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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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

C Name of organization
UNITED WAY OF BERKS COUNTY INC

Doing Business As

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

City or town, state or country, and ZIP + 4
READING, PA 196030702

D Employer identification number
23-1655375

E Telephone number
(610)685-4550

G Gross receipts $ 11,784,798

F Name and address of principal officer
TAMMY L WHITE
PO BOX 702
READING,PA 196030702

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 FINANCIAL SUPPORT TO BUILD A STRONGER COMMUNITY

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

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 2012 (Part V, line 2a)	**5**	28
6	Total number of volunteers (estimate if necessary)	**6**	1,394
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,104,779	9,330,398
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	436,638	388,584
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,768	65,236
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,629,185	9,784,218
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,546,177	6,859,257
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)	1,783,573	1,781,248
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,087,082		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	677,762	665,188
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,007,512	9,305,693
19	Revenue less expenses Subtract line 18 from line 12	621,673	478,525

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	17,124,570	18,167,787
21	Total liabilities (Part X, line 26)	2,484,322	2,292,320
22	Net assets or fund balances Subtract line 21 from line 20	14,640,248	15,875,467

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

****** | 2013-06-17
Signature of officer | Date

TAMMY L WHITE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JANE L COLE				P01244080

Firm's name ▶ HERBEINCOMPANY 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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

UNITED WAY OF BERKS COUNTY IMPROVES LIVES BY INSPIRING COLLABORATION, VOLUNTEERISM AND FINANCIAL SUPPORT TO BUILD A STRONGER COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 7,604,092 including grants of $ 6,859,257) (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 34 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 BASED ON PERFORMANCE AND PRIORITY TO THE BERKS COUNTY COMMUNITY SEE SCHEDULE O FOR CONTINUATIONKEY RESULTS WITHIN OUR FOCUS AREAS DURING 2012 INCLUDE EDUCATIONWE ALL HAVE A STAKE IN MAKING SURE CHILDREN GROW UP TO BE PRODUCTIVE 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 2012, 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 780 AT-RISK GIRLS PARTICIPATED IN AFTER-SCHOOL PROGRAMS THROUGH AGENCY PARTNER, GIRL SCOUTS OF EASTERN PENNSYLVANIA FUNDED PROGRAMS THROUGH HAWK MT COUNCIL BOY SCOUTS OF AMERICA, IN WHICH OVER 5,600 YOUTH PARTICIPATED SUPPORTED EDUCATIONAL, RECREATIONAL AND GUIDANCE PROGRAMS, THROUGH THE OLIVET BOYS AND GIRLS CLUB OF READING AND BERKS COUNTY, WHERE 90% OF ELEMENTARY STUDENTS INCREASED OR MAINTAINED THEIR ACADEMIC GRADES INCOMEWHEN 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 FUNDED PROGRAMS THAT HELPED OVER 650 BERKS COUNTIANS LEARN TO READ BETTER AND GAIN FUNCTIONAL READING SKILLS HELPED 24 PERSONS IN OUR COMMUNITY WITH PHYSICAL OR DEVELOPMENTAL DISABILITIES TO OBTAIN AND MAINTAIN A DESIRABLE JOB AS A RESULT OF VOCATIONAL TRAINING SERVICES PROVIDED BY THRESHOLD, A UNITED WAY PARTNER AGENCY HEALTHHEALTH 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 FUNDED PROGRAMS THAT HELPED FUND THE MEALS ON WHEELS PROGRAM,THROUGH AGENCY PARTER BERKS ENCORE, WHICH DELIVERED A NUTRITIONALLY BALANCED MEAL TO ALMOST 700 HOMEBOUND, ELDERLY CLIENTS, 5 DAYS A WEEK HELPED OVER 1,500 DEAF AND HARD OF HEARING CLIENTS AND THEIR FAMILIES COMPLETE THEIR DAILY ACTIVITIES THROUGH THE HELP OF VARIED ASSISTIVE HEARING METHODS AND OTHER SERVICES SUPPORTED PROGRAMS THROUGH BERKS VISITING NURSE ASSOCIATION THAT PROVIDED OLDER ADULTS AND PEOPLE WITH DISABILITIES AND CHRONIC HEALTH PROBLEMS WITH SKILLED NURSING SERVICES IN 2012, 76% OF THE PATIENTS WHO RECEIVED HOME HEALTH CARE SERVICES WERE ABLE TO REMAIN INDEPENDENT IN THEIR HOMES DUE TO THESE SERVICES FUNDED PROGRAMS THOUGH THE CENTER FOR MENTAL HEALTH AT THE READING HOSPITAL PROVIDES YOUTH AND TEENS AND THEIR FAMILIES WITH BEHAVIORAL HEALTH SERVICES 62% 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 775 CHILDREN ACROSS BERKS COUNTY WITH DEVELOPMENTAL, PHYSICAL OR OTHER DISABILITIES, THROUGH EASTER SEALS, A PARTNER AGENCY SAFETY NET SERVICESWHEN 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 FUNDED PROGRAMS THAT PROVIDED EMERGENCY SHELTER TO NEARLY 256 WOMEN AND MORE THAN 221 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 AT OPPORTUNITY HOUSE PROVIDED INFORMATION, REFERRAL, TRANSLATION AND OTHER SUPPORTIVE SERVICES TO MORE THAN 3,100 PEOPLE THROUGH UNITED WAY FUNDED SERVICES AT CENTRO HISPANO ASSISTED MORE THAN 1,000 PEOPLE IN KUTZTOWN AND SURROUNDING RURAL ARES WITH THEIR FOOD AND OTHER BASIC NEEDS AT FRIEND, INC , COMMUNITY SERVICES FUNDED PROGRAMS AT AMERICAN RED CROSS BERKS COUNTY CHAPTER TO ASSIST ABOUT 100 FAMILIES SUFFERING THE DISASTER OF LOSING OR HAVING THEIR HOME SEVERELY DAMAGED DUE TO FIRES, FLOODS OR OTHER DISASTERS THESE FAMILIES INCLUDED 335 PEOPLE WHO RECEIVED FOOD, CLOTHING, SHELTER AND REPLACEMENT FURNITURE HELPED MORE THAN 22,000 PEOPLE WITH FOOD ASSISTANCE, UTILITIES OR MEDICAL PRESCRIPTIONS IN 2012, READY SET READ! WAS LAUNCHED AS A NEW COMMUNITY INITIATIVE DESIGNED TO IMPROVE THIRD GRADE READING PROFICIENCY BY WORKING WITH SCHOOLS, PARTNERS AND VOLUNTEERS THROUGHOUT BERKS COUNTY THE COLLECTIVE WORK FOCUSES ON FOUR KEY STRATEGIES IMPLEMENT SCHOOL-READINESS ACTIVITIES FOR PRE-SCHOOL CHILDREN, CONNECT TUTORS WITH EARLY GRADE STUDENTS NEEDING SUPPLEMENTAL INSTRUCTION, ENGAGE PARENTS TO PROMOTE LITERACY AND MOBILIZE THE COMMUNITY AROUND THIS WORK THIRD GRADE READING PROFICIENCY IS A PRIMARY INDICATOR OF A CHILD'S ACADEMIC AND FUTURE SUCCESS LOCALLY, MORE THAN A QUARTER OF BERKS COUNTY 3RD GRADERS ARE NOT READING AT A PROFICIENT LEVEL AS MEASURED BY RECENT PSSA'S CHILDREN WHO DO NOT READ PROFICIENTLY BY THE END OF THIRD GRADE ARE FOUR TIMES MORE LIKELY TO DROP OUT OF HIGH SCHOOL AND 13 TIMES MORE LIKELY TO DROP OUT IF THEY ARE ALSO LIVING IN POVERTY UNITED WAY OF BERKS COUNTY MANAGES READY SET READ! AND IS SUPPORTED BY AN ADVISORY GROUP REPRESENTING THE EDUCATIONAL COMMUNITY, BUSINESS, COMMUNITY PARTNERS AND INDIVIDUAL VOLUNTEERS EFFORTS ARE FOCUSED ON MOBILIZING ORGANIZATIONS AND INDIVIDUALS TO SIGNIFICANTLY AND MEASURABLY MOVE THE NEEDLE ON THE NUMBER OF BERKS COUNTY CHILDREN WHO ARE SUCCESSFUL READERS BY THE END OF THIRD GRADE THE GOAL IS TO HAVE 90% OF LOCAL 3RD GRADERS REACHING PROFICIENCY IN 10 YEARS A VOLUNTEER TUTORING PROGRAM IS A PRIMARY COMPONENT OF THE INITIATIVE CURRENTLY, NEARLY 90 TRAINED VOLUNTEERS, INCLUDING CORPORATE EMPLOYEES, COLLEGE STUDENTS, RETIRED EDUCATORS AND COMMUNITY MEMBERS, VOLUNTEER AT 12 ELEMENTARY SCHOOLS WITHIN FOUR SCHOOL DISTRICTS EXETER, HAMBURG, MUHLENBERG AND READING THE TUTORS WORK WITH NEARLY 100 2ND GRADERS NEEDING ASSISTANCE TO BECOME PROFICIENT READERS, AS MEASURED BY 3RD GRADE PSSA READING SCORES PLANS ARE IN PLACE TO EXPAND THE TUTORING PROGRAM TO ADDITIONAL SCHOOL DISTRICTS AND SCHOOLS FOR THE 2013-2014 SCHOOL YEAR 2-1-1 INFORMATION AND REFERRAL THE 2-1-1 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 IN 2012, 1,900 CALLS WERE RECEIVED, WITH THE MAJORITY FOCUSED ON INQUIRES RELATING TO UTILITIES ASSISTANCE, HOUSING AND FOOD RESOURCES, HEALTH SERVICES, GOVERNMENT AND/OR LEGAL ISSUES AND MENTAL HEALTH ISSUES TOP AGENCY REFERRALS INCLUDED GREATER BERKS FOOD BANK, PA DEPARTMENT OF WELFARE, THE SALVATION ARMY, BERKS COMMUNITY ACTION PROGRAM, AS WELL AS OTHER LOCAL NONPROFITS AND GOVERNMENT/LEGAL ORGANIZATIONS

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 ▶** 7,604,092

Part IV Checklist of Required Schedules

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

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**	Yes	
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**		No
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**	Yes	
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	11		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 48		
	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			
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**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 501 WASHINGTON STREET PO BOX 702 READING, PA (610)685-4550

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								379,964	0	61,143

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(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	10,500			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	25,668			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,294,230			
	g	Noncash contributions included in lines 1a-1f $		179,597			
	h	**Total.** Add lines 1a-1f			9,330,398		
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f					
	3	Investment income (including dividends, interest, and other similar amounts)			133,222		133,222
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	2,244,278				
	b	Less cost or other basis and sales expenses	1,988,916				
	c	Gain or (loss)	255,362				
	d	Net gain or (loss)			255,362	255,362	
Other Revenue	8a	Gross income from fundraising events (not including $ 10,500 of contributions reported on line 1c) See Part IV, line 18	a 10,860				
	b	Less direct expenses	b 11,664				
	c	Net income or (loss) from fundraising events			-804		-804
	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	66,040	66,040		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		66,040			
	12	**Total revenue.** See Instructions		9,784,218	321,402	0	132,418

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	6,859,257	6,859,257		
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	441,108	171,735	125,117	144,256
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	972,582	293,856	240,515	438,211
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	264,965	78,309	78,606	108,050
10 Payroll taxes	102,593	34,445	24,835	43,313
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 (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	119,464	47,601	31,811	40,052
12 Advertising and promotion	129,131	10,236	197	118,698
13 Office expenses	32,815	9,509	6,658	16,648
14 Information technology				
15 Royalties . .				
16 Occupancy	130,798	38,715	39,010	53,073
17 Travel	33,386	9,698	7,547	16,141
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	101,967	32,303	27,766	41,898
22 Depreciation, depletion, and amortization	26,518	7,405	6,153	12,960
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 MISCELLANEOUS	70,775	6,897	23,090	40,788
b EQUIPMENT RENTAL & MAIN	20,334	4,126	3,214	12,994
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	9,305,693	7,604,092	614,519	1,087,082
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

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	3,636,725	2	3,094,904
	3	Pledges and grants receivable, net	6,306,135	3	6,539,168
	4	Accounts receivable, net	84,504	4	47,726
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other 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) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,523	9	12,020
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 341,142			
	b	Less accumulated depreciation — 10b: 217,207	10,933	10c	123,935
	11	Investments—publicly traded securities	6,377,312	11	7,590,972
	12	Investments—other securities See Part IV, line 11	697,438	12	759,062
	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)	17,124,570	16	18,167,787
Liabilities	17	Accounts payable and accrued expenses	195,850	17	198,263
	18	Grants payable		18	
	19	Deferred revenue	41,833	19	0
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	2,246,639	25	2,094,057
	26	**Total liabilities.** Add lines 17 through 25	2,484,322	26	2,292,320
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,242,964	27	3,871,158
	28	Temporarily restricted net assets	6,918,256	28	7,135,611
	29	Permanently restricted net assets	4,479,028	29	4,868,698
		Organizations that do not follow SFAS 117 (ASC 958), 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	14,640,248	33	15,875,467
	34	Total liabilities and net assets/fund balances	17,124,570	34	18,167,787

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,784,218
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,305,693
3	Revenue less expenses Subtract line 2 from line 1	3	478,525
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,640,248
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	756,694
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,875,467

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

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 - Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	10,614,952	9,891,322	9,113,677	9,104,779	9,330,398	48,055,128
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	10,614,952	9,891,322	9,113,677	9,104,779	9,330,398	48,055,128
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						48,055,128

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	10,614,952	9,891,322	9,113,677	9,104,779	9,330,398	48,055,128
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	197,515	174,478	113,770	105,278	133,222	724,263
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)	52,494	62,281	52,116	69,457	66,040	302,388
11 **Total support** (Add lines 7 through 10)						49,081,779

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 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	**14**	97 910 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	**15**	97 740 %

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	5,110,374	5,189,475	4,931,474	3,454,631	4,556,539
b	Contributions	41,041	76,165	29,798	695,841	37,057
c	Net investment earnings, gains, and losses	621,316	68,060	436,271	974,079	-956,847
d	Grants or scholarships					
e	Other expenditures for facilities and programs	233,302	223,326	208,068	193,077	182,118
f	Administrative expenses					
g	End of year balance	5,539,429	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 ▶ 25 800 %
- b Permanent endowment ▶ 74 200 %
- 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)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII 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	34,216		23,227	10,989
d Equipment	270,547		166,526	104,021
e Other	36,379		27,454	8,925
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				123,935

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO OTHER UNITED WAYS	465,234
DUE TO DESIGNATED AFFILIATED AGENCIES	1,352,647
UNFUNDED PENSION LIABILITY	276,176
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,094,057

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	8,474,410
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	371,293		
b	Donated services and use of facilities	2b	130,178		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	61,624		
e	Add lines **2a** through **2d**			2e	563,095
3	Subtract line **2e** from line **1**			3	7,911,315
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 XIII)	4b	1,872,903		
c	Add lines **4a** and **4b**			4c	1,872,903
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	9,784,218

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

1	Total expenses and losses per audited financial statements			1	7,562,968
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	130,178		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	130,178
3	Subtract line **2e** from line **1**			3	7,432,790
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 XIII)	4b	1,872,903		
c	Add lines **4a** and **4b**			4c	1,872,903
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	9,305,693

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT CONSISTS OF NINE DONOR-RESTRICTED SUB-FUNDS AND ONE BOARD-DESIGNATED SUB-FUND, ALL OF WHICH ARE TO BE HELD INDEFINITELY, WITH THE INCOME EXPENDABLE FOR OPERATIONS AS DIRECTED BY DONORS OR THE BOARD OF DIRECTORS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	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, 2012 AND 2011, THERE WAS NO UNRELATED BUSINESS INCOME FOR THE ORGANIZATION 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 2009 AND FORWARD REMAIN OPEN FOR EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		UNREALIZED GAINS/(LOSSES) ON BENEFICIAL INTEREST 61,624
PART XI, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED CONTRIBUTIONS 1,872,903
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED ALLOCATIONS 1,872,903

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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.

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

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

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

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 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 R-PHILS ALL STAR HITTING CHALLENGE (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	21,360			21,360
	2 Less Contributions	10,500			10,500
	3 Gross income (line 1 minus line 2)	10,860			10,860
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,500			10,500
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,164			1,164
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(11,664)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-804

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

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 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).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Employer identification number
23-1655375

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 47

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 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 2012, WE ALLOCATED FUNDS TO 36 AGENCY PARTNERS, SUPPORTING OVER 50 PROGRAMS AND SERVICES THROUGH SPECIAL FUNDING AND GRANT PROGRAMS WE SUPPORTED ANOTHER 11 PROGRAMS/SERVICES IN TOTAL, MORE THAN 100,000 BERKS COUNTIANS RECEIVED UNITED WAY-FUNDED SERVICES UNITED WAY CONTINUES ITS EMPHASIS ON COMPLIANCE AND ACCOUNTABILITY PROCEDURES TO ENSURE THE EFFECTIVE AND EFFICIENT OPERATION OF UNITED WAY PARTNER AGENCIES

Software ID:
Software Version:
EIN: 23-1655375
Name: UNITED WAY OF BERKS COUNTY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LANCASTER630 JANET AVENUE LANCASTER,PA 17601		501(C)(3)	71,436				STRATEGIC ISSUES & SUBCONTRACTED GRANTS
AMERICAN CANCER SOCIETY498 BELLEVUE AVENUE READING,PA 19605		501(C)(3)	223,781				PARTNER AGENCY ALLOCATION
AMERICAN RED CROSS - BERKS COUNTY CHAPTER 701 CENTRE AVENUE READING,PA 19601		501(C)(3)	563,511				PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANT
ARC ADVOCACY SERVICES 1829 NEW HOLLAND ROAD SUITE 9 READING,PA 19607		501(C)(3)	76,131				PARTNER AGENCY ALLOCATION
BERKS CONNECTIONSPRETRIAL SERVICES633 COURT STREET 16TH FLOOR READING,PA 19601		501(C)(3)	67,087				PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANT
BERKS ENCORE40 NORTH 9TH STREET READING,PA 19601		501(C)(3)	76,499				PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANT
BERKS DEAF & HARD OF HEARING SERVICES2045 CENTRE AVENUE READING,PA 19605		501(C)(3)	92,525				PARTNER AGENCY ALLOCATION
BERKS TALKLINEPO BOX 13234 READING,PA 19612		501(C)(3)	48,927				PARTNER AGENCY ALLOCATION & STRATEGIC ISSUES GRANT
BERKS VISITING NURSE ASSOCIATION1170 BERKSHIRE BOULEVARD WYOMISSING,PA 19610		501(C)(3)	266,208				PARTNER AGENCY ALLOCATION
BERKS WOMEN IN CRISIS50 N 4TH STREET READING,PA 19601		501(C)(3)	153,987				PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANT
BIG BROTHERSBIG SISTERS OF BERKS COUNTY303 WINDSOR STREET READING,PA 19601		501(C)(3)	166,328				PARTNER AGENCY ALLOCATION
BIRDSBORO COMMUNITY MEMORIAL CENTER201 EAST MAIN STREET BIRDSBORO,PA 19508		501(C)(3)	57,259				PARTNER AGENCY ALLOCATION
BOY SCOUTS OF AMERICA - HAWK MOUNTAIN COUNCIL 5027 POTTSVILLE PIKE READING,PA 19605		501(C)(3)	268,974				PARTNER AGENCY ALLOCATION
BURN PREVENTION FOUNDATION236 NORTH 17TH STREET ALLENTOWN,PA 18104		501(C)(3)	7,810				DONOR DESIGNATIONS
CAMP FIRE USA ADAHI COUNCIL172 HARTZ STORE ROAD MOHNTON,PA 19540		501(C)(3)	163,510				PARTNER AGENCY ALLOCATION
CENTER FOR MENTAL HEALTH - THE READING HOSPITAL & MEDICAL CENTERPO BOX 16052 READING,PA 19612		501(C)(3)	110,263				PARTNER AGENCY ALLOCATION
THE CHILDREN'S HOME OF READING1010 CENTRE AVENUE READING,PA 19601		501(C)(3)	72,068				PARTNER AGENCY ALLOCATION
CENTRO HISPANO DANIEL TORRES INC501 WASHINGTON STREET READING,PA 19601		501(C)(3)	197,570				PARTNER AGENCY ALLOCATION
COMMUNITY CHILD CARE - BERKS COUNTY INTERMEDIATE UNIT1111 COMMONS BLVD PO BOX 16050 READING,PA 19612		501(C)(3)	219,611				PARTNER AGENCY ALLOCATION
COUNCIL ON CHEMICAL ABUSE601 PENN STREET SUITE 600 READING,PA 19601		501(C)(3)	73,011				PROGRAM FUNDING ALLOCATION
EASTER SEALS EASTERN PENNSYLVANIA1040 LIGGETT AVENUE READING,PA 19611		501(C)(3)	272,445				PARTNER AGENCY ALLOCATION
FAMILY GUIDANCE CENTER 1235 PENN AVENUE SUITE 205-206 READING,PA 19610		501(C)(3)	361,906				PARTNER AGENCY ALLOCATION
FRIEND INC COMMUNITY SERVICES658D NOBLE STREET KUTZTOWN,PA 19530		501(C)(3)	121,143				PARTNER AGENCY ALLOCATION
GIRL SCOUTS OF EASTERN PENNSYLVANIA330 MANOR ROAD MIQUON,PA 19444		501(C)(3)	107,213				PARTNER AGENCY ALLOCATION
GREATER BERKS FOOD BANK1011 TUCKERTON COURT READING,PA 19605		501(C)(3)	65,850				PROGRAM FUNDING ALLOCATION & RAPID RESPONSE GRANT
GREATER READING MENTAL HEALTH ALLIANCE122 WEST LANCASTER AVENUE SUITE 207 207 SHILLINGTON,PA 19607		501(C)(3)	114,299				PARTNER AGENCY ALLOCATION
HABITAT FOR HUMANITY OF BERKS COUNTY336 SOUTH 18TH STREET READING,PA 19602		501(C)(3)	27,091				DONOR DESIGNATION
JEWISH FEDERATION OF READING PA1100 BERKSHIRE BOULEVARD WYOMISSING,PA 19610		501(C)(3)	66,208				PARTNER AGENCY ALLOCATION
KIDSPEACE ADVANCES PROGRAM8TH AVENUE HAY ROAD TEMPLE,PA 19560		501(C)(3)	7,075				DONOR DESIGNATION
LITERACY COUNCIL OF READING-BERKS35 SOUTH DWIGHT STREET WEST LAWN,PA 19609		501(C)(3)	52,221				PARTNER AGENCY ALLOCATION
OLIVET BOYS & GIRLS CLUB OF READING & BERKS COUNTY1161 PERSHING BOULEVARD READING,PA 19611		501(C)(3)	881,473				PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANT
OPPORTUNITY HOUSE430 NORTH SECOND STREET READING,PA 19601		501(C)(3)	154,422				PARTNER AGENCY ALLOCATION
READING AREA COMMUNITY COLLEGE10 SOUTH SECOND STREET PO BOX 1706 READING,PA 19603			62,152				PROGRAM FUNDING ALLOCATION - ESL LANGUAGE CLASSES
THE SALVATION ARMY OF READINGPO BOX 1099 READING,PA 19602		501(C)(3)	240,926				PARTNER AGENCY ALLOCATION & RAPID RESPONSE GRANT
THRESHOLD REHABILITATION SERVICES INC1000 LANCASTER AVENUE READING,PA 19607		501(C)(3)	120,116				PARTNER AGENCY ALLOCATION
UNITED SERVICE ORGANIZATION2111 WILSON BLVD ARLINGTON,VA 22201		501(C)(3)	27,432				DONOR DESIGNATION
YMCA OF READING & BERKS COUNTY631 WASHINGTON STREET READING,PA 19603		501(C)(3)	386,428				PARTNER AGENCY ALLOCATION, STRATEGIC ISSUES GRANT
UNITED COMMUNITY SERVICES FOR WORKING FAMILIES116 NORTH FIFTH STREET READING,PA 19601		501(C)(3)	81,084				PROGRAM FUNDING ALLOCATION
BERKS AIDS NETWORKCO-COUNTY WELLNESS429 WALNUT STREET PO BOX 8626 READING,PA 19603		501(C)(3)	86,861				PARTNER AGENCY ALLOCATION
READING HOUSING AUTHORITY120 SOUTH 8TH STREET READING,PA 19602			59,720				STRATEGIC ISSUES GRANT
FAMILY PROMISE OF BERKS COUNTY325 NORTH 5TH STREET 1 READING,PA 19601		501(C)(3)	13,000				RAPID RESPONSE GRANT
HOPE RESCUE MISSION645 NORTH 6TH STREET READING,PA 19601		501(C)(3)	14,750				RAPID RESPONSE GRANT
NEIGHBORHOOD HOUSING SERVICES OF READING INC 213 NORTH 5TH STREET SUITE 1030 READING,PA 19601		501(C)(3)	15,000				RAPID RESPONSE GRANT
PUBLIC HEALTH MANAGEMENT CORPORATION260 SOUTH BROAD STREET 18TH FLOOR PHILADELPHIA,PA 19102		501(C)(3)	15,000				RAPID RESPONSE GRANT
UNITED WAY OF PENNSYLVANIA909 GREEN STREET HARRISBURG,PA 17102		501(C)(3)	5,000				RAPID RESPONSE GRANT
BERKS COMMUNITY HEALTH CENTER838 PENN STREET READING,PA 19601		501(C)(3)	30,000				SUBCONTRACTED GRANT
ALVERNIA UNIVERSITY400 ST BERNADINE STREET READING,PA 19607		501(C)(3)	7,500				PROGRAM GRANT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Employer identification number
23-1655375

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)TAMMY L WHITE	(i)	132,375	0	6,500	0	17,024	155,899	0
PRESIDENT	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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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

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Employer identification number
23-1655375

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	26	179,597	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
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	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
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			

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Employer identification number
23-1655375

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	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 2012, THE BERKS $ IN YOUR POCKET COALITION COMPLETED 3,952 TAX RETURNS FOR COUNTY RESIDENTS WITH HOUSEHOLD INCOMES OF $60,000 OR LESS, REFLECTING $3,274,806 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 2012, OVER 16,670 CLAIMS WERE MADE, WHICH REPRESENTED $272,521 IN SAVINGS

Identifier	Return Reference	Explanation
	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 SCOTT HUNSICKER - SON-IN-LAW OF ANN AND CHRIS KRARAS FOUR MARRIED COUPLES MAINTAIN POSITIONS ON THE UNITED WAY OF BERKS COUNTY BOARD OF DIRECTORS THIS SITUATION OCCURS BECAUSE IT IS A COMMON PRACTICE FOR A HUSBAND AND WIFE TEAM TO SERVE AS CO-CHAIRS OF THE ANNUAL FUND-RAISING CAMPAIGN, WHICH HAS BEEN A VERY SUCCESSFUL AND POPULAR APPROACH WITH THE VOLUNTEERS THE COUPLES REPRESENT PAST, CURRENT, OR FUTURE CAMPAIGN CO-CHAIRS

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	COMPLIANCE WITH PUBLIC INSPECTION REQUIREMENTS IN GENERAL, EXEMPT ORGANIZATIONS MUST MAKE AVAILABLE FOR PUBLIC INSPECTION CERTAIN ANNUAL RETURNS AND APPLICATIONS FOR EXEMPTION, AND MUST PROVIDE COPIES OF SUCH RETURNS AND APPLICATIONS TO INDIVIDUALS WHO REQUEST THEM IN COMPLIANCE WITH THIS REQUIREMENT, UNITED WAY OF BERKS COUNTY ADHERES TO THE FOLLOWING IN RESPONSE TO A WRITTEN REQUEST AT THE PRINCIPAL OFFICE OF UNITED WAY OF BERKS COUNTY, A COPY OF THE COVERED TAX DOCUMENTS SHALL BE PROVIDED TO THE REQUESTER WITHIN THIRTY (30) DAYS PER IRS GUIDANCE, A REQUEST THAT IS FAXED, E-MAILED OR SENT BY PRIVATE COURIER IS CONSIDERED A WRITTEN REQUEST IN RESPONSE TO AN IN-PERSON REQUEST AT THE PRINCIPAL OFFICE OF UNITED WAY OF BERKS COUNTY, A COPY OF THE COVERED TAX DOCUMENTS SHALL GENERALLY BE PROVIDED THE DAY OF THE REQUEST REQUESTS EITHER IN-PERSON OR WRITTEN SHALL BE PROVIDED INFORMATION THAT OFFERS THE REQUESTOR THE OPPORTUNITY TO ACCESS THE INFORMATION FREE OF CHARGE VIA THE WEB, OR AT A COST SHOULD A HARD COPY BE REQUESTED UNITED WAY OF BERKS COUNTY SHALL CHARGE A REASONABLE FEE FOR COPYING COSTS AND THE ACTUAL COST OF POSTAGE BEFORE PROVIDING COPIES OF THE DOCUMENTS REASONABLE FEES FOR COPYING ARE CONSISTENT WITH THE IRS STANDARD CHARGE OF 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 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 CAMPAIGN HIGHLIGHTS REPORT CODE OF ETHICS AND CONDUCT AND WHISTLEBLOWER POLICY LINKS TO FORM 990 VIA GUIDESTAR MISSION STATEMENT VISION STATEMENT

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	UNREALIZED GAIN/LOSS ON INVESTMENT 371,292 UNREALIZED GAIN/LOSS ON BENEFICIAL INTEREST 61,624 ADJUSTMENT TO REFLECT UNFUNDED PENSION LIABILITY 323,778

Additional Data

Software ID:
Software Version:
EIN: 23-1655375
Name: UNITED WAY OF BERKS COUNTY INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
TAMMY ARNER DIRECTOR	1 00	X						0	0	0
PAULA BARRON DIRECTOR	1 00	X						0	0	0
JAMES S BOSCOV DIRECTOR	1 00	X						0	0	0
CARL N BOTTERBUSCH DIRECTOR	1 00	X						0	0	0
SHARON DANKS DIRECTOR	1 00	X						0	0	0
ROBERT D DAVIS DIRECTOR	1 00	X						0	0	0
DIANE DUFF DIRECTOR	1 00	X						0	0	0
MICHAEL A DUFF DIRECTOR	1 00	X						0	0	0
DOUGLAS S ELLIOTT DIRECTOR	1 00	X						0	0	0
STEVEN E FISHER DIRECTOR	1 00	X						0	0	0
ANDREA FUNK ASSISTANT SECRETARY/TREASU	1 00	X		X				0	0	0
JOANN GRUBER DIRECTOR	1 00	X						0	0	0
SCOTT L GRUBER DIRECTOR	1 00	X						0	0	0
BRADLEY C HALL DIRECTOR	1 00	X						0	0	0
GORDAN HOODAK DIRECTOR	1 00	X						0	0	0
SCOTT M HUNSICKER DIRECTOR	1 00	X						0	0	0
ROBERT JEFFERSON DIRECTOR	1 00	X						0	0	0
GEOFFREY N JONES DIRECTOR	1 00	X						0	0	0
JOANNE M JUDGE SECRETARY/TREASURER	1 00	X		X				0	0	0
KRISTIN KEARNEY DIRECTOR	1 00	X						0	0	0
STEVEN KEIFER DIRECTOR	1 00	X						0	0	0
ANN KRARAS DIRECTOR	1 00	X						0	0	0
CHRIS G KRARAS VICE-CHAIRMAN	1 00	X		X				0	0	0
DR SOLOMON LAUSCH DIRECTOR	1 00	X						0	0	0
DENISE R LEE DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NICK MARMONTELLO DIRECTOR	1 00	X						0	0	0
JONI NAUGLE DIRECTOR	1 00	X						0	0	0
RICHARD L PATTERSON DIRECTOR	1 00	X						0	0	0
BARBARA PATTISON DIRECTOR	1 00	X						0	0	0
MICHAEL R REESE DIRECTOR	1 00	X						0	0	0
MICHELE L RICHARDS DIRECTOR	1 00	X						0	0	0
REVEREND LUTHER ROUTTE DIRECTOR	1 00	X						0	0	0
JEFFREY R RUSH DIRECTOR	1 00	X						0	0	0
VIRGINIA RUSH DIRECTOR	1 00	X						0	0	0
STEVEN A SHUMACHER DIRECTOR	1 00	X						0	0	0
G FRED SHAEFF JR DIRECTOR	1 00	X						0	0	0
ALISON SNYDER DIRECTOR	1 00	X						0	0	0
DAVID STROBEL DIRECTOR	1 00	X						0	0	0
DR CARLOS VARGAS-ABURTO DIRECTOR	1 00	X						0	0	0
JEFFREY WASMUTH DIRECTOR	1 00	X						0	0	0
STEVEN M WEIDMAN DIRECTOR	1 00	X						0	0	0
SCOTT R WOLFE DIRECTOR	1 00	X						0	0	0
CHRISTINE WULLERT DIRECTOR	1 00	X						0	0	0
DOUGLAS N YOCOM CHAIRMAN	1 00	X		X				0	0	0
RICHARD ZUIDEMA DIRECTOR	1 00	X						0	0	0
LENIN AGUOD DIRECTOR	1 00	X						0	0	0
PATRICK VELEKEI DIRECTOR	1 00	X						0	0	0
DR ANNA WEITZ DIRECTOR	1 00	X						0	0	0
TAMMY L WHITE PRESIDENT	37 50			X				138,875	0	17,024
JEAN MORROW SR VP RESOURCE DEVELOPMENT	37 50			X				76,125	0	16,752

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA C GILES SR VP COMMUNITY IMPACT	37 50			X				89,655	0	10,503
MONICA RUANO-WENRICH SR VP FINANCE & ADMIN	37 50			X				75,309	0	16,864