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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 **and ending**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termin-ated
☐ Amended return
☐ Applica-tion pending

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

Doing Business As

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

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

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

D Employer identification number
23-1655375

E Telephone number
(610)685-4550

G Gross receipts $ 12,625,787.

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.UWBERKS.ORG

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

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF BERKS COUNTY IMPROVES LIVES BY INSPIRING COLLABORATION, VOLUNTEERISM AND

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	48
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	48
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	1418
	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
Revenue	8 Contributions and grants (Part VIII, line 1h)	9,113,677.	9,104,779.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	293,688.	436,638.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,333.	87,768.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,479,698.	9,629,185.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,646,288.	6,546,177.
	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)	1,888,435.	1,783,573.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,047,891.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	711,841.	677,762.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,246,564.	9,007,512.
	19 Revenue less expenses Subtract line 18 from line 12	233,134.	621,673.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	16,939,252.	17,124,570.
	21 Total liabilities (Part X, line 26)	2,298,528.	2,484,322.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,640,724.	14,640,248.

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JUL 02 2012
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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ TAMMY WHITE, PRESIDENT — 6/14/12
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JANE L. COLE	Preparer's signature	Date: 6/13/12	Check ☐ if self-employed	PTIN: P01244080
Firm's name ▶ HERBEIN+COMPANY, INC.			Firm's EIN ▶	23-2415973
Firm's address ▶ 2763 CENTURY BOULEVARD READING, PA 19610			Phone no	610-378-1175

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUL 13 2012

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
UNITED WAY OF BERKS COUNTY IMPROVES LIVES BY INSPIRING COLLABORATION, VOLUNTEERISM AND FINANCIAL SUPPORT TO BUILD A STRONGER COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 $ 7,284,564. including grants of $ _____) (Revenue $ _____)
UNITED WAY OF BERKS COUNTY TACKLES CRITICAL COMMUNITY ISSUES WITHIN FOUR PRIMARY FOCUS AREAS: EDUCATION, INCOME, HEALTH AND SAFETY NET SERVICES. MUCH OF THE WORK IS CARRIED OUT THROUGH PROGRAMS IN COORDINATION WITH OUR 37 AGENCY PARTNERS. FUNDED PROGRAMS ARE IDENTIFIED AND EVALUATED THROUGH THE EFFORTS OF THE COMMUNITY IMPACT CABINET AND ALLOCATION REVIEW TEAM MEMBERS. PROGRAM FUNDING LEVELS ARE PASSED ON PERFORMANCE AND PRIORITY.

KEY RESULTS WITHIN OUR FOCUS AREAS DURING 2011 INCLUDE:

EDUCATION
WE ALL HAVE A STAKE IN MAKING SURE CHILDREN GROW UP TO BE PRODUCTIVE

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

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

4e **Total program service expenses** ▶ 7,284,564.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	13		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds 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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation 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 line 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 [X]

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	48		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	48		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] 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 during the tax year.

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

MONICA RUANO-WENRICH - (610)685-4550
501 WASHINGTON STREET, PO BOX 702, READING, PA 19603-0702

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

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. 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current 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) TAMMY ARNER DIRECTOR	1.00	X						0.	0.	0.
(2) PAULA BARRON DIRECTOR	1.00	X						0.	0.	0.
(3) JAMES S. BOSCOV DIRECTOR	1.00	X						0.	0.	0.
(4) CARL N. BOTTERBUSCH DIRECTOR	1.00	X						0.	0.	0.
(5) SHARON DANKS DIRECTOR	1.00	X						0.	0.	0.
(6) ROBERT D. DAVIS DIRECTOR	1.00	X						0.	0.	0.
(7) DIANE DUFF DIRECTOR	1.00	X						0.	0.	0.
(8) MICHAEL A. DUFF DIRECTOR	1.00	X						0.	0.	0.
(9) DOUGLAS S. ELLIOTT DIRECTOR	1.00	X						0.	0.	0.
(10) STEVEN E. FISHER DIRECTOR	1.00	X						0.	0.	0.
(11) DR. THOMAS F. FLYNN DIRECTOR	1.00	X						0.	0.	0.
(12) KATHRYN GOODMAN DIRECTOR	1.00	X						0.	0.	0.
(13) JOANN GRUBER DIRECTOR	1.00	X						0.	0.	0.
(14) SCOTT L. GRUBER DIRECTOR	1.00	X						0.	0.	0.
(15) BRADLEY C. HALL DIRECTOR	1.00	X						0.	0.	0.
(16) SCOTT M. HUNSICKER DIRECTOR	1.00	X						0.	0.	0.
(17) ROBERT JEFFERSON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) GEOFFREY N. JONES DIRECTOR	1.00	X						0.	0.	0.
(19) JOANNE M. JUDGE SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(20) KRISTIN KEARNEY ASSISTANT SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(21) STEVEN KEIFER DIRECTOR	1.00	X						0.	0.	0.
(22) ANN KRARAS DIRECTOR	1.00	X						0.	0.	0.
(23) CHRIS G. KRARAS DIRECTOR	1.00	X						0.	0.	0.
(24) DR. SOLOMON LAUSCH DIRECTOR	1.00	X						0.	0.	0.
(25) DENISE R. LEE DIRECTOR	1.00	X						0.	0.	0.
(26) NICK MARMONTELLO DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total						▶		0.	0.	0.
c Total from continuation sheets to Part VII, Section A						▶		354,034.	0.	51,014.
d Total (add lines 1b and 1c)						▶		354,034.	0.	51,014.

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 ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DR. LEX O. MCMILLAN III DIRECTOR	1.00	X						0.	0.	0.
(28) JONI NAUGLE DIRECTOR	1.00	X						0.	0.	0.
(29) RICHARD L. PATTERSON DIRECTOR	1.00	X						0.	0.	0.
(30) BARBARA PATTISON DIRECTOR	1.00	X						0.	0.	0.
(31) CHRISTOPHER E. PRUITT CHAIRMAN	1.00	X		X				0.	0.	0.
(32) MICHAEL R. REESE DIRECTOR	1.00	X						0.	0.	0.
(33) MICHELE L. RICHARDS DIRECTOR	1.00	X						0.	0.	0.
(34) REVEREND LUTHER ROUTTE DIRECTOR	1.00	X						0.	0.	0.
(35) JEFFREY R. RUSH DIRECTOR	1.00	X						0.	0.	0.
(36) VIRGINIA RUSH DIRECTOR	1.00	X						0.	0.	0.
(37) STEVEN A. SHUMACHER DIRECTOR	1.00	X						0.	0.	0.
(38) G. FRED SHAEFF, JR. DIRECTOR	1.00	X						0.	0.	0.
(39) ALISON SNYDER DIRECTOR	1.00	X						0.	0.	0.
(40) DAVID STROBEL DIRECTOR	1.00	X						0.	0.	0.
(41) DR. CARLOS VARGAS-ABURTO DIRECTOR	1.00	X						0.	0.	0.
(42) JEFFREY WASMUTH DIRECTOR	1.00	X						0.	0.	0.
(43) STEVEN M. WEIDMAN DIRECTOR	1.00	X						0.	0.	0.
(44) SCOTT R. WOLFE DIRECTOR	1.00	X						0.	0.	0.
(45) CHRISTINE WULLERT DIRECTOR	1.00	X						0.	0.	0.
(46) DOUGLAS N. YOCOM CHAIRMAN ELECT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) NANCY YOCOM DIRECTOR	1.00	X						0.	0.	0.
(48) RICHARD ZUIDEMA DIRECTOR	1.00	X						0.	0.	0.
(49) TAMMY L. WHITE PRESIDENT	37.50			X				120,125.	0.	18,054.
(50) LAURA I. MATTERN -THRU 12/2011 SR VP FINANCE & ADMIN	25.00			X				74,725.	0.	10,783.
(51) JEAN MORROW SR VP RESOURCE DEVELOPMENT	37.50			X				72,125.	0.	11,225.
(52) PATRICIA C. GILES SR VP COMMUNITY IMPACT	37.50			X				87,059.	0.	10,952.
Total to Part VII, Section A, line 1c								354,034.		51,014.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,540.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	157,619.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8945620.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	9104779.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	105,278.			105,278.
	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	3,304,273.				
	b Less: cost or other basis and sales expenses	2,972,913.				
	c Gain or (loss)	331360.				
	d Net gain or (loss)	▶	331,360.	331,360.		
	8a Gross income from fundraising events (not including $ 1,540. of contributions reported on line 1c). See Part IV, line 18	a 42,000.				
	b Less: direct expenses	b 23,689.				
	c Net income or (loss) from fundraising events	▶	18,311.			18,311.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a ADMINISTRATION FEES	561000	69,457.	69,457.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	69,457.			
	12 **Total revenue.** See instructions	▶	9629185.	400,817.	0.	123,589.

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	6,546,177.	6,546,177.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
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	405,048.	157,558.	122,686.	124,804.
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	981,028.	276,508.	271,134.	433,386.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	291,545.	85,144.	88,094.	118,307.
10	Payroll taxes	105,952.	32,729.	29,747.	43,476.
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	156,212.	38,264.	309.	117,639.
13	Office expenses	19,617.	3,309.	4,075.	12,233.
14	Information technology				
15	Royalties				
16	Occupancy	122,109.	35,686.	36,644.	49,779.
17	Travel	32,282.	9,500.	7,478.	15,304.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	99,474.	29,117.	29,741.	40,616.
22	Depreciation, depletion, and amortization	23,964.	7,447.	6,542.	9,975.
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CONTRACT SERVICES	125,641.	46,182.	36,022.	43,437.
b	MISCELLANEOUS	70,575.	9,195.	36,205.	25,175.
c	RENT, PURCHASE & MAINEN	16,471.	4,403.	3,040.	9,028.
d	TELEPHONE	11,417.	3,345.	3,340.	4,732.
e	All other expenses				
25	**Total functional expenses** Add lines 1 through 24e	9,007,512.	7,284,564.	675,057.	1,047,891.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		3,618,688.	2	3,636,725.
	3	Pledges and grants receivable, net		6,295,006.	3	6,306,135.
	4	Accounts receivable, net		43,666.	4	84,504.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		14,269.	9	11,523.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 254,141.			
	b	Less: accumulated depreciation	10b 243,208.	24,992.	10c	10,933.
	11	Investments - publicly traded securities		6,204,643.	11	6,377,312.
	12	Investments - other securities. See Part IV, line 11		737,988.	12	697,438.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,939,252.	16	17,124,570.
Liabilities	17	Accounts payable and accrued expenses		208,694.	17	195,850.
	18	Grants payable			18	
	19	Deferred revenue		29,834.	19	41,833.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		2,060,000.	25	2,246,639.
	26	**Total liabilities.** Add lines 17 through 25		2,298,528.	26	2,484,322.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,172,620.	27	3,242,964.
	28	Temporarily restricted net assets		6,872,926.	28	6,918,256.
	29	Permanently restricted net assets		4,595,178.	29	4,479,028.
		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		14,640,724.	33	14,640,248.
	34	Total liabilities and net assets/fund balances		16,939,252.	34	17,124,570.

Form **990** (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,629,185.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,007,512.
3	Revenue less expenses. Subtract line 2 from line 1	3	621,673.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,640,724.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<622,149.>
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	14,640,248.

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 [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF BERKS COUNTY, INC.

Employer identification number

23-1655375

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	A family member of a person described in (i) above?		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		

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

(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									

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

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	10,187,110.	10,614,952.	9,891,322.	9,113,677.	9,104,779.	48,911,840.
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	10,187,110.	10,614,952.	9,891,322.	9,113,677.	9,104,779.	48,911,840.
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						48,911,840.

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	10,187,110.	10,614,952.	9,891,322.	9,113,677.	9,104,779.	48,911,840.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	252,083.	197,515.	174,478.	113,770.	105,278.	843,124.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	53,799.	52,494.	62,281.	52,116.	69,457.	290,147.
11 **Total support.** Add lines 7 through 10						50,045,111.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	97.74 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	97.57 %

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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 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 Section 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 section 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 ▶ ☐

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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
UNITED WAY OF BERKS COUNTY, INC.

Employer identification number
23-1655375

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if 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	5,189,475.	4,931,474.	3,454,631.	4,556,539.	
b	Contributions	76,165.	29,798.	695,841.	37,057.	
c	Net investment earnings, gains, and losses	68,060.	436,271.	974,079.	<956,847.>	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	223,326.	208,068.	193,077.	182,118.	
f	Administrative expenses					
g	End of year balance	5,110,374.	5,189,475.	4,931,474.	3,454,631.	

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

a Board designated or quasi-endowment ▶ 26.00 %
b Permanent endowment ▶ 74.00 %
c Temporarily restricted endowment ▶ _____ %

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

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

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

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

Part VI 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				
b Buildings				
c Leasehold improvements	21,396.		21,396.	0.
d Equipment	207,523.		196,590.	10,933.
e Other	25,222.		25,222.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	10,933.

Schedule D (Form 990) 2011

132052
01-23-12

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶		

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO OTHER UNITED WAYS	425,089.
(3)	DUE TO DESIGNATED AFFILIATED	
(4)	AGENCIES	1,221,596.
(5)	UNFUNDED PENSION LIABILITY	599,954.
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		2,246,639.

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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,629,185.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,007,512.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	621,673.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<622,149.>
9	Total adjustments (net). Add lines 4 through 8	9	<622,149.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<476.>

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	7,730,720.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	<359,924.>		
b	Donated services and use of facilities	2b	117,038.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	<16,861.>		
e	Add lines **2a** through **2d**			2e	<259,747.>
3	Subtract line **2e** from line **1**			3	7,990,467.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	1,638,718.		
c	Add lines **4a** and **4b**			4c	1,638,718.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	9,629,185.

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

1	Total expenses and losses per audited financial statements			1	7,509,521.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	117,038.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	23,689.		
e	Add lines **2a** through **2d**			2e	140,727.
3	Subtract line **2e** from line **1**			3	7,368,794.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	1,638,718.		
c	Add lines **4a** and **4b**			4c	1,638,718.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	9,007,512.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT CONSISTS OF EIGHT DONOR-RESTRICTED SUB-FUNDS AND ONE BOARD-RESTRICTED SUB-FUND, ALL OF WHICH ARE TO BE HELD INDEFINITELY, WITH THE INCOME EXPENDABLE FOR OPERATIONS AS DIRECTED BY DONORS OR THE BOARD OF DIRECTORS.

PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS OF DECEMBER 31, 2011 AND 2010, THERE WAS NO UNRELATED BUSINESS INCOME FOR THE ORGANIZATION.

Part XIV Supplemental Information *(continued)*

UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. TAX YEARS 2008 AND FORWARD REMAIN OPEN FOR EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED GAIN/LOSS ON INVESTMENT	-359,924.
UNREALIZED GAIN/LOSS ON BENEFICIAL INTEREST	-40,550.
ADJUSTMENT TO REFLECT UNFUNDED PENSION LIABILITY	-221,675.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-622,149.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAINS/(LOSSES) ON BENEFICIAL INTEREST	-40,550.
SPECIAL EVENTS EXPENSES	23,689.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-16,861.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS	1,638,718.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES	23,689.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED ALLOCATIONS	1,638,718.

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

UNITED WAY OF BERKS COUNTY, INC.

Employer identification number

23-1655375

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 MONTE CARLO NIGHT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	43,540.			43,540.
	2 Less: Charitable contributions	1,540.			1,540.
	3 Gross income (line 1 minus line 2)	42,000.			42,000.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	10,630.			10,630.
	8 Entertainment	3,775.			3,775.
	9 Other direct expenses	9,284.			9,284.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(23,689.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	18,311.

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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
UNITED WAY OF BERKS COUNTY, INC.

Employer identification number
23-1655375

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LANCASTER 630 JANET AVENUE LANCASTER , PA 17601		501(C)(3)	77,871.	0.			STRATEGIC ISSUES & SUBCONTRACTED GRANTS
AMERICAN CANCER SOCIETY 498 BELLEVUE AVENUE READING, PA 19605		501(C)(3)	194,242.	0.			PARTNER AGENCY ALLOCATION
AMERICAN RED CROSS - BERKS COUNTY CHAPTER - 701 CENTRE AVENUE - READING, PA 19601		501(C)(3)	575,235.	0.			PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANT
ARC ADVOCACY SERVICES 1829 NEW HOLLAND ROAD, SUITE 9 READING, PA 19607		501(C)(3)	72,638.	0.			PARTNER AGENCY ALLOCATION
BERKS CONNECTIONS/PRETRIAL SERVICES - 633 COURT STREET, 16TH FLOOR - READING, PA 19601		501(C)(3)	51,355.	0.			PARTNER AGENCY ALLOCATION
BERKS ENCORE 40 NORTH 9TH STREET READING, PA 19601		501(C)(3)	75,317.	0.			PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 43.

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2011)**

132101 01-27-12

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS DEAF & HARD OF HEARING SERVICES - 2045 CENTRE AVENUE - READING, PA 19605		501(C)(3)	91,224.	0.			PARTNER AGENCY ALLOCATION
BERKS TALKLINE PO BOX 13234 READING, PA 19612		501(C)(3)	53,101.	0.			PARTNER AGENCY ALLOCATION & STRATEGIC ISSUES GRANT
BERKS VISITING NURSE ASSOCIATION 1170 BERKSHIRE BOULEVARD WYOMISSING, PA 19610		501(C)(3)	252,802.	0.			PARTNER AGENCY ALLOCATION
BERKS WOMEN IN CRISIS 50 N. 4TH STREET READING, PA 19601		501(C)(3)	145,159.	0.			PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANT
BIG BROTHERS/BIG SISTERS OF BERKS COUNTY - 303 WINDSOR STREET - READING, PA 19601		501(C)(3)	154,977.	0.			PARTNER AGENCY ALLOCATION
BIRDSBORO COMMUNITY MEMORIAL CENTER - 201 EAST MAIN STREET - BIRDSBORO, PA 19508		501(C)(3)	55,922.	0.			PARTNER AGENCY ALLOCATION
BOY SCOUTS OF AMERICA - HAWK MOUNTAIN COUNCIL - 5027 POTTSVILLE PIKE - READING, PA 19605		501(C)(3)	267,682.	0.			PARTNER AGENCY ALLOCATION
BURN PREVENTION FOUNDATION 236 NORTH 17TH STREET ALLENTOWN, PA 18104		501(C)(3)	8,945.	0.			DONOR DESIGNATIONS
CAMP FIRE USA ADAHI COUNCIL 172 HARTZ STORE ROAD MOHNTON, PA 19540		501(C)(3)	159,639.	0.			PARTNER AGENCY ALLOCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP SCHOLARSHIP FUND - WEST BERKS MISSION DISTRICT - 1015 WINDSOR STREET - READING, PA 19604		501(C)(3)	21,589.	0.			PARTNER AGENCY ALLOCATION
CENTER FOR MENTAL HEALTH - THE READING HOSPITAL & MEDICAL CENTER - PO BOX 16052 - READING, PA 19612		501(C)(3)	110,280.	0.			PARTNER AGENCY ALLOCATION
THE CHILDREN'S HOME OF READING 1010 CENTRE AVENUE READING, PA 19601		501(C)(3)	70,633.	0.			PARTNER AGENCY ALLOCATION
CENTRO HISPANO DANIEL TORRES, INC. 501 WASHINGTON STREET READING, PA 19601		501(C)(3)	189,906.	0.			PARTNER AGENCY ALLOCATION
COMMUNITY CHILD CARE - BERKS COUNTY INTERMEDIATE UNIT - 1111 COMMONS BLVD, PO BOX 16050 - READING, PA 19612			214,284.	0.			PARTNER AGENCY ALLOCATION
COUNCIL ON CHEMICAL ABUSE 601 PENN STREET, SUITE 600 READING, PA 19601		501(C)(3)	73,021.	0.			PROGRAM FUNDING ALLOCATION
EASTER SEALS EASTERN PENNSYLVANIA 1040 LIGGETT AVENUE READING, PA 19611		501(C)(3)	253,793.	0.			PARTNER AGENCY ALLOCATION
FAMILY GUIDANCE CENTER 1235 PENN AVENUE, SUITE 205-206 READING, PA 19610		501(C)(3)	343,265.	0.			PARTNER AGENCY ALLOCATION
FRIEND, INC. COMMUNITY SERVICES 658D NOBLE STREET KUTZTOWN, PA 19530		501(C)(3)	115,717.	0.			PARTNER AGENCY ALLOCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF EASTERN PENNSYLVANIA - 330 MANOR ROAD - MIQUON, PA 19444		501(C)(3)	105,918.	0.			PARTNER AGENCY ALLOCATION
GREATER BERKS FOOD BANK 1011 TUCKERTON COURT READING, PA 19605		501(C)(3)	59,733.	0.			PROGRAM FUNDING ALLOCATION & OTHER FUNDING GRANT
JEWISH COMMUNITY CENTER OF READING - JEWISH FEDERATION OF READING, PA - 1100 BERKSHIRE BOULEVARD - WYOMISSING, PA 19610		501(C)(3)	66,203.	0.			PARTNER AGENCY ALLOCATION
KIDSPEACE ADVANCES PROGRAM 8TH AVENUE & HAY ROAD TEMPLE, PA 19560		501(C)(3)	5,852.	0.			DONOR DESIGNATION
LITERACY COUNCIL OF READING-BERKS 35 SOUTH DWIGHT STREET WEST LAWN, PA 19609		501(C)(3)	48,597.	0.			PARTNER AGENCY ALLOCATION
GREATER READING MENTAL HEALTH ALLIANCE - 122 WEST LANCASTER AVENUE, SUITE 207 - SHILLINGTON, PA 19607		501(C)(3)	114,255.	0.			PARTNER AGENCY ALLOCATION
OLIVET BOYS & GIRLS CLUB OF READING & BERKS COUNTY - 1161 PERSHING BOULEVARD - READING, PA 19611		501(C)(3)	843,841.	0.			PARTNER AGENCY ALLOCATION
OPPORTUNITY HOUSE 430 NORTH SECOND STREET READING, PA 19601		501(C)(3)	184,107.	0.			PARTNER AGENCY ALLOCATION, RAPID RESPONSE GRANT & SUBCONTRACTED GRANT
READING AREA COMMUNITY COLLEGE 10 SOUTH SECOND STREET, PO BOX 1706 READING, PA 19603			62,153.	0.			PROGRAM FUNDING ALLOCATION - ESL LANGUAGE CLASSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF BERKS COUNTY - 336 SOUTH 18TH STREET - READING, PA 19602		501(C)(3)	29,338.	0.			DONOR DESIGNATION
THE SALVATION ARMY OF READING PO BOX 1099 READING, PA 19602		501(C)(3)	213,047.	0.			PARTNER AGENCY ALLOCATION
THRESHOLD REHABILITATION SERVICES, INC. - 1000 LANCASTER AVENUE - READING, PA 19607		501(C)(3)	114,387.	0.			PARTNER AGENCY ALLOCATION
UNITED SERVICE ORGANIZATION 2111 WILSON BLVD ARLINGTON, VA 22201		501(C)(3)	24,444.	0.			DONOR DESIGNATION
YMCA OF READING & BERKS COUNTY 631 WASHINGTON STREET READING, PA 19603		501(C)(3)	436,888.	0.			PARTNER AGENCY ALLOCATION, RAPID RESPONSE GRANT, & SUBCONTRACTED GRANT
UNITED COMMUNITY SERVICES FOR WORKING FAMILIES - 116 NORTH FIFTH STREET - READING, PA 19601		501(C)(3)	78,684.	0.			PROGRAM FUNDING ALLOCATION
BERKS COUNTY OFFICE OF AGING 633 COURT STREET, 8TH FLOOR READING, PA 19601			125,000.	0.			STRATEGIC ISSUES GRANT
BERKS AIDS NETWORK/CO-COUNTY WELLNESS - 429 WALNUT STREET, PO BOX 8626 - READING, PA 19603		501(C)(3)	66,781.	0.			PARTNER AGENCY ALLOCATION
BERKS COALITION TO END HOMELESSNESS - 336 SOUTH 18TH STREET - READING, PA 19602		501(C)(3)	15,000.	0.			RAPID RESPONSE FUND GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS COUNSELING CENTER 645 PENN STREET, 2ND FLOOR READING, PA 19601		501(C)(3)	15,000.	0.			RAPID RESPONSE FUND GRANT

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. Part III can be duplicated if additional space is needed.

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

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

SCHEDULE I, PART I, LINE 2: UNITED WAY JUDICIOUSLY DISTRIBUTES DOLLARS DONATED IN SUPPORT OF THE COMMUNITY'S HEALTH AND HUMAN SERVICES NEEDS, PRIMARILY TO AND THROUGH THE PARTNER AGENCIES. ALSO INCLUDED IS THE DAY-TO-DAY SUPPORT AND ASSISTANCE PROVIDED TO THE PARTNER AGENCIES THROUGH SPECIAL AND ROUTINE AGENCY RELATIONS' ACTIVITIES. IN 2011, WE ALLOCATED FUNDS TO 37 AGENCY PARTNERS, SUPPORTING OVER 50 PROGRAMS AND SERVICES. THROUGH SPECIAL FUNDING AND GRANT PROGRAMS WE SUPPORTED ANOTHER 4 PROGRAMS/SERVICES. IN TOTAL, MORE THAN 100,000 BERKS COUNTIANS RECEIVED UNITED WAY-FUNDED SERVICES.

Part IV Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

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Employer identification number

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Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	26	177,800.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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2011

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

FINANCIAL SUPPORT TO BUILD A STRONGER COMMUNITY.

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

CITIZENS WHO GIVE BACK TO THE COMMUNITY. A GOOD EDUCATION IS THE FOUNDATION FOR A CHILD'S SUCCESS IN WORK AND LIFE - - AND A GOOD EDUCATION BEGINS EARLY. LAST YEAR, UNITED WAY:

HELPED CLOSE TO 900 CHILDREN RECEIVE HIGH-QUALITY CHILD CARE, WITH ALMOST 200 RECEIVING CARE DURING NON-TRADITIONAL HOURS SO THEIR PARENTS COULD WORK OR ATTEND SCHOOL.

PROVIDED EDUCATION, RECREATION AND GUIDANCE SERVICES AND YEAR-ROUND AFTER SCHOOL PROGRAMS FOR MORE THAN 8,200 CHILDREN.

PROVIDED A POSITIVE ROLE MODEL OR MENTOR TO OVER 200 YOUTH TO HELP THEM ACHIEVE SUCCESS IN SCHOOL.

SUPPORTED MENTORING PROGRAMS THROUGH AGENCY PARTNER, BIG BROTHERS/BIG SISTERS AND ENCOURAGE KIDS TO STAY IN SCHOOL AND MAKE THE RIGHT CHOICES. IN 2011, OF THE ELIGIBLE YOUTH SERVED, THOSE WHO PARTICIPATED FOR ONE YEAR OR LONGER ACHIEVED THE FOLLOWING: 100% GRADUATED FROM HIGH SCHOOL. 99.5% ADVANCED TO THE NEXT ACADEMIC GRADE LEVEL AND THERE WAS A LESS THAN 1% TEENAGE PREGNANCY RATE.

MORE THAN 750 AT-RISK GIRLS PARTICIPATED IN AFTER-SCHOOL PROGRAMS THROUGH AGENCY PARTNER, GIRL SCOUTS OF EASTERN PENNSYLVANIA.

MORE THAN 5,100 YOUTH PARTICIPATED IN FUNDED PROGRAMS THROUGH HAWK MT. COUNCIL: BOY SCOUTS OF AMERICA.

THROUGH UNITED WAY SUPPORTED EDUCATIONAL, RECREATIONAL AND GUIDANCE PROGRAMS, THE OLIVET BOYS AND GIRLS CLUB OF READING AND BERKS COUNTY,

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85% OF YOUTH PARTICIPATING IN THE HOMEWORK CENTER INDICATED THEY TRIED HARDER AT SCHOOL AND 90% OF ELEMENTARY STUDENTS INCREASED OR MAINTAINED THEIR READING LEVELS.

INCOME

WHEN PEOPLE ARE UNEMPLOYED OR CAN'T MEET BASIC NEEDS, THE IMPACT IS FELT THROUGHOUT THE COMMUNITY. THE LACK OF FINANCIAL STABILITY IS LINKED TO LONG-TERM CONSEQUENCES SUCH AS LOWER EDUCATION LEVELS, POOR HEALTH AND UNSTABLE HOUSING. TOGETHER, WE CAN HELP PROMOTE FINANCIAL AND LONG-TERM STABILITY. LAST YEAR, UNITED WAY:

HELPED OVER 750 BERKS COUNTIANS LEARN TO READ BETTER AND GAIN FUNCTIONAL READING SKILLS.

HEALTH

HEALTH IMPACTS EVERY ASPECT OF A PERSON'S LIFE. GOOD HEALTH ALLOWS CHILDREN TO LEARN BETTER AND ADULTS TO LIVE MORE PRODUCTIVE AND FULLER LIVES. LAST YEAR, UNITED WAY:

THROUGH AGENCY PARTNER, BERKS ENCORE, HELPED FUND THE MEALS ON WHEELS PROGRAM, WHICH DELIVERED A NUTRITIONALLY BALANCED MEAL TO AN AVERAGE OF 670 HOMEBOUND, ELDERLY CLIENTS, 5 DAYS A WEEK, FOR A TOTAL OF 174,149 MEALS DURING THE YEAR.

HELPED OVER 1,000 DEAF AND HARD OF HEARING CLIENTS AND THEIR FAMILIES COMPLETE THEIR DAILY ACTIVITIES THROUGH THE HELP OF VARIED ASSISTIVE HEARING METHODS.

UNITED WAY SUPPORTED PROGRAMS THROUGH BERKS VISITING NURSE ASSOCIATION PROVIDED OLDER ADULTS AND PEOPLE WITH DISABILITIES AND CHRONIC HEALTH PROBLEMS WITH SKILLED NURSING SERVICES. IN 2011, 78% OF THE PATIENTS WHO WERE RELEASED FROM THE HOSPITAL OR MEDICAL FACILITY WERE ABLE TO

REMAIN INDEPENDENT IN THEIR HOMES DUE TO THE SERVICES.

FUNDED PROGRAMS THOUGH THE CENTER FOR MENTAL HEALTH AT THE READING HOSPITAL PROVIDES YOUTH AND TEENS AND THEIR FAMILIES WITH BEHAVIORAL HEALTH SERVICES. 69% OF THE YOUTH WHO IDENTIFIED DIFFICULTIES WITH SCHOOL BEHAVIOR AS THEIR PRIMARY PROBLEM WERE REPORTED AS HAVING IMPROVED IN SCHOOL BEHAVIOR.

PROVIDED MEDICAL EVALUATIONS, THERAPY SERVICES AND THERAPEUTIC RECREATION TO MORE THAN 750 CHILDREN ACROSS BERKS COUNTY WITH DEVELOPMENTAL, PHYSICAL OR OTHER DISABILITIES.

SAFETY NET SERVICES

WHEN PEOPLE DO NOT HAVE THEIR BASIC NEEDS MET, THE CONSEQUENCES MAY BE SEVERE. IT'S IMPORTANT TO ENSURE VITAL SERVICES ARE IN PLACE TO HELP MEET BASIC NEEDS AND SUPPORT DISASTER RELIEF SERVICES. LAST YEAR, UNITED WAY:

PROVIDED EMERGENCY SHELTER TO NEARLY 400 WOMEN AND MORE THAN 330 CHILDREN WHO WERE VICTIMS OF DOMESTIC VIOLENCE THROUGH PROGRAMS AT BERKS WOMEN IN CRISIS.

PROVIDED EMERGENCY SHELTER FOR A MINIMUM OF ONE NIGHT, INCLUDING A NUTRITIOUS MEAL, TO OVER 500 ADULTS AND 80 CHILDREN.

AGENCY PARTNER, CENTRO HISPANO, PROVIDED INFORMATION, REFERRAL, TRANSPORTATION AND TRANSLATION SERVICES TO MORE THAN 3,400 PEOPLE.

MORE THAN 1,000 PEOPLE IN KUTZTOWN AND SURROUNDING RURAL AREAS WERE ASSISTED BY FRIEND, INC., COMMUNITY SERVICES FUNDED PROGRAMS FOCUSED ON FAMILY AND INDIVIDUAL STRENGTHENING SERVICES.

FUNDED PROGRAMS AT AMERICAN RED CROSS: BERKS COUNTY CHAPTER ASSISTED MORE THAN 120 FAMILIES SUFFERING THE DISASTER OF LOSING OR HAVING THEIR HOME SEVERELY DAMAGED DUE TO FIRES. THESE FAMILIES INCLUDED 365 PEOPLE

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WHO RECEIVED FOOD, CLOTHING, SHELTER AND REPLACEMENT FURNITURE.

HELPED MORE THAN 53,000 PEOPLE WITH FOOD ASSISTANCE, UTILITIES OR MEDICAL PRESCRIPTIONS.

OF PARTICULAR INTEREST IN 2011, UNITED WAY OF BERKS COUNTY LAUNCHED A COMPREHENSIVE INFORMATION AND REFERRAL SYSTEM KNOWN AS 2-1-1. THE SERVICE PROVIDES PEOPLE WITH INFORMATION ABOUT ESSENTIAL HUMAN SERVICES, SUCH AS LOCATING CHILD CARE, FINDING QUALITY CARE FOR AGING PARENTS, NEEDING ASSISTANCE TO MEET BASIC NEEDS OR JOB TRAINING PROGRAMS. 2-1-1 CENTERS ARE STAFFED BY TRAINED SPECIALISTS WHO ASSESS THE CALLERS' NEEDS AND REFER THEM TO THE HELP THEY SEEK. IN ADDITION, THE CALL CENTER SPECIALISTS, SEVERAL POSSESSING BILINGUAL SKILLS, FACILITATE CALLS AND QUESTIONS FROM THOSE INTERESTED IN VOLUNTEERING OR DONATING ITEMS, SUCH AS FOOD AND CLOTHING.
2-1-1 SERVES AS A VALUED COMMUNITY RESOURCE AND SERVES AS A VITAL CONNECTION FOR THOSE NEEDING HELP, AS WELL AS FOR THOSE WANTING TO GIVE HELP. ADDITIONALLY, 2-1-1 IS A USEFUL PLANNING TOOL SINCE IT PROVIDES REAL TIME INFORMATION ABOUT THE SCOPE OF ISSUES LOCAL PEOPLE ARE FACING. CURRENTLY, 2-1-1 IS AVERAGING 150 CALLS PER MONTH.

BERKS $ IN YOUR POCKET COALITION
UNITED WAY OF BERKS COUNTY AND COLLABORATORS OFFERED THIS PROGRAM TO LOW AND MODERATE INCOME FAMILIES THROUGHOUT THE COUNTY TO HELP PEOPLE GAIN ACCESS TO THE TAX CREDITS AND REFUNDS THEY'RE ELIGIBLE FOR BY FILING THEIR TAXES FOR FREE. UNITED WAY AND PARTNERS TRAINED 110 COMMUNITY VOLUNTEERS THAT SERVED AS TAX PREPARERS. IN 2011, THE BERKS $ IN YOUR POCKET COALITION COMPLETED 3,796 TAX RETURNS FOR COUNTY RESIDENTS WITH HOUSEHOLD INCOMES OF $60,000 OR LESS, REFLECTING

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$3,089,052 IN TOTAL FEDERAL TAX REFUNDS.

FAMILYWIZE COMMUNITY SERVICE PARTNERSHIP

UNITED WAY ADMINISTERS THIS PROGRAM LOCALLY AND DISTRIBUTES THE PROGRAM'S PRESCRIPTION DRUG DISCOUNT CARD VIA THE ORGANIZATION'S WEBSITE, THROUGH LOCAL BUSINESSES, SUCH AS PHARMACIES AND WORKPLACES. THE DISCOUNT CARD IS AVAILABLE TO ANYONE, REGARDLESS OF INCOME, AGE OR HOW OFTEN PRESCRIPTIONS ARE FILLED. THE CARD MAY BE USED FOR ANY MEDICATION NOT COVERED BY INSURANCE, AND ALL FDA APPROVED BRAND NAME AND GENERIC DRUGS ARE COVERED. EVEN IF AN INDIVIDUAL HAS HEALTH INSURANCE COVERAGE, BUT NEEDS A PRESCRIBED MEDICATION NOT COVERED THROUGH THEIR INSURANCE, THE DISCOUNT CARD MAY BE USED. THE DISCOUNT CARD DOES NOT APPLY TO MAIL ORDER PRESCRIPTIONS. IN 2011, 21,370 CLAIMS WERE MADE, WHICH REPRESENTED $324,049 IN SAVINGS.

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

ANN AND CHRIS KRARAS-SPOUSES

VIRGINIA AND JEFFREY RUSH-SPOUSES

DIANE AND MICHAEL DUFF-SPOUSES

JOANN AND SCOTT GRUBER-SPOUSES

NANCY AND DOUG YOCOM-SPOUSES

SCOTT HUNSICKER - SON-IN-LAW OF ANN AND CHRIS KRARAS

FIVE MARRIED COUPLES MAINTAIN POSITIONS ON THE UNITED WAY OF BERKS COUNTY BOARD OF DIRECTORS. THIS SITUATION OCCURS BECAUSE IT IS A COMMON PRACTICE FOR A HUSBAND AND WIFE TEAM TO SERVE AS CO-CHAIRS OF THE ANNUAL

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FUND-RAISING CAMPAIGN, WHICH HAS BEEN A VERY SUCCESSFUL AND POPULAR APPROACH WITH THE VOLUNTEERS. THE COUPLES REPRESENT PAST, CURRENT, OR FUTURE CAMPAIGN CO-CHAIRS.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION UPDATED ITS BYLAWS IN MARCH 2011.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED AND APPROVED BY THE GOVERNANCE COMMITTEE AND REPORTED TO THE BOARD OF DIRECTORS ANNUALLY PRIOR TO SUBMISSION. ALL BOARD MEMBERS RECEIVE A COPY OF THE FORM 990.

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

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

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

FOR BOARD MEMBERS, THE DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE PRESIDENT, WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE GOVERNANCE COMMITTEE. THE GOVERNANCE COMMITTEE

SHALL REVIEW THE SUMMARY OF THE FINDINGS PREPARED BY THE PRESIDENT AND PRESENT A REPORT TO THE EXECUTIVE COMMITTEE IN THE SPRING OF EACH YEAR.

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

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

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

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

WHERE THE ACTUAL OR POTENTIAL CONFLICT INVOLVES AN EMPLOYEE OF UNITED WAY

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

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

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

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

THE CHAIRPERSON OF THE BOARD LEADS THE BOARD OF DIRECTORS IN THE EVALUATION OF THE PERFORMANCE OF THE PRESIDENT ON AN ANNUAL BASIS. THE PRESIDENT PRESENTS TO THE CHAIRPERSON INFORMATION ON THE ACCOMPLISHMENTS OF THE ORGANIZATION AND ITS PROGRESS TOWARD ACHIEVING THE GOALS OUTLINED IN THE STRATEGIC PLAN, THE FULFILLMENT OF HIS/HER DUTIES AND RESPONSIBILITIES AS OUTLINED IN THE POSITION DESCRIPTION, AND THE MANNER IN WHICH THE CHALLENGES OF THE ORGANIZATION HAVE BEEN ADDRESSED AND THE OPPORTUNITIES

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Employer identification number: 23-1655375

TAKEN. THE PRESIDENT ALSO DEFINES AND DISCUSSES CURRENT AND FUTURE ORGANIZATIONAL CHALLENGES AND OPPORTUNITIES. THIS INFORMATION IS SHARED WITH THE BOARD OF DIRECTORS.

A PRESIDENT'S EVALUATION SURVEY IS CONDUCTED WITH THE FULL BOARD, THE RESULTS OF WHICH ARE COMPILED AND ANALYZED BY A THIRD PARTY PROVIDER HAVING NO VESTED INTEREST IN THE OUTCOME OF THIS PROCESS. A FORMAL REPORT IS PRESENTED BY THE PROVIDER FIRST TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR INITIAL DISCUSSION, THEN TO THE FULL BOARD OF DIRECTORS AS PART OF AN EXECUTIVE SESSION.

FOLLOWING THIS SESSION, THE CHAIRPERSON MEETS WITH THE PRESIDENT AND SHARES THE RESULTS OF THE BOARD EVALUATION AS WELL AS ANY GOALS OR SUGGESTIONS THE BOARD HAS RELATIVE TO THE INFORMATION PRESENTED AND THE FUTURE DIRECTION OF THE ORGANIZATION. THE CHAIRPERSON OF THE BOARD COMMUNICATES THE RESULTS OF THE ASSESSMENT VERBALLY AND IN WRITING TO THE PRESIDENT. THE RESULTS OF THE ASSESSMENT ARE INCLUDED IN THE PRESIDENT'S PERSONNEL FILE.

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

IN HIS/HER PERSONNEL FILE.

KEY EMPLOYEE COMPENSATION PROCEDURES:

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

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

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

UNITED WAY OF BERKS COUNTY'S POLICY IS THAT SALARY INCREASES ARE BASED ON MERIT AND SHOULD REFLECT AN EMPLOYEE'S CONTRIBUTION TO THE ORGANIZATION IN

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

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

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

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

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

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

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

Employer identification number: 23-1655375

UNITED WAY OF BERKS COUNTY SHALL CHARGE A REASONABLE FEE FOR COPYING COSTS AND THE ACTUAL COST OF POSTAGE BEFORE PROVIDING COPIES OF THE DOCUMENTS. REASONABLE FEES FOR COPYING ARE CONSISTENT WITH THE IRS STANDARD CHARGE OF NO MORE THAN $.20 PER PAGE WHILE POSTAGE FEES SHALL BE THE ACTUAL COST INCURRED BY THE ORGANIZATION.

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

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

PUBLIC INSPECTION OF GOVERNING DOCUMENTS:

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

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

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

Employer identification number: 23-1655375

ALL DOCUMENTS AS REQUIRED BY FEDERAL, STATE, AND LOCAL LAW, INCLUDING BUT NOT LIMITED TO THE IRS FORM 990.

ANNUAL REPORT

ARTICLES OF INCORPORATION

AUDITED FINANCIAL STATEMENTS

CAMPAIGN HIGHLIGHTS REPORT

CODE OF ETHICS AND CONDUCT AND WHISTLEBLOWER POLICY

CONFLICT OF INTEREST POLICY

ORGANIZATIONAL BY-LAWS

MISSION STATEMENT

VISION STATEMENT

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

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

ANNUAL REPORT

AUDITED FINANCIAL STATEMENTS

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

Employer identification number: 23-1655375

CAMPAIGN HIGHLIGHTS REPORT

CODE OF ETHICS AND CONDUCT AND WHISTLEBLOWER POLICY

LINKS TO FORM 990 VIA GUIDESTAR

MISSION STATEMENT

VISION STATEMENT

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

UNREALIZED GAIN/LOSS ON INVESTMENT	-359,924.
UNREALIZED GAIN/LOSS ON BENEFICIAL INTEREST	-40,550.
ADJUSTMENT TO REFLECT UNFUNDED PENSION LIABILITY	-221,675.
TOTAL TO FORM 990, PART XI, LINE 5	-622,149.

Form **8868** (Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

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

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

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

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

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

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

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return See instructions	UNITED WAY OF BERKS COUNTY, INC.	[X] 23-1655375
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 702	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. READING, PA 19603-0702	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2011 or
▶ [ ] tax year beginning _____, and ending _____.

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 1-2012)

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01-04-12