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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YMCA OF READING & BERKS COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
631 WASHINGTON STREET

City or town, state or country, and ZIP + 4
READING, PA 19601

D Employer identification number
23-1244009

E Telephone number
(610) 378-4700

G Gross receipts $ 8,369,194

F Name and address of principal officer
KIM D JOHNSON
631 WASHINGTON STREET
READING,PA 19601

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YMCA-BERKSCOUNTY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1858 | **M** State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL

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)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	455
6	Total number of volunteers (estimate if necessary)	**6**	237
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,836,583	3,865,886
9	Program service revenue (Part VIII, line 2g)	2,520,461	3,998,113
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,822	42,361
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	166,790	191,986
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,558,656	8,098,346
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	34,188	32,644
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,621,503	4,070,968
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶34,238		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,607,162	3,367,531
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,262,853	7,471,143
19	Revenue less expenses Subtract line 18 from line 12	295,803	627,203

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,472,619	11,696,632
21	Total liabilities (Part X, line 26)	5,782,419	5,445,243
22	Net assets or fund balances Subtract line 21 from line 20	5,690,200	6,251,389

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

****** | 2012-06-20
Signature of officer | Date

KIM D JOHNSON PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: GREGORY J SHANK CPA | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P01263698

Firm's name (or yours if self-employed), address, and ZIP + 4: MAILLIE FALCONIERO & COMPANY LLP, PO BOX 680, OAKS, PA 194560680 | EIN ▶ 23-1518888 | Phone no ▶ (610) 935-1420

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE YMCA OF READING AND BERKS COUNTY'S MISSION IS TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL THE YMCA OF READING AND BERKS COUNTY IS A CAUSE-DRIVEN ORGANIZATION THAT IS FOR YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY THAT'S BECAUSE A STRONG COMMUNITY CAN ONLY BE ACHIEVED WHEN WE INVEST IN OUR KIDS, OUR HEALTH AND OUR NEIGHBORS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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

4a (Code) (Expenses $ 2,217,907 including grants of $ 417) (Revenue $ 969,295)

CHILD CARE - THE YMCA OF READING AND BERKS COUNTY IS THE LARGEST PROVIDER OF CHILDCARE IN BERKS COUNTY THE YMCA PROVIDES HIGH QUALITY CHILDCARE BY PROVIDING COMPREHENSIVE, AGE APPROPRIATE ACTIVITIES FOR INFANTS THROUGH SCHOOL AGE CHILDREN AT FOUR FULL DAY CENTERS AND NINE BEFORE AND AFTER SCHOOL LOCATIONS WE PROVIDE FULL AND PART TIME OPTIONS, AS WELL AS SECOND SHIFT CARE AT OUR READING LOCATION, TO SERVE A WIDE RANGE OF FAMILY SCHEDULING NEEDS WOVEN INTO THE FABRIC OF THE YMCA MISSION IS A COMMITMENT TO STRENGTHEN FAMILIES YMCA CHILDCARE PROGRAMS RELIEVE THE BURDEN OF BALANCING WORK AND FAMILY AND MAKE IT POSSIBLE FOR PARENTS OF CHILDREN IN OUR CARE TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, DEVELOPMENTALLY SOUND ENVIRONMENT THE YMCA COLLABORATES WITH OTHER SOCIAL SERVICE AGENCIES TO PROVIDE SUBSIDY FOR CHILDCARE FEES AND SUPPORTIVE SERVICES FOR PARENTS AND CHILDREN ALL YMCA CHILDCARE CENTERS ARE LICENSED BY THE DEPARTMENT OF PUBLIC WELFARE AND ARE PARTICIPATING IN KEYSTONE STARS

4b (Code) (Expenses $ 1,128,340 including grants of $) (Revenue $ 218,769)

HUMAN SERVICES - OUR YMCA WORKS IN COLLABORATION WITH GOVERNMENTAL AND COMMUNITY AGENCIES TO PROVIDE NINE TRANSITIONAL HOUSING PROGRAMS FOR HOMELESS MEN, WOMEN AND CHILDREN THESE PROGRAMS INCLUDE LIFE SKILLS, EDUCATION, JOB READINESS AND INTENSIVE CASE MANAGEMENT TO INDIVIDUALS WHO ARE LEAVING DRUG AND ALCOHOL REHABILITATION CENTERS AND/OR INCARCERATION IN ADDITION, THE SAME SERVICES ARE PROVIDED TO HOMELESS VETERANS, INDIVIDUALS WHO HAVE BEEN DUALLY DIAGNOSED WITH DRUG ADDICTIONS AND MENTAL HEALTH ISSUES AND SINGLE MOMS AND THEIR CHILDREN THESE PROGRAMS CREATE A SENSE OF COMMUNITY AND BELONGING FOR OUR CLIENTS AND WERE DEVELOPED TO PROVIDE CLIENTS WITH THE SUPPORTIVE SERVICES THEY NEED TO BECOME SELF SUFFICIENT

4c (Code) (Expenses $ 1,883,536 including grants of $ 30,418) (Revenue $ 2,156,949)

HEALTH AND WELLNESS/MEMBERSHIP AND FITNESS - HELPING PEOPLE OF ALL AGES AND ABILITIES (REGARDLESS OF ABILITY TO PAY) TO DEVELOP HEALTH IN SPIRIT, MIND AND BODY IS AT THE CORE OF THE YMCA MOVEMENT OUR PROGRAMS ARE DESIGNED TO HELP PEOPLE CREATE REALISTIC GOALS FOR SELF IMPROVEMENT AND EMPHASIZE DISEASE PREVENTION THROUGH REGULAR EXERCISE, PROPER NUTRITION, STRESS REDUCTION, AND HEALTH EDUCATION SPORTS PROGRAMS FOR YOUTH, FAMILIES AND ADULTS PROMOTE TEAMWORK, INTERACTION, AND DEVELOPMENT OF SOCIAL AND PHYSICAL SKILLS OUR AQUATIC EXCERCISE PROGRAM KEEPS SENIORS ACTIVE AND FLEXIBLE, OUR AQUATIC PROGRAM HELPS TO DEVELOP PHYSICAL SKILLS FOR CHILDREN OF ALL AGES, OUR FAMILY SWIM AND PARENT-CHILD PROGRAMS GIVE ADULTS AND CHILDREN SHARED TIME IN THE POOL TO INTERACT WITH EACH OTHER AND PROMOTE INTERGENERATIONAL RELATIONSHIPS IN LIGHT OF THE NATIONAL OBESITY CRISIS, OUR YMCA PARTICIPATES IN THE ACTIVATE AMERICA INITIATIVE AND PARTICIPATES IN A VARIETY OF EVENTS AND COMMUNITY ACTIVITIES DESIGNED TO HELP THE "AT RISK POPULATION" DEVELOP HABITS AND RELATIONSHIPS THAT LEAD TO MORE ACTIVE LIFESTYLES YMCA MEMBERSHIP IS INCLUSIVE AND AVAILABLE REGARDLESS OF ABILITY TO PAY THERE ARE NO CONTRACTS YMCA MEMBERSHIP AND PROGRAMS ARE AVAILABLE TO ALL

(Code) (Expenses $ 282,874 including grants of $ 105) (Revenue $ 157,559)

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

(Code) (Expenses $ 429,189 including grants of $ 1,704) (Revenue $ 569,916)

YOUTH - YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND STRONG VALUES, INCLUDING COOPERATION, RESPECT, GOOD CITIZENSHIP, FAIR PLAY, AND A STRONG WORK ETHIC OUR TEEN PROGRAM IS A SAFE PLACE FOR TEENS TO COME AFTER SCHOOL TO PARTICIPATE IN RECREATIONAL ACTIVITIES, RECEIVE HOMEWORK ASSISTANCE, DEVELOP LEADERSHIP SKILLS AND PROVIDE SERVICE TO THE COMMUNITY MORE THAN 75 TEENS ATTEND THE TEEN PROGRAM EACH DAY YOUTH SPORTS PROGRAMS PROVIDE SKILL DEVELOPMENT TO MORE THAN 1,000 CHILDREN THROUGHOUT BERKS COUNTY EACH SEASON YMCA DAY CAMP PROGRAMS ARE PROVIDED TO OVER 350 CHILDREN IN TEN LOCATIONS WITHIN THE ASSOCIATION EACH SUMMER OUR DAY CAMP PROGRAMS ARE DONE IN COLLABORATION WITH LOCAL MUNICIPALITIES

(Code) (Expenses $ 248,145 including grants of $ 0) (Revenue $ 0)

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

(Code) (Expenses $ 10,955 including grants of $ 0) (Revenue $ 0)

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

4d Other program services (Describe in Schedule O)
(Expenses $ 971,163 including grants of $ 1,809) (Revenue $ 727,475)

4e **Total program service expenses** ▶ $ 6,200,946

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**		No
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	8		
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**	Yes	
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**	455			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
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			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

YMCA OF READING AND BERKS COUNTY
631 WASHINGTON STREET
READING, PA 19601
(610) 378-4700

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TONY L BUCKHOLZ BOARD MEMBER	1 00	X						0	0	0
(2) PAMELA T CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(3) DR RICHARD W CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(4) KEITH CLEARY BOARD VICE CHAIRMAN	1 00	X		X				0	0	0
(5) VADM DANIEL L COOPER USN BOARD MEMBER	1 00	X						0	0	0
(6) FOREST CRIGLER BOARD MEMBER	1 00	X						0	0	0
(7) MATTHEW GOLDEN BOARD MEMBER	1 00	X						0	0	0
(8) GAIL GRETH TRI VALLEY BRANCH BOARD CHAIRMAN	1 00	X		X				0	0	0
(9) DANIEL HUYETT ESQ BOARD MEMBER	1 00	X						0	0	0
(10) KRISTIN KEARNEY BOARD MEMBER	1 00	X						0	0	0
(11) LISA LAVENDER BOARD MEMBER	1 00	X						0	0	0
(12) JIM MICHALAK BOARD TREASURER	1 00	X		X				0	0	0
(13) JOHN E MUIR ESQ BOARD MEMBER	1 00	X						0	0	0
(14) JEANNINE O'NEILL-ROHRBACH BOARD MEMBER	1 00	X						0	0	0
(15) STEPHEN PRICE ESQ READING BRANCH BOARD CHAIRMAN	1 00	X		X				0	0	0
(16) HON TIMOTHY ROWLEY BOARD MEMBER	1 00	X						0	0	0
(17) CARL SOTTOSANTI BOARD MEMBER	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN J SPEICHER ESQ BOARD MEMBER	1 00	X						0	0	0
(19) LIZ STERNER BOARD CHAIRMAN	1 00	X		X				0	0	0
(20) LEN TULL BOARD MEMBER	1 00	X						0	0	0
(21) JOYCE KEFFER MIFFLIN BRANCH BOARD CHAIRMAN	1 00	X		X				0	0	0
(22) JON MILES BOARD MEMBER	1 00	X						0	0	0
(23) THOMAS CARA TAMAQUA BRANCH BOARD CHAIRMAN	1 00	X		X				0	0	0
(24) DONNA SMITH ADAMSTOWN BRANCH BOARD CHAIRMAN	1 00	X		X				0	0	0
(25) KIM D JOHNSON PRESIDENT/CEO	50 00			X				97,106	0	11,959
(26) JEFF KRICK CHIEF FINANCIAL OFFICER	50 00			X				62,199	0	4,976
(27) JILL MARINO VICE PRESIDENT OF FINANCE & ADMINISTRATION	50 00			X				6,934	0	555
(28) JENNIFER DUHNKE DIRECTOR OF OPERATIONS	50 00			X				64,580	0	9,008
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								230,819	0	26,498

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SMJ CONTRACTING INC 1050 BENJAMIN FRANKLIN HIGHWAY WEST DOUGLASSVILLE, PA 19518	CONSTRUCTION	203,283
SCHLOUCH INCORPORATED 132 EXCELSIOR DRIVE BLANDON, PA 19510	CONSTRUCTION	161,908

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 363,719				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 3,445,457				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 56,710				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		3,865,886			
Program Service Revenue			Business Code				
	2a	FITNESS PROGRAM	713940	2,108,690	2,108,690		
	b	CHILDCARE	624410	969,295	969,295		
	c	YOUTH PROGRAM	713940	569,916	569,916		
	d	OCCUPANCY	531110	202,845	202,845		
	e	AQUATICS PROGRAM	713940	147,367	147,367		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		3,998,113			
	3	Investment income (including dividends, interest and other similar amounts)		27,140			27,140
	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	239,566				
	b	Less cost or other basis and sales expenses	224,345				
	c	Gain or (loss)	15,221				
	d	Net gain or (loss)		15,221			15,221
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 151,257				
	b	Less direct expenses	b 33,646				
	c	Net income or (loss) from fundraising events		117,611			117,611
	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 50,866				
	b	Less cost of goods sold	b 12,857				
	c	Net income or (loss) from sales of inventory		38,009	38,009		
		Miscellaneous Revenue	Business Code				
	11a	MISC REVENUE-RELATED-	900099	36,366	36,366		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		36,366			
	12	**Total revenue.** See Instructions		8,098,346	4,072,488	0	159,972

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	32,644	32,644		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	323,301	73,588	227,090	22,623
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,999,940	2,829,922	161,183	8,835
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	85,801	77,023	8,778	
9	Other employee benefits	450,268	396,873	53,395	
10	Payroll taxes	211,658	185,505	24,293	1,860
11	Fees for services (non-employees)				
a	Management				
b	Legal	35,053	1,147	33,906	
c	Accounting	38,618		38,618	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	8,784		8,784	
g	Other	100,073	37,496	62,577	
12	Advertising and promotion	55,993	17,386	38,607	
13	Office expenses	423,624	350,329	72,375	920
14	Information technology	46,285	17,513	28,772	
15	Royalties . .				
16	Occupancy	1,211,361	1,074,364	136,997	
17	Travel	90,016	76,235	13,781	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,213	18,666	13,547	
20	Interest	251,939		251,939	
21	Payments to affiliates	66,996	59,185	7,811	
22	Depreciation, depletion, and amortization	562,824	562,824		
23	Insurance	6,350	2,441	3,909	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EQUIPMENT RENTAL AND MA	223,576	187,912	35,664	
b	FOOD SERVICE	187,064	187,064		
c	MISCELLANEOUS	15,589	1,656	13,933	
d	BAD DEBT EXPENSE	11,173	11,173		
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	7,471,143	6,200,946	1,235,959	34,238
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		142,216	1	776,806
	2	Savings and temporary cash investments		46,665	2	
	3	Pledges and grants receivable, net		406,277	3	198,063
	4	Accounts receivable, net		262,496	4	198,180
	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		10,000	7	0
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		68,500	9	24,806
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 18,628,747			
	b	Less accumulated depreciation	10b 8,925,740	9,649,699	10c	9,703,007
	11	Investments—publicly traded securities		126,093	11	118,441
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		760,673	15	677,329
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,472,619	16	11,696,632
Liabilities	17	Accounts payable and accrued expenses		355,346	17	447,975
	18	Grants payable			18	
	19	Deferred revenue		72,971	19	86,679
	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		5,354,102	23	4,910,589
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		5,782,419	26	5,445,243
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,975,883	27	5,624,114
	28	Temporarily restricted net assets		23,911	28	2,939
	29	Permanently restricted net assets		690,406	29	624,336
		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		5,690,200	33	6,251,389
	34	Total liabilities and net assets/fund balances		11,472,619	34	11,696,632

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	8,098,346
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,471,143
3	Revenue less expenses Subtract line 2 from line 1	3	627,203
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	5,690,200
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-66,014
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,251,389

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
YMCA OF READING & BERKS COUNTY

Employer identification number
23-1244009

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,172,357	3,803,300	4,089,101	3,995,082	4,017,143	19,076,983
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	3,172,357	3,803,300	4,089,101	3,995,082	4,017,143	19,076,983
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						19,076,983

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,172,357	3,803,300	4,089,101	3,995,082	4,017,143	19,076,983
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	517,271	294,037	276,083	25,254	27,140	1,139,785
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	34,528	30,480	35,450	28,159	36,366	164,983
11 **Total support** (Add lines 7 through 10)						20,381,751

12	Gross receipts from related activities, etc (See instructions)	12	11,457,215

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	93 600 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	89 850 %

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YMCA OF READING & BERKS COUNTY

Employer identification number
23-1244009

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 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 the 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	690,406	680,478	590,120	835,256	
b	Contributions	8,789	4,687		7,132	
c	Investment earnings or losses	-62,077	18,276	108,979	-233,398	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	7,890	10,194	9,983	10,990	
f	Administrative expenses	4,892	2,841	8,638	7,880	
g	End of year balance	624,336	690,406	680,478	590,120	

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶ 0 %

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)	Yes	
(ii) related organizations	3a(ii)		No

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		909,188		909,188
b Buildings		14,738,406	7,027,672	7,710,734
c Leasehold improvements		330,166	32,906	297,260
d Equipment		2,633,716	1,865,162	768,554
e Other		17,271		17,271
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				9,703,007

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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. *(Column (b) should 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
(1) LOAN FEES	42,993
(2) BENEFICIAL INTEREST IN PERPETUAL TR	624,336
(3) FRANCHISE FEES	10,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	677,329

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,098,346
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,471,143
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	627,203
4	Net unrealized gains (losses) on investments	4	-66,014
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-66,014
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	561,189

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	8,059,086
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-66,014		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	33,646		
e	Add lines **2a** through **2d**			2e	-32,368
3	Subtract line **2e** from line **1**			3	8,091,454
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	6,892		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	6,892
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,098,346

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

1	Total expenses and losses per audited financial statements			1	7,497,897
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	33,646		
e	Add lines **2a** through **2d**			2e	33,646
3	Subtract line **2e** from line **1**			3	7,464,251
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	6,892		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	6,892
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,471,143

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS WILL BE USED AS A BASE TO GENERATE INCOME TO SUPPORT ONGOING PROGRAMS AND OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ASSOCIATION TAKES THE POSITION THAT IT HAS NO NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES AND BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE ASSOCIATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR 2008, 2009 AND 2010 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING COSTS
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING COSTS

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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

2011

Open to Public Inspection

Name of the organization
YMCA OF READING & BERKS COUNTY

Employer identification number
23-1244009

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

2a 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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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.

Revenue / Direct Expenses		(a) Event #1 BREAKFAST OF CHAMPIONS (event type)	(b) Event #2 MARSH MADNESS (event type)	(c) Other Events 10 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	74,426	36,464	40,367	151,257
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	74,426	36,464	40,367	151,257
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	8,037		11,225	19,262
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	352	4,397	9,635	14,384
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(33,646)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				117,611

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.

Revenue / Direct Expenses		(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 Non-cash 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 lines 1 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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

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? . . . . . ☐ Yes ☐ No

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YMCA OF READING & BERKS COUNTY

Employer identification number
23-1244009

Part I General Information on Grants and Assistance

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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

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

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

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 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
(1) MEMBERSHIP SCHOLARSHIPS	405		30,418	FMV	SEE PART IV SUPPLEMENTAL INFORMATION
(2) CHILD CARE SCHOLARSHIPS	1		417	FMV	SEE PART IV SUPPLEMENTAL INFORMATION
(3) AQUATICS SCHOLARSHIPS	6		105	FMV	SEE PART IV SUPPLEMENTAL INFORMATION
(4) YOUTH SPORTS AND SUMMER CAMP SCHOLARSHIPS	13		1,704	FMV	SEE PART IV SUPPLEMENTAL INFORMATION

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE YMCA OF READING AND BERKS COUNTY AWARDS FINANCIAL ASSISTANCE THROUGH MEMBERSHIP AND PROGRAM SPONSORSHIPS TO INDIVIDUALS AND FAMILIES WHO CAN DOCUMENT THEIR NEED ELIGIBILITY IS DETERMINED BASED ON AN APPLICATION FORM AND DOCUMENTATION OF FINANCIAL NEED, INCLUDING A COPY OF LATEST INCOME TAX RETURN USED TO VERIFY INCOME AND VERIFICATION OF EMPLOYMENT RECIPIENTS OF FINANCIAL ASSISTANCE ARE REQUIRED TO FULFILL THEIR PAYMENT OBLIGATIONS ON A TIMELY BASIS AND NOTIFY THE YMCA IMMEDIATELY IF THERE IS ANY CHANGE IN INCOME STATUS THESE REQUIREMENTS ARE MONITORED BY THE YMCA FOR ALL INDIVIDUALS RECEIVING FINANCIAL ASSISTANCE, AND ELIGIBILITY IS REDETERMINED ANNUALLY

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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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YMCA OF READING & BERKS COUNTY

Employer identification number
23-1244009

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
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 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493184004302

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2011

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

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) K JORDAN BAHR	DAUGHTER OF FORMER PRESIDENT	146	SEASONAL PART-TIME EMPLOYMENT		No
(2) BRANDON BAHR	SON OF FORMER PRESIDENT	1,205	SEASONAL PART-TIME EMPLOYMENT		No
(3) JOHNNIE BAHR	WIFE OF FORMER PRESIDENT	10,000	FULL-TIME EMPLOYMENT		No
(4) ROLAND STOCK ATTORNEYS AT LAW	JOHN E MUIR, YMCA BOARD MEMBER	32,140	PAYMENTS FOR LEGAL SERVICES RENDERED		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493184004302

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YMCA OF READING & BERKS COUNTY

Employer identification number
23-1244009

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	AFTER THE DRAFT OF THE ANNUAL 990 IS SUBMITTED TO THE ACCOUNTING DEPARTMENT, IT IS REVIEWED INTERNALLY BY THE CFO ONCE ANY CHANGES ARE MADE, THE REVISED DRAFT IS SUBMITTED TO THE FINANCE COMMITTEE CHAIR/TREASURER FOR REVIEW FINANCE COMMITTEE MEMBERS ARE ALSO OFFERED THE OPPORTUNITY TO INDIVIDUALLY REVIEW THE 990 THE TREASURER THEN GIVES A SUMMARY REPORT TO THE BOARD OF DIRECTORS AT THE NEXT SCHEDULED MEETING AFTER HIS REVIEW
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE BOARD OF DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY, AND SIGN THE DISCLOSURE FORM THAT EVIDENCES THAT THE POLICY HAS BEEN READ, UNDERSTOOD, AND THAT THE INFORMATION PROVIDED ON THE DISCLOSURE FORM IS TRUE AND CORRECT THE BOARD OF DIRECTORS RECOGNIZES THAT IT IS INEVITABLE THAT CONFLICTS OF INTEREST, OR THE APPEARANCE OF CONFLICTS OF INTEREST, WILL ARISE HOWEVER, THE POLICY IS INTENDED TO PROVIDE A WORKABLE PROCESS FOR IDENTIFYING, MINIMIZING AND RESOLVING CONFLICTS OF INTEREST SO THAT BUSINESS TRANSACTIONS ARE TRANSACTED AT ARMS LENGTH THE CONFLICT OF INTEREST POLICY/ DISCLOSURE ADDRESSES SUCH MATTERS AS THE REQUIREMENT FOR FULL DISCLOSURE, HOW AND WHEN A CONFLICT MAY ARISE, DEEMED CONFLICTS OF INTEREST, AND THE DUTY TO REFRAIN FROM VOTING WHERE A CONFLICT EXISTS THE CEO IS RESPONSIBLE FOR MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, AND FOR NOTIFYING THE EXECUTIVE COMMITTEE WHEN ANY CONFLICTS ARISE PERIODICALLY THE BOARD CHAIRPERSON REMINDS THE BOARD MEMBERS OF THEIR RESPONSIBILITY REGARDING THE DISCLOSURE OF ANY CONFLICTS AND THE DUTY TO REFRAIN FROM VOTING IF SUCH CONFLICT EXISTS
	FORM 990, PART VI, SECTION B, LINE 15	THE RESPONSIBILITY OF AUTHORIZING COMPENSATION PACKAGES FOR EMPLOYEES OTHER THAN HIM/HERSELF RESTS WITH THE CEO OF THE ORGANIZATION COMPENSATION PACKAGES FOR THOSE EMPLOYEES ARE DEVELOPED WITH THE GOAL OF STRENGTHENING STAFF EFFECTIVENESS IN DELIVERING MISSION-DRIVEN PROGRAMS BY PROVIDING A REWARDING COMPENSATION PACKAGE DETERMINED THROUGH A FAIR PROCESS THE EXECUTIVE COMPENSATION PACKAGE DETERMINATION PROCESS RESTS SQUARELY WITH THE EXECUTIVE COMMITTEE (EC) OF THE BOARD OF DIRECTORS ANNUALLY, THESE INDIVIDUALS UTILIZE A VARIETY OF INPUTS AND TOOLS PRIOR TO DETERMINING THE CEO'S COMPENSATION PACKAGE FIRST AND FOREMOST IS THE CEO'S ABILITY TO ACHIEVE THE GOALS SET OUT PREVIOUSLY BY THE BOARD OF DIRECTORS OTHER FACTORS CONSIDERED IN DEVELOPING A COMPENSATION PACKAGE INCLUDE LABOR MARKET TRENDS, COMPARATIVE SALARY AND BENEFITS AT OTHER YMCAS, AND LOCAL AREA COMPARABLE DATA, AMONG OTHER FACTORS THE EC DISCUSSES AND EVALUATES THE CEO'S PERFORMANCE IN CONJUNCTION WITH ALL OTHER RELEVANT FACTORS THE EC IS AWARE OF AND CONSIDERS THE IMPLICATIONS OF ANY EXCESS BENEFIT SANCTIONS THAT COULD POTENTIALLY BE IMPOSED BY THE IRS ONCE A COMPENSATION PACKAGE IS DECIDED UPON, IT IS COMMUNICATED IN WRITING TO THE CEO (AND ALSO TO THE CFO FOR IMPLEMENTATION) BY THE CHAIRPERSON OF THE EC (WHO IS ALSO THE CHAIRPERSON OF THE BOARD OF DIRECTORS) THE COMPENSATION OF THE CEO IS CLEARLY REPORTED ON FORM 990, INCLUDING ANY RETIREMENT CONTRIBUTIONS MADE TO THE YMCA RETIREMENT FUND THE YMCA OF READING AND BERKS COUNTY BELIEVES THAT ITS EMPLOYEES ARE ITS GREATEST ASSET THE YMCA OF READING AND BERKS COUNTY ALSO UNDERSTANDS THAT THERE IS A RESPONSIBILITY TO DONORS, FUNDERS AND MEMBERS TO UTILIZE FINANCIAL RESOURCES TO SUPPORT THE MISSION AND ACHIEVE THE BEST OUTCOMES FAIR COMPENSATION PACKAGES ACCOMPLISH BOTH OF THESE GOALS
	FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, ORGANIZATION POLICIES AND PROCEDURES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -66,014
	PART XI, LINE 2C	THE ORGANIZATION DID NOT CHANGE ITS POLICIES FROM PRIOR YEARS RELATED TO OVERSIGHT OF THE AUDIT OF FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR

Additional Data

Software ID:
Software Version:
EIN: 23-1244009
Name: YMCA OF READING & BERKS COUNTY

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 282,874 including grants of $ 105) (Revenue $ 157,559)

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

(Code) (Expenses $ 429,189 including grants of $ 1,704) (Revenue $ 569,916)

YOUTH - YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND STRONG VALUES, INCLUDING COOPERATION, RESPECT, GOOD CITIZENSHIP, FAIR PLAY, AND A STRONG WORK ETHIC OUR TEEN PROGRAM IS A SAFE PLACE FOR TEENS TO COME AFTER SCHOOL TO PARTICIPATE IN RECREATIONAL ACTIVITIES, RECEIVE HOMEWORK ASSISTANCE, DEVELOP LEADERSHIP SKILLS AND PROVIDE SERVICE TO THE COMMUNITY MORE THAN 75 TEENS ATTEND THE TEEN PROGRAM EACH DAY YOUTH SPORTS PROGRAMS PROVIDE SKILL DEVELOPMENT TO MORE THAN 1,000 CHILDREN THROUGHOUT BERKS COUNTY EACH SEASON YMCA DAY CAMP PROGRAMS ARE PROVIDED TO OVER 350 CHILDREN IN TEN LOCATIONS WITHIN THE ASSOCIATION EACH SUMMER OUR DAY CAMP PROGRAMS ARE DONE IN COLLABORATION WITH LOCAL MUNICIPALITIES

(Code) (Expenses $ 248,145 including grants of $ 0) (Revenue $ 0)

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

(Code) (Expenses $ 10,955 including grants of $ 0) (Revenue $ 0)

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