)	7,192.			7,192.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	6,270.			6,270.
	8 Entertainment				
	9 Other direct expenses	922.			922.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(7,192)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	0.

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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			▶	

			Yes	No
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?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
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 ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY, INC.

Employer identification number
23-1655375

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II Grants and Other Assistance to 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 ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUT OF COUNTY UNITED WAYS		501(C)(3)	307,858.	0.			DONOR DESIGNATIONS
AMERICAN CANCER SOCIETY 498 BELLEVUE AVENUE READING, PA 19605		501(C)(3)	189,872.	0.			PARTNER AGENCY ALLOCATION
AMERICAN RED CROSS - BERKS COUNTY CHAPTER - 701 CENTRE AVENUE - READING, PA 19601		501(C)(3)	590,129.	0.			PARTNER AGENCY ALLOCATION
ARC ADVOCACY SERVICES 1829 NEW HOLLAND ROAD, SUITE 9 READING, PA 19607		501(C)(3)	72,879.	0.			PARTNER AGENCY ALLOCATION
BERKS AIDS NETWORK 429 WALNUT STREET, PO BOX 8626 READING, PA 19603		501(C)(3)	72,581.	0.			PARTNER AGENCY ALLOCATION
BERKS CONNECTIONS/PRETRIAL SERVICES - 633 COURT STREET, 16TH FLOOR - READING, PA 19601		501(C)(3)	159,964.	0.			PARTNER AGENCY ALLOCATION & 222 ANTI-GANG GRANT

2 Enter total number of section 501(c)(3) and government organizations ▶ 50.

3 Enter total number of other organizations ▶ 1.

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

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: UNITED WAY JUDICIOUSLY DISTRIBUTES DOLLARS DONATED IN SUPPORT OF THE COMMUNITY'S HEALTH AND HUMAN SERVICES NEEDS, PRIMARILY TO AND THROUGH THE PARTNER AGENCIES. ALSO INCLUDED IS THE DAY-TO-DAY SUPPORT AND ASSISTANCE PROVIDED TO THE PARTNER AGENCIES THROUGH SPECIAL AND ROUTINE AGENCY RELATIONS' ACTIVITIES. IN 2009, WE ALLOCATED FUNDS TO 37 AGENCY PARTNERS, SUPPORTING OVER 60 PROGRAMS AND SERVICES. THROUGH SPECIAL FUNDING AND GRANT PROGRAMS WE SUPPORTED ANOTHER 20 PROGRAMS/SERVICES. IN TOTAL, MORE THAN 100,000 BERKS COUNTIANS RECEIVED UNITED WAY-FUNDED SERVICES.

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY, INC.

Employer identification number
23-1655375

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS ENCORE 40 NORTH 9TH STREET READING, PA 19601		501(C)(3)	71,854.	0.			PARTNER AGENCY ALLOCATION
BERKS DEAF & HARD OF HEARING SERVICES - 201 WEST WYOMISSING BOULEVARD - WEST LAWN, PA 19609		501(C)(3)	118,208.	0.			PARTNER AGENCY ALLOCATION
BERKS TALKLINE PO BOX 13234 READING, PA 19612		501(C)(3)	42,550.	0.			PARTNER AGENCY ALLOCATION & SUBCONTRACTED GRANTS
BERKS VISITING NURSE ASSOCIATION 1170 BERKSHIRE BOULEVARD WYOMISSING, PA 19610		501(C)(3)	262,245.	0.			PARTNER AGENCY ALLOCATION
BERKS WOMEN IN CRISIS 645 PENN STREET, 2ND FLOOR READING, PA 19601		501(C)(3)	145,998.	0.			PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANTS
BIG BROTHERS/BIG SISTERS OF BERKS COUNTY - 303 WINDSOR STREET - READING, PA 19601		501(C)(3)	155,799.	0.			PARTNER AGENCY ALLOCATION
BIRDSBORO COMMUNITY MEMORIAL CENTER - 201 EAST MAIN STREET - BIRDSBORO, PA 19508		501(C)(3)	57,647.	0.			PARTNER AGENCY ALLOCATION
BOY SCOUTS OF AMERICA - HAWK MOUNTAIN COUNCIL - 5027 POTTSVILLE PIKE - READING, PA 19605		501(C)(3)	286,413.	0.			PARTNER AGENCY ALLOCATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY, INC.

Employer identification number
23-1655375

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURN PREVENTION FOUNDATION 236 NORTH 17TH STREET ALLENTOWN, PA 18104		501(C)(3)	5,654.	0.			DONOR DESIGNATIONS
CAMP FIRE USA ADAHI COUNCIL 172 HARTZ STORE ROAD MOHNTON, PA 19540		501(C)(3)	164,770.	0.			PARTNER AGENCY ALLOCATION
CAMP SCHOLARSHIP FUND - WEST BERKS MISSION DISTRICT - 1015 WINDSOR STREET - READING, PA 19604		501(C)(3)	20,771.	0.			PARTNER AGENCY ALLOCATION
CENTER FOR MENTAL HEALTH - THE READING HOSPITAL & MEDICAL CENTER - PO BOX 16052 - READING, PA 19612		501(C)(3)	116,671.	0.			PARTNER AGENCY ALLOCATION
THE CHILDREN'S HOME OF READING 1010 CENTRE AVENUE READING, PA 19601		501(C)(3)	74,869.	0.			PARTNER AGENCY ALLOCATION
CENTRO HISPANO DANIEL TORRES, INC. 501 WASHINGTON STREET READING, PA 19601		501(C)(3)	162,145.	0.			PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANTS
COMMUNITY CHILD CARE - BERKS COUNTY INTERMEDIATE UNIT - 1111 COMMONS BLVD, PO BOX 16050 - READING, PA 19612			226,860.	0.			PARTNER AGENCY ALLOCATION
COUNCIL ON CHEMICAL ABUSE 601 PENN STREET, SUITE 600 READING, PA 19601		501(C)(3)	77,301.	0.			PROGRAM FUNDING ALLOCATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY, INC.

Employer identification number
23-1655375

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS EASTERN PENNSYLVANIA 1040 LIGGETT AVENUE READING, PA 19611		501(C)(3)	256,313.	0.			PARTNER AGENCY ALLOCATION
FAMILY GUIDANCE CENTER 1235 PENN AVENUE, SUITE 205-206 READING, PA 19610		501(C)(3)	352,729.	0.			PARTNER AGENCY ALLOCATION
FRIEND, INC. COMMUNITY SERVICES 658D NOBLE STREET KUTZTOWN, PA 19530		501(C)(3)	116,498.	0.			PARTNER AGENCY ALLOCATION
GIRL SCOUTS OF EASTERN PENNSYLVANIA - 330 MANOR ROAD - MIQUON, PA 19444		501(C)(3)	110,788.	0.			PARTNER AGENCY ALLOCATION
GREATER BERKS FOOD BANK 1011 TUCKERTON COURT READING, PA 19605		501(C)(3)	60,000.	0.			PROGRAM FUNDING ALLOCATION & RAPID RESPONSE GRANT
JEWISH COMMUNITY CENTER OF READING - JEWISH FEDERATION OF READING, PA - 1100 BERKSHIRE BOULEVARD - WYOMISSING, PA 19610		501(C)(3)	69,958.	0.			PARTNER AGENCY ALLOCATION
KIDSPEACE ADVANCES PROGRAM 8TH AVENUE & HAY ROAD TEMPLE, PA 19560		501(C)(3)	6,940.	0.			DONOR DESIGNATION
LITERACY COUNCIL OF READING-BERKS 35 SOUTH DWIGHT STREET WEST LAWN, PA 19609		501(C)(3)	56,986.	0.			PARTNER AGENCY ALLOCATION

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY, INC.

Employer identification number
23-1655375

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF READING & BERKS COUNTY - 122 WEST LANCASTER AVENUE, SUITE 207 - SHILLINGTON, PA 19607		501(C)(3)	120,809.	0.			PARTNER AGENCY ALLOCATION
OLIVET BOYS & GIRLS CLUB OF READING & BERKS COUNTY - 1161 PERSHING BOULEVARD - READING, PA 19611		501(C)(3)	861,456.	0.			PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANT
OPPORTUNITY HOUSE 430 NORTH SECOND STREET READING, PA 19601		501(C)(3)	172,250.	0.			PARTNER AGENCY ALLOCATION & SUBCONTRACTED GRANT
READING AREA COMMUNITY COLLEGE 10 SOUTH SECOND STREET, PO BOX 1706 READING, PA 19603			104,490.	0.			PROGRAM FUNDING ALLOCATION - ESL LANGUAGE CLASSES
READING-BERKS HABITAT FOR HUMANITY 336 SOUTH 18TH STREET READING, PA 19602		501(C)(3)	31,890.	0.			DONOR DESIGNATION
THE SALVATION ARMY OF READING PO BOX 1099 READING, PA 19602		501(C)(3)	212,986.	0.			PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANT
THRESHOLD REHABILITATION SERVICES, INC. - 1000 LANCASTER AVENUE - READING, PA 19607		501(C)(3)	115,231.	0.			PARTNER AGENCY ALLOCATION
UNITED SERVICE ORGANIZATION 2111 WILSON BLVD ARLINGTON, VA 22201		501(C)(3)	18,718.	0.			DONOR DESIGNATION

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
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Employer identification number
23-1655375

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF READING & BERKS COUNTY 631 WASHINGTON STREET READING, PA 19603		501(C)(3)	533,058.	0.			PARTNER AGENCY ALLOCATION & SUBCONTRACTED GRANT
UNITED COMMUNITY SERVICES FOR WORKING FAMILIES - 116 NORTH FIFTH STREET - READING, PA 19601		501(C)(3)	74,167.	0.			PROGRAM FUNDING ALLOCATION
BERKS COUNTY OFFICE OF AGING 633 COURT STREET, 8TH FLOOR READING, PA 19601			144,395.	0.			STRATEGIC ISSUES GRANT
BERKS COUNTY DISTRICT ATTORNEY'S OFFICE - 633 COURT STREET - READING, PA 19601			60,564.	0.			222 ANTI-GANG GRANT
CITY OF READING 815 WASHINGTON STREET READING, PA 19601			182,481.	0.			222 ANTI-GANG GRANT
COUNTY OF LEHIGH 17 SOUTH 7TH STREET ALLENTOWN, PA 18101			64,726.	0.			222 ANTI-GANG GRANT
COUNTY OF YORK 100 WEST MARKET STREET YORK, PA 17401			10,400.	0.			222 ANTI-GANG GRANT
ALERT PARTNERSHIP 17TH & CHEW STREETS, PO BOX 7017 ALLENTOWN, PA 18105		501(C)(3)	40,234.	0.			222 ANTI-GANG GRANT

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY, INC.

Employer identification number
23-1655375

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF EASTON 1 SOUTH THIRD STREET EASTON, PA 18042			41,874.	0.			222 ANTI-GANG GRANT
CITY OF LANCASTER 120 N. DUKE STREET, PO BOX 1599 LANCASTER, PA 17608			18,285.	0.			222 ANTI-GANG GRANT
READING PUBLIC LIBRARY 100 SOUTH FIFTH STREET READING, PA 19602			5,000.	0.			RAPID RESPONSE FUND GRANT
COUNCIL OF SPANISH SPEAKING ORGANIZATIONS LEHIGH VALLEY - 520 E 4TH STREET - BETHLEHEM, PA 18015			10,000.	0.			222 ANTI-GANG GRANT
CHOOSE YOUR FUTURE, INC P.O. BOX 172 LANCASTER, PA 17608		501(C)(3)	15,361.	0.			222 ANTI-GANG GRANT

Part IV Supplemental Information

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

IN 2006, UNITED WAY OF BERKS COUNTY AGREED TO BE THE FISCAL AGENT FOR THE 222 ANTI-GANG GRANT, WHICH IS PART OF A FEDERAL GRANT PROGRAM MANAGED BY THE U.S. ATTORNEY'S OFFICE IN PHILADELPHIA, PA. IN THIS CAPACITY, UNITED WAY OF BERKS COUNTY MADE DISTRIBUTIONS TO A VARIETY OF ORGANIZATIONS AND INDIVIDUALS TO FULFILL THE GOALS FOR THE THREE COMPONENTS OF THE GRANT WHICH ARE LAW ENFORCEMENT, PREVENTION AND RE-ENTRY.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF BERKS COUNTY, INC.

Employer identification number

23-1655375

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KAREN A. RIGHTMIRE	(i)	70,864.		3,014.	181,914.	1,186.	256,978.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization
UNITED WAY OF BERKS COUNTY, INC.

Employer Identification number
23-1655375

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
CHRISTOPHER E. PRUITT DIRECTOR	1.00	X		X				0.	0.	0.
JEFFREY R. RUSH DIRECTOR	1.00	X						0.	0.	0.
JUDITH S. SCHWANK DIRECTOR	1.00	X						0.	0.	0.
JON C. SCOTT DIRECTOR	1.00	X						0.	0.	0.
G. FRED SHAEFF, JR. DIRECTOR	1.00	X						0.	0.	0.
SHERRY SIDHU DIRECTOR	1.00	X						0.	0.	0.
STEVEN C. SILVERMAN SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
BRUCE G. SMITH DIRECTOR	1.00	X						0.	0.	0.
MICHAEL L. SHOR DIRECTOR	1.00	X						0.	0.	0.
WILLIAM E. STEVENS DIRECTOR	1.00	X						0.	0.	0.
DAVID W. TREGO DIRECTOR	1.00	X						0.	0.	0.
MICHAEL TOLEDO DIRECTOR	1.00	X						0.	0.	0.
SCOTT WOLFE DIRECTOR	1.00	X						0.	0.	0.
CHRISTINE WULLERT DIRECTOR	1.00	X						0.	0.	0.
GLEN A. YEAGER DIRECTOR	1.00	X						0.	0.	0.
NANCY YOCOM DIRECTOR	1.00	X						0.	0.	0.
RICHARD ZUIDEMA DIRECTOR	1.00	X						0.	0.	0.
MARIA BAEZ DIRECTOR	1.00	X						0.	0.	0.
DR. SOLOMON LAUSCH DIRECTOR	1.00	X						0.	0.	0.
DR. MARIA MELENDEZ DIRECTOR	1.00	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization
UNITED WAY OF BERKS COUNTY, INC.

Employer Identification number
23-1655375

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
JONI NAUGLE DIRECTOR	1.00	X						0.	0.	0.
MICHAEL R. REESE DIRECTOR	1.00	X						0.	0.	0.
MICHELE L. RICHARDS DIRECTOR	1.00	X						0.	0.	0.
REV. LUTHER ROUTTE DIRECTOR	1.00	X						0.	0.	0.
VIRGINIA RUSH DIRECTOR	1.00	X						0.	0.	0.
STEVEN A. SCHUMACHER DIRECTOR	1.00	X						0.	0.	0.
LAURA I. MATTERN SR VP FINANCE & ADMIN	37.50				X			89,153.	0.	1,589.
TAMMY L. WHITE PRESIDENT	37.50				X	X		106,000.	0.	2,617.
PATRICIA C. GILES SR VP COMMUNITY IMPACT	37.50				X			82,272.	0.	161.
JEAN MORROW SR VP RESOURCE DEVELOPME	37.50				X			66,411.	0.	1,767.
KAREN A. RIGHTMIRE FORMER PRESIDENT							X	73,878.	0.	183,100.

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: UNITED WAY OF BERKS COUNTY, INC.

Employer identification number: 23-1655375

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	18	93,036.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
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.			

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

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

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

TOWARD BUILDING A STRONGER COMMUNITY THROUGH COLLABORATIVE RESOLUTION OF IDENTIFIED HEALTH AND HUMAN SERVICE CHALLENGES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

BERKS COUNTY WEED & SEED STRATEGY

UNITED WAY OF BERKS COUNTY MANAGED THE "SEEDING" SIDE, OR COMMUNITY REVITALIZATION PORTION OF THIS PROGRAM, FOR EIGHT YEARS, WITH THE END DATE OF JUNE 30, 2009. AT THIS TIME, THE FEDERAL AND STATE FUNDING EXPIRED FOR THIS WEED & SEED SITE. BEGINNING IN JULY 2009, THE CITY OF READING BEGAN TO SERVE AS THE SEEDING COORDINATOR ROLE AND NOW FOCUSES ON A DIFFERENT TARGET AREA WITHIN THE CITY OF READING.

COURT APPOINTED SPECIAL ADVOCATE (CASA) PROGRAM

UNITED WAY OF BERKS COUNTY HAD OPERATED THIS PROGRAM SINCE THE EARLY 1990'S AT THE REQUEST OF THE BERKS COUNTY JUDICIAL SYSTEM. IN 2009, THE PROGRAM RESPONSIBILITY WAS TRANSFERRED TO OPPORTUNITY HOUSE IN ORDER TO COMPLEMENT SERVICES IT NOW HAS IN PLACE THROUGH ITS OPERATION OF THE CHILDREN'S ALLIANCE CENTER, WHICH PROVIDES THE SYNERGY AND STAFF NEEDS TO BEST SERVE AS CHILD ADVOCATES IN THIS MANNER.

HOMELESS MANAGEMENT INFORMATION SYSTEM

SINCE 2004, UNITED WAY HAS SERVED AT THE HUD GRANTEE IN BERKS COUNTY

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: UNITED WAY OF BERKS COUNTY, INC.

Employer identification number: 23-1655375

FOR MANAGEMENT OF THE HOMELESS MANAGEMENT INFORMATION SYSTEM. AS OF JULY 1, 2009, THE GRANT WAS TRANSFERRED TO OPPORTUNITY HOUSE AS THE FISCAL AGENCY FOR THE RECENTLY DEVELOPED BERKS COALITION TO END HOMELESSNESS, WHICH WILL NOW MANAGE THE SYSTEM.

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

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

THROUGH THESE PROGRAMS, UNITED WAY IS ABLE TO ACHIEVE MEASURABLE RESULTS IN OUR COMMUNITY. KEY RESULTS IN 2009 INCLUDE:

AMERICAN RED CROSS, BERKS COUNTY CHAPTER ASSISTED 297 PEOPLE THROUGHOUT BERKS COUNTY WHO SUFFERED THE TRAGIC DISASTER OF LOSING OR HAVING THEIR HOMES SEVERELY DAMAGED DUE TO FIRES.

BERKS AIDS NETWORK/CO-COUNTY WELLNESS SERVICES PROVIDED SERVICES TO APPROXIMATELY 3,000 INDIVIDUALS IN BERKS COUNTY TO HELP PEOPLE UNDERSTAND THE IMPORTANCE OF PREVENTING, OR MODIFYING BEHAVIORS, THAT COULD PUT THEM AT RISK FOR HIV/AIDS.

ARC ADVOCACY SERVICES HELPED 693 INDIVIDUALS AND THEIR FAMILIES DEAL WITH ISSUES RELATED TO MENTAL RETARDATION.

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: UNITED WAY OF BERKS COUNTY, INC.

Employer identification number: 23-1655375

LAST YEAR, 133 CHILDREN RECEIVED KEYSTONE STARS QUALITY CHILD CARE SERVICES PROVIDED THROUGH BERKS COUNTY INTERMEDIATE UNIT CHILD CARE. 97% OF THESE PRE-SCHOOL CHILDREN IMPROVED THEIR LITERACY SKILLS AND 89% IMPROVED THEIR SELF-HELP SKILLS AS THEY PROGRESS TOWARD KINDERGARTEN READINESS.

69% OF THE INDIVIDUALS SUCCESSFULLY COMPLETING THE COMMUNITY RE-ENTRY PROGRAM PROVIDED BY BERKS CONNECTIONS/PRE-TRIAL SERVICES HAD NOT BEEN RE-INCARCERATED FOR AT LEAST SIX MONTHS.

BERKS ENCORE'S MEALS ON WHEELS PROGRAM DELIVERED ONE NUTRITIONALLY BALANCED MEAL TO 750 HOMEBOUND, ELDERLY CLIENTS 5 DAYS EACH WEEK, FOR A TOTAL OF 189,000 MEALS ANNUALLY.

BERKS DEAF AND HARDING OF HEARING HELPED 1,885 DEAF AND HARD OF HEARING CLIENTS AND THEIR FAMILIES HANDLE THESE SITUATIONS THROUGH A CLIENT SERVICES ASSISTANT AND/OR THE USE OF SERVICES SUCH AS ASSISTIVE HEARING DEVICES, COMMUNICATING VIA VIDEO CAMERA PHONES, ETC.

BERKS TALKLINE RECEIVED OVER 6,890 CALLS FROM CHILDREN, YOUTH, AND ADULTS THAT TRADITIONALLY ENCOMPASS A BROAD RANGE OF PROBLEMS THAT CHALLENGE ALL OF US IN OUR DAILY LIVES.

OVER THE PAST YEAR, BERKS WOMEN IN CRISIS PROVIDED OVER 9,068 NIGHTS OF EMERGENCY SHELTER TO 371 WOMEN AND 396 CHILDREN WHO WERE VICTIMS OF DOMESTIC VIOLENCE.

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.
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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF BERKS COUNTY, INC.

Employer identification number: 23-1655375

77% OF THE PATIENTS WHO WERE RELEASED FROM THE HOSPITAL, OR OTHER MEDICAL FACILITY, WERE ABLE TO REMAIN INDEPENDENT IN THEIR HOMES DUE TO BERKS VISITING NURSES ASSOCIATION SERVICES.

OF THE YOUTH PARTICIPATING IN BIG BROTHERS/BIG SISTERS FOR 1 YEAR OR LONGER:

100% GRADUATED FROM HIGH SCHOOL

99.9% ADVANCED TO THE NEXT ACADEMIC GRADE LEVEL

LESS THAN 1% TEENAGE PREGNANCY RATE

90% OF THE PARTICIPATING STUDENTS OF THE ALTERNATIVE EDUCATIONAL PROGRAMS THROUGH THE CHILDREN'S HOME DAY SCHOOL DEMONSTRATED IMPROVED ACADEMIC ABILITY.

CENTRO HISPANO DANIEL TORRES PROVIDED INFORMATION AND REFERRAL, TRANSPORTATION, AND TRANSLATION SERVICES TO 4,000 PERSONS DURING 2009.

766 CHILDREN AND YOUTH RECEIVED MEDICAL EVALUATION, PHYSICAL AND OCCUPATIONAL THERAPY AND THERAPEUTIC RECREATION FOR DEVELOPMENTAL OR TRAUMATIC-INDUCED DISABILITIES IN BERKS COUNTY THROUGH EASTER SEALS EASTERN PENNSYLVANIA.

71% OF CLIENTS SURVEYED RECEIVING COUNSELING SERVICES THROUGH THE FAMILY GUIDANCE CENTER REPORTED THAT THEY IMPROVED THE QUALITY OF THEIR RELATIONSHIPS WITH FAMILY AND FRIENDS WHILE 68% FUNCTIONED BETTER IN

THEIR WORK AND OTHER SOCIAL SETTINGS.

FRIEND, INC., COMMUNITY SERVICES PROVIDED FAMILY AND INDIVIDUAL STRENGTHENING SERVICES TO 551 PEOPLE.

GIRL SCOUTS OF EASTERN PENNSYLVANIA PROVIDED ACCESSIBLE, AFFORDABLE, AND ENRICHING AFTER SCHOOL PROGRAMS TO 485 GIRLS WHO LIVE IN SOME OF OUR MORE CHALLENGING COMMUNITIES.

5,031 BERKS COUNTY YOUTH WERE SERVED BY PROGRAMS OF HAWK MT. COUNCIL, BOY SCOUTS OF AMERICA.

THE LITERACY COUNCIL OF READING AND BERKS COUNTY HELPED 742 BERKS COUNTIANS LEARN TO READ BETTER.

OLIVET BOYS AND GIRLS CLUB OF READING AND BERKS COUNTY PROVIDED EDUCATIONAL, RECREATIONAL AND GUIDANCE PROGRAMS TO MORE THAN 7,965 YOUTH. 85% OF ELEMENTARY YOUTH WHO PARTICIPATED IN THE HOMEWORK CENTER INCREASED THEIR ACADEMIC PERFORMANCE OR MAINTAINED THEIR GRADES.

OPPORTUNITY HOUSE PROVIDED EMERGENCY SHELTER SERVICES FOR A MINIMUM OF AT LEAST ONE NIGHT TO 563 ADULTS AND 84 CHILDREN. IN TOTAL THE AGENCY PROVIDED 27,563 NIGHTS OF SHELTER AND 112,860 MEALS.

SALVATION ARMY-READING CORPS SERVED OVER 18,729 FAMILIES THROUGH ITS SHARE PROGRAM WHICH INCLUDES ASSISTANCE WITH SUCH NEEDS AS LACK OF

FOOD, PROBLEMS WITH PAYING FOR UTILITIES, AND NOT HAVING MONEY TO PAY FOR NECESSARY MEDICAL PRESCRIPTIONS.

65% OF THE YOUTH RECEIVING BEHAVIORAL HEALTH SERVICES AT THE CENTER FOR MENTAL HEALTH AT THE READING HOSPITAL, WHO IDENTIFIED DIFFICULTIES WITH SCHOOL BEHAVIOR AS THEIR PRIMARY PROBLEM, WERE REPORTED AS HAVING IMPROVEMENT IN THEIR SCHOOL BEHAVIOR.

HOUSING WAS PROVIDED TO 372 NEEDY MEN AND WOMEN THROUGH ITS HOUSING PROGRAMS AT THE YMCA CENTRAL BRANCH.

FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING BOARD MEMBERS ARE RELATED:

ANN AND CHRIS KRARAS-SPOUSES

VIRGINIA AND JEFFREY RUSH-SPOUSES

TWO MARRIED COUPLES MAINTAIN POSITIONS ON THE UNITED WAY OF BERKS COUNTY BOARD OF DIRECTORS. THIS SITUATION OCCURS BECAUSE IT IS A COMMON PRACTICE FOR A HUSBAND AND WIFE TEAM TO SERVE AS CO-CHAIRS OF THE ANNUAL FUND-RAISING CAMPAIGN, WHICH HAS BEEN A VERY SUCCESSFUL AND POPULAR APPROACH WITH THE VOLUNTEERS. THE COUPLES REPRESENT PAST, CURRENT, OR FUTURE CAMPAIGN CO-CHAIRS.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED AND APPROVED BY THE GOVERNANCE COMMITTEE AND REPORTED TO THE BOARD OF DIRECTORS ANNUALLY

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: UNITED WAY OF BERKS COUNTY, INC.

Employer identification number: 23-1655375

PRIOR TO SUBMISSION.

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

AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN, OR REASONABLY SHOULD BE KNOWN.

AN INTERESTED PARTY SHALL COMPLETE A QUESTIONNAIRE/DISCLOSURE STATEMENT, IN THE FORM ATTACHED TO FULLY AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE DISCLOSURE STATEMENT SHALL BE COMPLETED UPON HIS OR HER ASSOCIATION WITH UNITED WAY OF BERKS COUNTY AND SHALL BE UPDATED ANNUALLY. AN ADDITIONAL DISCLOSURE STATEMENT SHALL BE COMPLETED AT SUCH TIMES AS AN ACTUAL POTENTIAL CONFLICT ARISES.

FOR BOARD MEMBERS, THE DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE PRESIDENT, WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE GOVERNANCE COMMITTEE. THE GOVERNANCE COMMITTEE SHALL REVIEW THE SUMMARY OF THE FINDINGS PREPARED BY THE PRESIDENT AND PRESENT A REPORT TO THE EXECUTIVE COMMITTEE IN THE SPRING OF EACH YEAR.

IN THE CASE OF MEMBERS OF THE FINANCE COMMITTEE, THE INVESTMENT COMMITTEE AND THE AUDIT COMMITTEE, THE DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE PRESIDENT, WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE EXECUTIVE COMMITTEE IN THE SPRING OF EACH YEAR.

IN THE CASE OF STAFF, THE DISCLOSURE STATEMENTS SHALL BE PRESENTED TO THE SENIOR VICE PRESIDENT & ADMINISTRATION, WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE PRESIDENT BY MARCH 31ST OF EACH YEAR. IN THE CASE OF THE SENIOR VICE PRESIDENT & ADMINISTRATION, THE DISCLOSURE STATEMENT SHALL BE PROVIDED TO THE PRESIDENT. THE PRESIDENT SHALL PROVIDE HIS/HER DISCLOSURE STATEMENT TO THE CHAIRMAN OF THE BOARD.

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

WHENEVER THERE IS REASON TO BELIEVE THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS BETWEEN UNITED WAY OF BERKS COUNTY AND AN INTERESTED PARTY, THE BOARD OF DIRECTORS, UPON THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE OR THE GOVERNANCE COMMITTEES, SHALL DETERMINE THE APPROPRIATE ORGANIZATIONAL RESPONSE.

WHERE THE ACTUAL OR POTENTIAL CONFLICT INVOLVES AN EMPLOYEE OF UNITED WAY OF BERKS COUNTY OTHER THAN THE PRESIDENT, THE PRESIDENT SHALL, IN THE FIRST INSTANCE, BE RESPONSIBLE FOR REVIEWING THE MATTER AND MAY TAKE APPROPRIATE ACTION AS NECESSARY TO PROTECT THE INTERESTS OF UNITED WAY OF BERKS COUNTY. THE PRESIDENT SHALL DETERMINE WHETHER THE RESULTS OF ANY REVIEW AND ACTION SHALL BE REPORTED TO THE CHAIRMAN. WHEN REPORTED TO THE CHAIRMAN, THE CHAIRMAN IN CONSULTATION WITH THE EXECUTIVE COMMITTEE, SHALL DETERMINE IF

ANY FURTHER BOARD REVIEW OR ACTION IS REQUIRED.

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

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

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMPENSATION PROCEDURES:

THE UNITED WAY OF BERKS COUNTY BOARD OF DIRECTORS HAS ESTABLISHED THE CHAIRMAN OF THE BOARD'S ADVISORY COMMITTEE. THE ORGANIZATION'S BYLAWS STATE:

"THERE SHALL BE A CHAIRPERSON'S ADVISORY COMMITTEE CONSISTING OF THE CHAIRPERSON OF THE BOARD, THE CHAIRPERSON-ELECT OF THE BOARD, THE STRATEGIC PLANNING CHAIRPERSON, AND THE SECRETARY/TREASURER. IN ANY ONE-YEAR, ONE OR MORE OTHER OFFICERS MAY BE APPOINTED BY THE CHAIRPERSON OF THE BOARD TO SERVE ON THE COMMITTEE.

THE CHAIRPERSON'S ADVISORY COMMITTEE SHALL ASSESS THE PRESIDENT'S

PERFORMANCE AND DETERMINE HIS/HER COMPENSATION. THEY SHALL COUNSEL THE PRESIDENT IN MATTERS RELATING TO EMPLOYEE COMPENSATION, THE OVERALL DIRECTION OF THE ORGANIZATION AND IN OTHER MATTERS DEEMED APPROPRIATE BY THE CHAIRPERSON OF THE BOARD. ALL ACTIONS AND RECOMMENDATIONS OF THE CHAIRPERSON'S ADVISORY COMMITTEE SHALL BE REPORTED TO THE EXECUTIVE COMMITTEE AND/OR THE BOARD OF DIRECTORS."

THIS COMMITTEE WAS ESTABLISHED IN CONSIDERATION OF THE FACT THE ORGANIZATION HAS AT LEAST A 36 MEMBER BOARD AND A 15 MEMBER EXECUTIVE COMMITTEE; AND THE NEED FOR THE PRESIDENT TO HAVE A SMALL, EASILY ACCESSIBLE GROUP OF CLOSE ADVISORS.

RELATIVE TO ITS EXECUTIVE COMPENSATION RESPONSIBILITIES, THE CHAIRPERSON'S ADVISORY COMMITTEE EVALUATES THE PRESIDENT'S PERFORMANCE ON AN ANNUAL BASIS. THE PRESIDENT PRESENTS TO THE COMMITTEE, AND DISCUSSES WITH THEM, INFORMATION ON THE ACCOMPLISHMENTS OF THE ORGANIZATION AND ITS PROGRESS TOWARD ACHIEVING THE GOALS OUTLINED IN THE STRATEGIC PLAN, THE FULFILLMENT OF HIS/HER DUTIES AND RESPONSIBILITIES AS OUTLINED IN THE POSITION KEY RESULT FACTORS, AND THE MANNER IN WHICH THE CHALLENGES OF THE ORGANIZATION HAVE BEEN ADDRESSED AND THE OPPORTUNITIES TAKEN. THE PRESIDENT ALSO DEFINES AND DISCUSSES CURRENT AND FUTURE ORGANIZATIONAL CHALLENGES AND OPPORTUNITIES.

FOLLOWING THIS DISCUSSION, THE COMMITTEE MEETS WITHOUT THE PRESIDENT TO CONSIDER THIS INFORMATION AND TO DISCUSS HIS/HER PERFORMANCE. THE CHAIRPERSON THEN MEETS WITH THE PRESIDENT AND SHARES THE RESULTS OF THE

GROUP EVALUATION AS WELL AS ANY GOALS OR SUGGESTIONS THE COMMITTEE HAS RELATIVE TO THE INFORMATION PRESENTED AND THE FUTURE DIRECTION OF THE ORGANIZATION. THE CHAIRPERSON OF THE BOARD COMMUNICATES THE RESULTS OF THE ASSESSMENT VERBALLY AND IN WRITING TO THE PRESIDENT. THE RESULTS OF THE ASSESSMENT ARE INCLUDED IN THE PRESIDENT'S PERSONNEL FILE.

THE CHAIRPERSON'S ADVISORY COMMITTEE ALSO DETERMINES THE PRESIDENT'S ANNUAL COMPENSATION AND COMMUNICATES THAT VERBALLY AND IN WRITING. IT ALSO IS INCLUDED IN THE PRESIDENT'S PERSONNEL FILE. THE LEVEL AND FORM OF COMPENSATION IS DETERMINED FOLLOWING A REVIEW OF LOCAL COMPENSATION LEVELS OF CEO'S OF ORGANIZATIONS OF SIMILAR SIZE AND SCOPE, AS WELL AS THE COMPENSATION LEVELS OF CEO'S OF UNITED WAY ORGANIZATIONS OF SIMILAR SIZE AND SCOPE.

THE RESULTS OF THE PERFORMANCE REVIEW ARE REPORTED TO THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS AS WELL AS THE FACT THAT THE COMPENSATION FALLS WITHIN THE NORMS OF OTHER UNITED WAY CHIEF EXECUTIVES OF SIMILAR SIZE UNITED WAY'S. THE LEVEL OF SALARY IS NOT REPORTED BUT IS AVAILABLE UPON REQUEST.

KEY EMPLOYEE COMPENSATION PROCEDURES:

COMPENSATION PROCEDURES FOR KEY EMPLOYEES OF UNITED WAY OF BERKS COUNTY FOLLOW THE ORGANIZATION'S SALARY AND ADMINISTRATION PROGRAM AND THE PERSONNEL POLICIES AS PROVIDED TO ALL STAFF.

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

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

THE COMPETITIVENESS OF THE SALARY STRUCTURE AT UNITED WAY OF BERKS COUNTY WILL BE ASSESSED PERIODICALLY, AS DETERMINED BY THE PRESIDENT BUT NOT MORE THAN EVERY THREE YEARS, BASED ON SURVEYS OF SALARIES PAID BY OTHER EMPLOYERS FOR SIMILAR WORK. AN OUTSIDE HUMAN RESOURCES FIRM NORMALLY DOES THE ASSESSMENT. IF THERE IS EVIDENCE OF A CHANGE IN GENERAL SALARY LEVELS, THE SALARY RANGES ARE ADJUSTED ACCORDING TO THE PROGRAM'S OBJECTIVES, WITH THE APPROVAL OF THE EXECUTIVE COMMITTEE (SEE BELOW). THESE ADJUSTMENTS DO NOT CHANGE THE GRADES TO WHICH POSITIONS ARE ASSIGNED AND DO NOT RESULT IN AUTOMATIC CHANGES IN INDIVIDUAL SALARIES.

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, SITTING AS THE PERSONNEL COMMITTEE, SHALL REVIEW AND APPROVE THE SALARY STRUCTURE. THE REVIEW AND APPROVAL NORMALLY FOLLOWS THE ASSESSMENT DONE BY AN OUTSIDE HUMAN RESOURCES FIRM TO DETERMINE WHETHER CHANGES HAVE OCCURRED IN THE GENERAL SALARY LEVELS. THE EXECUTIVE COMMITTEE WILL DETERMINE IF A REPORT ON THE ORGANIZATION'S COMPENSATION PLAN/SALARY STRUCTURE SHALL BE MADE TO THE FULL BOARD OF DIRECTORS.

UNITED WAY OF BERKS COUNTY'S POLICY IS THAT SALARY INCREASES ARE BASED ON MERIT AND SHOULD REFLECT AN EMPLOYEE'S CONTRIBUTION TO THE ORGANIZATION IN RELATION TO THE RESPONSIBILITIES OF HIS OR HER POSITION. SALARY INCREASES MAY BE LIMITED BY THE AVAILABILITY OF FUNDS. THE SALARY ADMINISTRATION PROGRAM THEREFORE HAS BEEN DESIGNED TO PROVIDE THE BEST PERFORMERS WITH HIGHER PERCENTAGES OF MERIT INCREASES. WITH THE EXCEPTION OF SPECIAL TYPES OF SALARY ADJUSTMENTS, MERIT INCREASES ARE THE ONLY TYPE OF SALARY INCREASES NORMALLY GRANTED.

SCHEDULE O
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2009

Open to Public Inspection

Name of the organization: UNITED WAY OF BERKS COUNTY, INC.

Employer identification number: 23-1655375

FORM 990, PART VI, SECTION C, LINE 19: COMPLIANCE WITH PUBLIC INSPECTION REQUIREMENTS:

IN GENERAL, EXEMPT ORGANIZATIONS MUST MAKE AVAILABLE FOR PUBLIC INSPECTION CERTAIN ANNUAL RETURNS AND APPLICATIONS FOR EXEMPTION, AND MUST PROVIDE COPIES OF SUCH RETURNS AND APPLICATIONS TO INDIVIDUALS WHO REQUEST THEM. IN COMPLIANCE WITH THIS REQUIREMENT, UNITED WAY OF BERKS COUNTY ADHERES TO THE FOLLOWING:

IN RESPONSE TO A WRITTEN REQUEST AT THE PRINCIPAL OFFICE OF UNITED WAY OF BERKS COUNTY, A COPY OF THE COVERED TAX DOCUMENTS SHALL BE PROVIDED TO THE REQUESTER WITHIN THIRTY (30) DAYS. PER IRS GUIDANCE, A REQUEST THAT IS FAXED, E-MAILED OR SENT BY PRIVATE COURIER IS CONSIDERED A WRITTEN REQUEST.

IN RESPONSE TO AN IN-PERSON REQUEST AT THE PRINCIPAL OFFICE OF UNITED WAY OF BERKS COUNTY, A COPY OF THE COVERED TAX DOCUMENTS SHALL GENERALLY BE PROVIDED THE DAY OF THE REQUEST.

REQUESTS EITHER IN-PERSON OR WRITTEN SHALL BE PROVIDED INFORMATION THAT OFFERS THE REQUESTOR THE OPPORTUNITY TO ACCESS THE INFORMATION FREE OF CHARGE VIA THE WEB, OR AT A COST SHOULD A HARD COPY BE REQUESTED.

UNITED WAY OF BERKS COUNTY SHALL CHARGE A REASONABLE FEE FOR COPYING COSTS AND THE ACTUAL COST OF POSTAGE BEFORE PROVIDING COPIES OF THE DOCUMENTS. REASONABLE FEES FOR COPYING ARE CONSISTENT WITH THE IRS STANDARD CHARGE OF

SCHEDULE O (Form 990)

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Name of the organization: UNITED WAY OF BERKS COUNTY, INC.

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NO MORE THAN $.20 PER PAGE WHILE POSTAGE FEES SHALL BE THE ACTUAL COST INCURRED BY THE ORGANIZATION.

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

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

PUBLIC INSPECTION OF GOVERNING DOCUMENTS:

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

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

ALL DOCUMENTS AS REQUIRED BY FEDERAL, STATE, AND LOCAL LAW, INCLUDING BUT

SCHEDULE O (Form 990)

Department of the Treasury
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Name of the organization: UNITED WAY OF BERKS COUNTY, INC.

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NOT LIMITED TO THE IRS FORM 990.

ANNUAL REPORT

ARTICLES OF INCORPORATION

AUDITED FINANCIAL STATEMENTS

CAMPAIGN HIGHLIGHTS REPORT

CODE OF ETHICS AND CONDUCT AND WHISTLEBLOWER POLICY

COMMUNITY ISSUES REPORT

CONFLICT OF INTEREST POLICY

MISSION STATEMENT

ORGANIZATIONAL BY-LAWS

VISION STATEMENT

PERSONS REQUESTING HARD COPIES OF DOCUMENTS SHALL BE PROVIDED INFORMATION THAT OFFERS THE REQUESTOR THE OPPORTUNITY TO ACCESS THE INFORMATION FREE OF CHARGE VIA THE WEB. UNITED WAY OF BERKS COUNTY SHALL CHARGE A REASONABLE FEE FOR COPYING COSTS AND THE ACTUAL COST OF POSTAGE BEFORE PROVIDING COPIES OF THE DOCUMENTS IF A HARD COPY IS REQUESTED. REASONABLE FEES FOR COPYING ARE CONSISTENT WITH THE IRS STANDARD CHARGE OF NO MORE THAN $.20 PER PAGE WHILE POSTAGE FEES SHALL BE THE ACTUAL COST INCURRED BY THE ORGANIZATION.

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

ANNUAL REPORT

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

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

AUDITED FINANCIAL STATEMENTS

CAMPAIGN HIGHLIGHTS REPORT

CODE OF ETHICS AND CONDUCT AND WHISTLEBLOWER POLICY

COMMUNITY ISSUES REPORT

CONFLICT OF INTEREST POLICY

LINKS TO FORM 990 VIA CHARITY NAVIGATOR AND GUIDESTAR

MISSION STATEMENT

VISION STATEMENT

PART III, LINE 4B

COMMUNITY IMPACT REFERS TO THE WORK OF THE ORGANIZATION THAT SUPPORTS ITS FUNDAMENTAL PURPOSE - CREATING SUSTAINED CHANGES IN COMMUNITY HEALTH AND HUMAN SERVICE ISSUES THAT IMPROVE PEOPLE'S LIVES. THIS EFFORT CONSISTS OF A VARIETY OF COMMUNITY PLANNING ACTIVITIES, IDENTIFICATION OF CRITICAL COMMUNITY ISSUES, DEVELOPMENT OF A PLAN AND POTENTIAL STRATEGIES TO EFFECTIVELY IMPROVE THOSE ISSUES, AND OPERATION OF COMMUNITY-WIDE INITIATIVES AND DIRECT SERVICE PROGRAMS. IT INCLUDES THE COMMUNITY IMPACT COUNCILS, WHICH WERE ESTABLISHED TO IDENTIFY THE MOST CRITICAL NEEDS, TO SET PRIORITIES, AND TO WORK WITH THE AGENCY PARTNERS TO CHANGE, EXPAND, AND/OR ELIMINATE CURRENT PROGRAMS AS NEEDED.

AS PART OF CREATING COMMUNITY IMPACT, UNITED WAY SERVES AS THE PROGRAM ADMINISTRATOR FOR THE COUNTY EMERGENCY FOOD & SHELTER PROGRAM, IN ADDITION TO MEMBERSHIP ON NUMEROUS COMMUNITY BOARDS, COALITIONS AND COUNCILS. ALL OF THE ACTIVITIES OF THIS EFFORT ARE CONDUCTED IN COORDINATION WITH UNITED WAY'S FUND DISTRIBUTION AND AGENCY RELATIONS

PROGRAM, WHICH GUIDES THE ANNUAL FUNDING OF AGENCY PARTNER PROGRAMS. MUCH OF UNITED WAY'S MOST CRITICAL IMPACT WORK IS CARRIED OUT THROUGH PROGRAMS AT 37 HEALTH AND HUMAN SERVICE AGENCIES THROUGHOUT BERKS COUNTY. THE PROGRAMS AT THESE AGENCY PARTNERS HAVE BEEN CAREFULLY SELECTED THROUGH THE EFFORTS OF THE COMMUNITY IMPACT COUNCILS TO ENSURE UNITED WAY FUNDING SUPPORTS THE MOST EFFECTIVE PROGRAMS AND ADDRESSES THE MOST CRITICAL NEEDS OF OUR COMMUNITY. FUNDING LEVELS ARE BASED ON PERFORMANCE AND PRIORITY. IN ADDITION, ALL PROGRAMS FALL WITHIN ONE OR MORE OF UNITED WAY'S FOCUS AREAS: EDUCATION, HEALTH, INCOME AND SAFETY NET SERVICES. THE COMMUNITY IMPACT COUNCILS, CONSISTING OF A CROSS SECTION OF INDIVIDUALS REPRESENTING BROAD EXPERIENCE FROM ALL FACETS OF THE COMMUNITY, CONTINUED THEIR WORK OF IDENTIFYING DESIRED OUTCOMES TO BE ACHIEVED THROUGH THE INVESTMENT OF UNITED WAY FUNDS. THE COUNCILS ARE EMPLOYING STRATEGIES TO ADDRESS THE ROOT CAUSES OF KEY HEALTH AND HUMAN SERVICE ISSUES, AS WELL AS IDENTIFYING EMERGING ISSUES THROUGH A COMMUNITY PLANNING PROCESS.

2009 ACCOMPLISHMENTS RELATING TO UNITED WAY OF BERKS COUNTY MANAGED INITIATIVES AND PROGRAMS INCLUDE:

CARE FOR KIDS COALITION - UNITED WAY OF BERKS COUNTY MANAGES THE CARE FOR KIDS COALITION, WHICH SERVES AS THE COUNTY'S COMMUNITY ENGAGEMENT TEAM FOR EARLY CARE AND EDUCATION. DURING 2009 THE GROUP COORDINATED AND IMPLEMENTED THE FOLLOWING ACTIVITIES:

PROMOTED AND SUPPORTED KEYSTONE STARS, A PROGRAM OF THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING WITH PERFORMANCE STANDARDS RELATED TO STAFF EDUCATION, THE

LEARNING ENVIRONMENT AND ADMINISTRATION THAT SERVE AS INDICATORS OF QUALITY CHILD CARE, IN WHILE YOU ARE WORKING CHILD CARE DIRECTORY; APPROXIMATELY 6800 COPIES OF WHILE YOU ARE WORKING WERE DISTRIBUTED TO FAMILIES THROUGH SOCIAL SERVICE AGENCIES AND DOCTOR'S OFFICES

EDUCATED THE COMMUNITY ON THE IMPORTANCE OF EARLY CARE AND EDUCATION IN PREPARING CHILDREN FOR SCHOOL AND LIFE BY HOLDING A SUPPORTING CHILDREN WITH SPECIAL NEEDS CONFERENCE FOR OVER 200 PARTICIPANTS, AND DISTRIBUTING OVER 6,200 CALENDARS OF EARLY LEARNING ACTIVITIES TO FAMILIES

SUPPORTED A PARTNERSHIP IN THE COUNTY BETWEEN CHILD CARE PROVIDERS, A PRIVATE PRESCHOOL, BERKS COMMUNITY ACTION PROGRAM AND BERKS COUNTY INTERMEDIATE UNIT TO PROVIDE PENNSYLVANIA PRE-K COUNTS TO OVER 200 CHILDREN AT RISK OF SCHOOL FAILURE WHOSE FAMILY INCOME IS TOO HIGH FOR HEAD START BUT TOO LOW TO PAY FOR A PRIVATE PRESCHOOL PROGRAM.

RIGHT FROM THE START - UNITED WAY OF BERKS COUNTY'S INITIATIVE, RIGHT FROM THE START (RFTS), IS CENTERED ON THE GOAL OF HELPING YOUNG CHILDREN RESIDING IN AN IDENTIFIED LOW-INCOME CITY NEIGHBORHOOD AREA ACHIEVE SCHOOL READINESS AND SUCCESS. THE INITIATIVE IS SUPPORTED BY ST. JOSEPH MEDICAL CENTER AND THE READING HOSPITAL AND MEDICAL CENTER, AS WELL AS THE UNITED WAY OF BERKS COUNTY. THE INITIATIVE'S BABY COLLEGE PROGRAM IS A 10-WEEK GROUP EDUCATIONAL AND FAMILY SUPPORT CLASS FOR PARENTS OF CHILDREN UP TO AGE THREE, AND IS CONDUCTED FOR BOTH ENGLISH AND SPANISH SPEAKING PARENTS. THE CURRICULUM FOCUSES ON A CHILD'S COGNITIVE, PHYSICAL, SOCIAL AND EMOTIONAL DEVELOPMENT. CLASS TOPICS INCLUDE BRAIN DEVELOPMENT, HEALTH AND SAFETY, DISCIPLINE,

COMMUNICATION, SOCIAL AND EMOTIONAL DEVELOPMENT, PLAY AND STIMULATION. WEEKLY HOME VISITS AND FOLLOW-UP ACTIVITIES REINFORCE THE TOPICS AND PROVIDE ADDITIONAL SUPPORT AND RESOURCES FOR BABY COLLEGE FAMILIES. THE INITIATIVE HAS NOW BEEN IN PLACE FOR MORE THAN THREE YEARS, AND MORE THAN 500 PARENTS AND CAREGIVERS HAVE GRADUATED FROM THE BABY COLLEGE PARENTING PROGRAM.

ANOTHER KEY COMPONENT OF RFTS IS THE RAISING A READER (RAR) PROGRAM, AN AWARD-WINNING PROGRAM WHICH ENCOURAGES EARLY LITERACY, FAMILY READING AND HELPS CHILDREN BECOME BETTER PREPARED TO BEGIN KINDERGARTEN. THE PROGRAM FOCUSES ON STRATEGIES TO BOOST READING SKILLS AND PROFICIENCIES AND IS INCORPORATED INTO THE BABY COLLEGE CLASSES, AS WELL AS THROUGH MANY OTHER COMMUNITY PARTNERSHIPS. OVER 1,000 CHILDREN AND FAMILIES ARE PARTICIPATING DAILY IN RAR AT CHILD CARE CENTERS, HEAD START, AND OTHER COMMUNITY AGENCIES, WHICH HAS RESULTED IN IMPRESSIVE INCREASES IN FAMILIES' TIME SPENT SHARING AND READING BOOKS. THE ACCOMPLISHMENTS OF RIGHT FROM THE START SERVE AS THE FOUNDATION TO HELP FAMILIES PREPARE THEIR CHILDREN TO BEGIN SCHOOL AND ACHIEVE LONG TERM SCHOOL SUCCESS.

VOLUNTEER CENTER - UNITED WAY'S VOLUNTEER CENTER LINKS INDIVIDUALS, FAMILIES AND ORGANIZATIONS IN BERKS COUNTY TO COMMUNITY SERVICE AND VOLUNTEER OPPORTUNITIES. DURING 2009, THE VOLUNTEER CENTER PROMOTED COMMUNITY VOLUNTEER OPPORTUNITIES THROUGH VOLUNTEER SOLUTIONS, A WEB-BASED VOLUNTEER MATCH PROGRAM. IN 2009, 90 LOCAL NONPROFIT ORGANIZATIONS POSTED OVER 200 VOLUNTEER NEEDS ON THE SITE. OVER 100,000 "HITS" WERE RECORDED OVERALL FOR VOLUNTEER SOLUTIONS, WHICH ALSO FEATURES A COMPONENT CALLED BOARDLINK TO HELP AGENCIES IMPROVE THEIR

RECRUITMENT OF BOARD AND COMMITTEE POSITIONS. THE VOLUNTEER CENTER ALSO HOSTED MONTHLY TRAINING WORKSHOPS ON VOLUNTEER RELATED TOPICS SUCH AS VOLUNTEER RECRUITMENT, RETENTION, AND RECOGNITION.

AS PART OF UNITED WAY'S DAYS OF CARING EVENT, THERE WERE 337 PARTICIPANTS IN 52 PROJECTS HOSTED BY 24 AGENCIES. THE PROJECTS RANGED FROM FULFILLING WISH LISTS FROM LOCAL NONPROFIT AGENCIES, CONDUCTING A "STUFF THE BUS" PROJECT TO COLLECT DONATED SCHOOL SUPPLIES FOR CHILDREN IN NEED, CLEAN-UP PROJECTS AT YOUTH CAMPS AND OTHER NONPROFIT AGENCIES, LIGHT MAINTENANCE WORK, PAINTING, REPAIRING BUILDINGS, BEAUTIFYING AND CLEANING UP NEIGHBORHOODS, AND HANDS ON ACTIVITIES WITH CHILDREN AND THE ELDERLY.

BERKS COUNTY WEED & SEED STRATEGY - UNITED WAY OF BERKS COUNTY MANAGED THE "SEEDING" SIDE, OR COMMUNITY REVITALIZATION PORTION OF THIS PROGRAM, FOR EIGHT YEARS, WITH THE END DATE OF JUNE 30, 2009. AT THIS TIME, THE FEDERAL AND STATE FUNDING EXPIRED FOR THIS WEED & SEED SITE. BEGINNING IN JULY 2009, THE CITY OF READING BEGAN TO SERVE AS THE SEEDING COORDINATOR ROLE AND NOW FOCUSES ON A DIFFERENT TARGET AREA WITHIN THE CITY OF READING.

COURT APPOINTED SPECIAL ADVOCATE (CASA) PROGRAM - UNITED WAY OF BERKS COUNTY HAD OPERATED THIS PROGRAM SINCE THE EARLY 1990'S AT THE REQUEST OF THE BERKS COUNTY JUDICIAL SYSTEM. IN 2009 THE PROGRAM RESPONSIBILITY WAS TRANSFERRED TO OPPORTUNITY HOUSE IN ORDER TO COMPLEMENT SERVICE IT NOW HAS IN PLACE THROUGH ITS OPERATION OF THE CHILDREN'S ALLIANCE CENTER, WHICH PROVIDES THE SYNERGY AND STAFF NEEDS TO BEST SERVE AS

CHILD ADVOCATES IN THIS MANNER.

HOMELESS MANAGEMENT INFORMATION SYSTEM - SINCE 2004,UNITED WAY HAS SERVED AS THE HUD GRANTEE IN BERKS COUNTY FOR MANAGEMENT OF THE HOMELESS MANAGEMENT INFORMATION SYSTEM. AS OF JULY 1, 2009, THE GRANT WAS TRANSFERRED TO OPPORTUNITY HOUSE AS THE FISCAL AGENCY FOR THE RECENTLY DEVELOPED BERKS COALITION TO END HOMELESSNESS, WHICH WILL NOW MANAGE THE SYSTEM.

IN 2009, UNITED WAY OF BERKS COUNTY PARTICIPATED IN TWO NEW COLLABORATIVE EFFORTS AROUND ITS FINANCIAL STABILITY WORK IN RESPONSE TO INCREASED COMMUNITY NEEDS CREATED BY DETERIORATING ECONOMIC CONDITIONS. THE ULTIMATE GOAL OF THIS WORK IS TO HELP INDIVIDUALS AND FAMILIES HAVE ACCESS TO OPPORTUNITIES THAT WILL HELP THEM BUILD SAVINGS AND GAIN MORE FINANCIAL ASSETS FOR LONG-TERM STABILITY.

HELPLINK NETWORK - UNITED WAY OF BERKS COUNTY WORKED WITH 13 OTHER LOCAL ORGANIZATIONS TO ESTABLISH HELPLINK SITES AT EXISTING NONPROFITS THROUGHOUT THE COMMUNITY TO ADDRESS IMMEDIATE NEEDS OF INDIVIDUALS AND FAMILIES THAT ARE RECENTLY UNEMPLOYED OR ARE CONSIDERED LOW-INCOME WORKING FAMILIES. THE NETWORK CONNECTS PEOPLE TO EXISTING SUPPORT SERVICES, SUCH AS ACCESS TO FOOD, PROGRAMS DESIGNED TO HELP KEEP FAMILIES IN THEIR HOME, ETC. THE SITES ARE OPERATED BY TRAINED STAFF AND VOLUNTEERS USING A WEB-BASED SOFTWARE PROGRAM TO DETERMINE PROGRAM ELIGIBILITY.

BERKS $ IN YOUR POCKET COALITION - UNITED WAY OF BERKS COUNTY AND

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.
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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF BERKS COUNTY, INC.

Employer identification number: 23-1655375

COLLABORATORS OFFERED THIS PROGRAM TO LOW AND MODERATE INCOME FAMILIES THROUGHOUT THE COUNTY TO HELP PEOPLE GAIN ACCESS TO THE TAX CREDITS AND REFUNDS THEY'RE ELIGIBLE FOR BY FILING THEIR TAXES FOR FREE. IN 2009, THE BERKS $ IN YOUR POCKET COALITION HELPED OVER 2,500 BERKS COUNTY RESIDENTS WITH HOUSEHOLD INCOMES OF $50,000 OR LESS FILE THEIR INCOME TAXES FOR FREE, BRINGING IN OVER $1.6 MILLION IN REFUNDS.

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	UNITED WAY OF BERKS COUNTY, INC.	23-1655375
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 702	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. READING, PA 19603-0702	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ LAURA I. MATTERN - 501 WASHINGTON STREET, PO BOX 702 - READING, PA 19603-0702
  Telephone No. ▶ (610)685-4550 FAX No. ▶ (610) 685-4569
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.