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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

[illegible]

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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	No
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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	15	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	30
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" to line 3b, 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 or note to any line 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		
	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		
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 196030702 (610)685-4550

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2013)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	391,688	0	61,557

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization in 2011

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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 or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,294,778		
	g	Noncash contributions included in lines 1a-1f \$		238,539		
	h	Total. Add lines 1a-1f		9,294,778		
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	141,681		
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses	2,005,182			
c		Gain or (loss)	1,657,934			
d		Net gain or (loss)	347,248			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
b		Less direct expenses	b			
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a			
b		Less cost of goods sold	b			
c		Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code				
11a	ADMINISTRATION FEES	561000	68,582	68,582		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		68,582			
12	Total revenue. See Instructions		9,852,289	415,830	0	141,681

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 or note to any line 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.	6,751,408	6,751,408		
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.	453,245	172,446	132,980	147,819
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.	988,994	298,652	241,254	449,088
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	283,483	88,128	75,177	120,178
10	Payroll taxes.	105,756	35,002	26,215	44,539
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).	164,356	75,980	38,620	49,756
12	Advertising and promotion.	133,559	12,361	130	121,068
13	Office expenses.	35,062	11,295	7,231	16,536
14	Information technology.				
15	Royalties.				
16	Occupancy.	130,091	39,676	37,073	53,342
17	Travel.	56,419	14,838	15,059	26,522
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.	107,591	32,923	30,402	44,266
22	Depreciation, depletion, and amortization.	37,556	10,450	10,115	16,991
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	77,794	7,758	33,073	36,963
b	EQUIPMENT RENTAL & MAIN	21,142	4,472	3,568	13,102
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	9,346,456	7,555,389	650,897	1,140,170
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 or note to any line 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			3,094,904	2	3,045,871
	3	Pledges and grants receivable, net			6,539,168	3	6,774,183
	4	Accounts receivable, net			47,726	4	67,197
	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			12,020	9	11,562
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	329,370	123,935	10c	102,584
	b	Less accumulated depreciation	10b	226,786			
	11	Investments—publicly traded securities			7,590,972	11	8,676,931
	12	Investments—other securities See Part IV, line 11			759,062	12	828,056
	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)			18,167,787	16	19,506,384
Liabilities	17	Accounts payable and accrued expenses			198,263	17	280,624
	18	Grants payable				18	
	19	Deferred revenue				19	
	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			2,094,057	25	2,022,391
	26	Total liabilities. Add lines 17 through 25			2,292,320	26	2,303,015
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			3,871,158	27	4,389,296
	28	Temporarily restricted net assets			7,135,611	28	7,265,351
	29	Permanently restricted net assets			4,868,698	29	5,548,722
	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			15,875,467	33	17,203,369
	34	Total liabilities and net assets/fund balances			18,167,787	34	19,506,384

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,852,289
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,346,456
3	Revenue less expenses Subtract line 2 from line 1	3	505,833
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,875,467
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	822,069
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,203,369

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

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			
LENIN AGUDO DIRECTOR	1 00	X						0	0	0
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
EDWINA DAVIS 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
ANDREA J FUNK ASST SEC/TREAS	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
DANIEL B HUYETT DIRECTOR	1 00	X						0	0	0
ELLEN HUYETT 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 TREASURER	1 00	X		X				0	0	0
STEVEN KEIFER DIRECTOR	1 00	X						0	0	0
CHRIS G KRARAS VICE CHAIR	1 00	X		X				0	0	0
DR SOLOMON LAUSCH DIRECTOR	1 00	X						0	0	0
NICK MARMONTELLO DIRECTOR	1 00	X						0	0	0

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			
BETH GALLEN MASTROMARINO 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
LAURIE PEER DIRECTOR	1 00	X						0	0	0
MICHAEL H REESE DIRECTOR	1 00	X						0	0	0
MICHELE L RICHARDS DIRECTOR	1 00	X						0	0	0
MARILU RODRIGUEZ 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 SCHUMACHER DIRECTOR	1 00	X						0	0	0
G FRED SHAEFF JR DIRECTOR	1 00	X						0	0	0
JEROME SIMCIK DIRECTOR	1 00	X						0	0	0
TIMOTHY SIMMONS DIRECTOR	1 00	X						0	0	0
ALLISON SNYDER DIRECTOR	1 00	X						0	0	0
DAVID L STROBEL DIRECTOR	1 00	X						0	0	0
YVONNE STROMAN DIRECTOR	1 00	X						0	0	0
THERESE SUCHER DIRECTOR	1 00	X						0	0	0
DR CARLOS VARGAS-ABURTO DIRECTOR	1 00	X						0	0	0
PATRICK VELEKEI DIRECTOR	1 00	X						0	0	0
JEFFREY WASMUTH DIRECTOR	1 00	X						0	0	0
DR ANNA WEITZ 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
TAMMY L WHITE PRESIDENT	37 50			X				143,016	0	19,167

(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			
JEAN MORROW SR VP RESOURCE DEVELOPMENT	37 50			X				78,409	0	16,071
PATRICIA C GILES SR VP COMMUNITY IMPACT	37 50			X				92,696	0	10,193
MONICA RUANO-WENRICH SR VP FINANCE & ADMIN	37 50			X				77,567	0	16,126

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,891,322	9,113,677	9,104,779	9,330,398	9,294,778	46,734,954
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	9,891,322	9,113,677	9,104,779	9,330,398	9,294,778	46,734,954
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						46,734,954

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	9,891,322	9,113,677	9,104,779	9,330,398	9,294,778	46,734,954
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	174,478	113,770	105,278	133,222	141,681	668,429
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)	62,281	52,116	69,457	66,040	68,582	318,476
11	Total support (Add lines 7 through 10)						47,721,859
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 2013 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>97 930 %</td></tr></table>	14	97 930 %
14	97 930 %			
15	Public support percentage for 2012 Schedule A, Part II, line 14	<table><tr><td>15</td><td>97 910 %</td></tr></table>	15	97 910 %
15	97 910 %			
16a	33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIIPart 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. 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		
Return Reference	Explanation	

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

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

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- c
- Beginning balance
- d
- Additions during the year
- e
- Distributions during the year
- f
- Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part 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	5,539,429	5,110,374	5,189,475	4,931,474	3,454,631
b Contributions	0	41,041	76,165	29,798	695,841
c Net investment earnings, gains, and losses	1,067,087	621,316	68,060	436,271	974,079
d Grants or scholarships					
e Other expenditures for facilities and programs	233,461	233,302	223,326	208,068	193,077
f Administrative expenses					
g End of year balance	6,373,055	5,539,429	5,110,374	5,189,475	4,931,474

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

Board designated or quasi-endowment

25 900 %

b

Permanent endowment

74 100 %

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
- (i) unrelated organizations

3a(i)

Yes

No

(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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		25,059	9,157
d Equipment	258,775		172,042	86,733
e Other	36,379		29,685	6,694
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				102,584

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	9,016,485
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	839,101
b	Donated services and use of facilities	2b	107,670
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	68,994
e	Add lines 2a through 2d	2e	1,015,765
3	Subtract line 2e from line 1	3	8,000,720
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	1,851,569
c	Add lines 4a and 4b	4c	1,851,569
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,852,289

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,602,557
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	107,670
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	107,670
3	Subtract line 2e from line 1	3	7,494,887
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	1,851,569
c	Add lines 4a and 4b	4c	1,851,569
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,346,456

Part XIII

Supplemental Information

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.

Return Reference	Explanation
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
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, 2013 AND 2012, 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 2010 AND FORWARD REMAIN OPEN FOR EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS	UNREALIZED GAINS/(LOSSES) ON BENEFICIAL INTEREST 68,994
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS 1,851,569
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED ALLOCATIONS 1,851,569

[illegible]

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

40

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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 2013, WE ALLOCATED FUNDS TO 32 AGENCY PARTNERS, SUPPORTING OVER 50 PROGRAMS AND 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 PROGRAMS

Additional Data

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 LANCASTER 630 JANET AVENUE LANCASTER,PA 17601		501(C)(3)	60,000				SUBCONTRACTED GRANTS
AMERICAN CANCER SOCIETY 498 BELLEVUE AVENUE READING,PA 19605		501(C)(3)	207,302				PARTNER AGENCY INVESTMENTS
AMERICAN RED CROSS - BERKS COUNTY CHAPTER 701 CENTRE AVENUE READING,PA 19601		501(C)(3)	532,009				PARTNER AGENCY INVESTMENTS
ARC ADVOCACY SERVICES 1829 NEW HOLLAND ROAD SUITE 9 READING,PA 19607		501(C)(3)	68,089				PARTNER AGENCY INVESTMENTS
BERKS CONNECTIONSPRETRIAL SERVICES 633 COURT STREET 16TH FLOOR READING,PA 19601		501(C)(3)	56,750				PARTNER AGENCY INVESTMENTS
BERKS ENCORE 40 NORTH 9TH STREET READING,PA 19601		501(C)(3)	82,264				PARTNER AGENCY INVESTMENTS
BERKS DEAF & HARD OF HEARING SERVICES 2045 CENTRE AVENUE READING,PA 19605		501(C)(3)	83,175				PARTNER AGENCY INVESTMENTS
BERKS TALKLINE PO BOX 13234 READING,PA 19612		501(C)(3)	19,126				PARTNER AGENCY INVESTMENTS
BERKS VISITING NURSE ASSOCIATION 1170 BERKSHIRE BOULEVARD WYOMISSING,PA 19610		501(C)(3)	284,457				PARTNER AGENCY INVESTMENTS
BERKS WOMEN IN CRISIS 50 N 4TH STREET READING,PA 19601		501(C)(3)	162,507				PARTNER AGENCY INVESTMENTS & SUBCONTRACTED GRANTS

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
BIG BROTHERSBIG SISTERS OF BERKS COUNTY 303 WINDSOR STREET READING,PA 19601		501(C)(3)	193,782				PARTNER AGENCY INVESTMENTS & RAPID RESPONSE GRANT
BIRDSBORO COMMUNITY MEMORIAL CENTER 201 EAST MAIN STREET BIRDSBORO,PA 19508		501(C)(3)	57,183				PARTNER AGENCY INVESTMENTS
BOY SCOUTS OF AMERICA - HAWK MOUNTAIN COUNCIL 5027 POTTSVILLE PIKE READING,PA 19605		501(C)(3)	268,347				PARTNER AGENCY INVESTMENTS
CAMP FIRE USA ADAHI COUNCIL 172 HARTZ STORE ROAD MOHNTON,PA 19540		501(C)(3)	161,443				PARTNER AGENCY INVESTMENTS
CENTER FOR MENTAL HEALTH - THE READING HOSPITAL & MEDICAL CENTER PO BOX 16052 READING,PA 19612		501(C)(3)	110,411				PARTNER AGENCY INVESTMENTS
THE CHILDREN'S HOME OF READING 1010 CENTRE AVENUE READING,PA 19601		501(C)(3)	71,830				PARTNER AGENCY INVESTMENTS
CENTRO HISPANO DANIEL TORRES INC 501 WASHINGTON STREET READING,PA 19601		501(C)(3)	202,220				PARTNER AGENCY INVESTMENTS
COMMUNITY CHILD CARE - BERKS COUNTY INTERMEDIATE UNIT 1111 COMMONS BLVD PO BOX 16050 READING,PA 19612		501(C)(3)	236,390				PARTNER AGENCY INVESTMENTS
COUNCIL ON CHEMICAL ABUSE 601 PENN STREET SUITE 600 READING,PA 19601		501(C)(3)	18,379				PARTNER AGENCY INVESTMENTS
EASTER SEALS EASTERN PENNSYLVANIA 1040 LIGGETT AVENUE READING,PA 19611		501(C)(3)	293,384				PARTNER AGENCY INVESTMENTS

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
FAMILY GUIDANCE CENTER 1235 PENN AVENUE SUITE 205-206 READING,PA 19610		501(C)(3)	390,336				PARTNER AGENCY INVESTMENTS
FRIEND INC COMMUNITY SERVICES 658D NOBLE STREET KUTZTOWN,PA 19530		501(C)(3)	121,141				PARTNER AGENCY INVESTMENTS
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR ROAD MIQUON,PA 19444		501(C)(3)	112,968				PARTNER AGENCY INVESTMENTS
GREATER BERKS FOOD BANK 1011 TUCKERTON COURT READING,PA 19605		501(C)(3)	59,535				PARTNER AGENCY INVESTMENTS
GREATER READING MENTAL HEALTH ALLIANCE 122 WEST LANCASTER AVENUE SUITE 207 207 SHILLINGTON,PA 19607		501(C)(3)	114,238				PARTNER AGENCY INVESTMENTS
HABITAT FOR HUMANITY OF BERKS COUNTY 336 SOUTH 18TH STREET READING,PA 19602		501(C)(3)	37,655				PARTNER AGENCY INVESTMENTS
JEWISH FEDERATION OF READING PA 1100 BERKSHIRE BOULEVARD WYOMISSING,PA 19610		501(C)(3)	67,524				PARTNER AGENCY INVESTMENTS
LITERACY COUNCIL OF READING-BERKS 35 SOUTH DWIGHT STREET WEST LAWN,PA 19609		501(C)(3)	54,178				PARTNER AGENCY INVESTMENTS
OLIVET BOYS & GIRLS CLUB OF READING & BERKS COUNTY 1161 PERSHING BOULEVARD READING,PA 19611		501(C)(3)	894,426				PARTNER AGENCY INVESTMENTS & SUBCONTRACTED GRANTS
OPPORTUNITY HOUSE 430 NORTH SECOND STREET READING,PA 19601		501(C)(3)	199,046				PARTNER AGENCY INVESTMENTS & SUBCONTRACTED GRANTS

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
READING AREA COMMUNITY COLLEGE 10 SOUTH SECOND STREET PO BOX 1706 READING,PA 19603			105,084				PROGRAM FUNDING INVESTMENTS - ESL LANGUAGE CLASSES & RAPID RESPONSE GRANT
THE SALVATION ARMY OF READING PO BOX 1099 READING,PA 19602		501(C)(3)	273,578				PARTNER AGENCY INVESTMENTS & RAPID RESPONSE GRANT
THRESHOLD REHABILITATION SERVICES INC 1000 LANCASTER AVENUE READING,PA 19607		501(C)(3)	121,311				PARTNER AGENCY INVESTMENTS
UNITED SERVICE ORGANIZATION 2111 WILSON BLVD ARLINGTON,VA 22201		501(C)(3)	30,356				PARTNER AGENCY INVESTMENTS
YMCA OF READING & BERKS COUNTY 631 WASHINGTON STREET READING,PA 19603		501(C)(3)	399,002				PARTNER AGENCY INVESTMENTS
UNITED COMMUNITY SERVICES FOR WORKING FAMILIES 116 NORTH FIFTH STREET READING,PA 19601		501(C)(3)	83,475				PROGRAM FUNDING INVESTMENTS
BERKS AIDS NETWORKCO-COUNTY WELLNESS 429 WALNUT STREET PO BOX 8626 READING,PA 19603		501(C)(3)	77,968				PARTNER AGENCY INVESTMENTS
COMMUNITY PREVENTION PARTNERSHIP 227 NORTH 5TH STREET READING,PA 19604		501(C)(3)	16,709				PARTNER ANGENCY INVESTMENTS & RAPID RESPONSE GRANT
BOYERTOWN AREA MULTI SERVICES INC 200 W SPRING STREET BOYERTOWN,PA 19512		501(C)(3)	15,000				RAPID RESPONSE GRANT
BERKS COMMUNITY HEALTH CENTER 838 PENN STREET READING,PA 19601		501(C)(3)	30,300				SUBCONTRACTED GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Employer identification number
23-1655375

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 directors, trustees, officers, including 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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 accrued 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 PRESIDENT	(i)	135,016	0	8,000	0	19,167	162,183	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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.

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.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	31	238,539	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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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

Yes

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

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

Supplemental Information. 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.

Return Reference	Explanation
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2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization

UNITED WAY OF BERKS COUNTY INC

Employer identification number

23-1655375

Return Reference	Explanation
FORM 990, PART III, LINE 4A	READY SET READ! OVER THE PAST YEAR, READY SET READ! HAS EXPERIENCED GROWTH AND PROGRESS AS UNITED WAY AND THE COMMUNITY FOCUS ON IMPROVING EARLY GRADE READING PROFICIENCY PARTNERSHIPS WITH SCHOOLS, LOCAL BUSINESSES AND VOLUNTEERS HAVE BEEN STRENGTHENED AS THE INITIATIVE HAS TAKEN ROOT AND ACHIEVED POSITIVE INITIAL RESULTS 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 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 RECENTLY, A BOARD OF DIRECTORS HAS BEEN ESTABLISHED TO PROVIDE LEADERSHIP AND GUIDANCE TO THE CONTINUING DEVELOPMENT OF THIS WORK THE GOVERNANCE GROUP REPRESENTS VARIED COMMUNITY SECTORS AND CONSISTS OF MORE THAN 40 INDIVIDUALS DEVELOPING A STRATEGIC PLAN IS THE GROUP'S CURRENT CHARGE STAR READERS, THE VOLUNTEER TUTORING PROGRAM COMPONENT, CONTINUES TO GROW CURRENTLY, NEARLY 220 TRAINED VOLUNTEERS, INCLUDING CORPORATE EMPLOYEES, COLLEGE STUDENTS, RETIRED EDUCATORS AND COMMUNITY MEMBERS, VOLUNTEER AT 21 ELEMENTARY SCHOOLS WITHIN SEVEN SCHOOL DISTRICTS ANTIETAM, DANIEL BOONE, EXETER, GOVERNOR MIFFLIN, HAMBURG, MUHLENBERG AND READING THE TUTORS WORK WITH NEARLY 400 FIRST, SECOND AND THIRD GRADERS NEEDING ASSISTANCE TO BECOME PROFICIENT READERS, AS MEASURED BY 3RD GRADE PSSA READING SCORES ADDITIONAL GROWTH IS ANTICIPATED FOR THE 2014-15 SCHOOL YEAR SEVERAL COMMUNITY EVENTS WERE ORGANIZED AROUND THIS WORK IN 2013, INCLUDING "READAPALOOZA", WHICH FEATURED A SERIES OF ACTIVITIES DURING A WEEK-LONG COMMUNITY AWARENESS AND ENGAGEMENT EFFORT VARIED STORY TIMES THROUGHOUT THE COMMUNITY AND ACTIVITIES IN PARTNERSHIP WITH THE BERKS COUNTY PUBLIC LIBRARY SYSTEM, THE READING FIGHTIN PHILS, BARNES & NOBLE AND OTHERS, WERE FEATURED ONE OF THE FUNDAMENTAL PRINCIPLES OF READY SET READ! IS A COMMITMENT TO COLLECT, SHARE AND USE DATA TO GUIDE DEVELOPMENT OF STRATEGIES, MEASURE AND EVALUATE RESULTS AND COMMUNICATE PROGRESS TOWARDS THE LONG TERM GOAL AS THE PILOT YEAR OF THE STAR READERS TUTORING PROGRAM GOT UNDERWAY, CAPITAL AREA INTERMEDIATE UNIT WAS ENGAGED TO CONDUCT AN INDEPENDENT EVALUATION OF ITS DEVELOPMENT AND IMPLEMENTATION THE REPORT PROVIDES CONFIRMATION OF THE POTENTIAL FOR THE PROGRAM TO HAVE MEANINGFUL IMPACT ON IMPROVING STRUGGLING READERS' PROFICIENCY AND CONTRIBUTING TO ACHIEVEMENT OF THE READY SET READ! 10-YEAR GOAL EXAMPLES OF KEY FINDINGS INCLUDE " READING FLUENCY -87% OF THE PARTICIPATING STUDENTS SHOWED IMPROVEMENT IN THEIR ORAL READING FLUENCY " READING ACCURACY - 68% OF THE PARTICIPATING STUDENTS SHOWED IMPROVEMENT IN THEIR ORAL READING ACCURACY THE FULL REPORT CAN BE FOUND AT THE WEBSITE, WWW.READYSETREADBERKS.ORG 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 2013, 2,418 CALLS WERE RECEIVED (A 27% INCREASE OVER 2012), WITH THE MAJORITY FOCUSED ON INQUIRES RELATING TO UTILITIES ASSISTANCE, HOUSING, FOOD, HOMELESSNESS, HEALTH SERVICES, GOVERNMENT AND/OR LEGAL ISSUES AND MENTAL HEALTH ISSUES TOP AGENCY REFERRALS INCLUDED THE SALVATION ARMY, PA DEPARTMENT OF PUBLIC WELFARE, GREATER BERKS FOOD BANK, CATHOLIC CHARITIES, AS WELL AS OTHER LOCAL NONPROFITS AND GOVERNMENT/LEGAL ORGANIZATIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING BOARD MEMBERS ARE RELATED EDWINA AND ROBERT DAVIS - SPOUSES DIANE AND MICHAEL DUFF - SPOUSES VIRGINIA AND JEFFREY RUSH - SPOUSES ELLEN AND DANIEL HUYETT - SPOUSES JOANN AND SCOTT GRUBER - SPOUSES FIVE MARRIED COUPLES MAINTAIN POSITIONS ON THE UNITED WAY OF BERKS COUNTY BOARD OF DIRECTORS THIS SITUATION OCCURS BECAUSE IT IS A COMMON PRACTICE FOR A HUSBAND AND WIFE TEAM TO SERVE AS CO-CHAIRS OF THE ANNUAL 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 THE FOLLOWING BOARD MEMBERS ARE ALSO RELATED SCOTT HUNSICKER AND CHRIS KRARAS - IN-LAW RELATIONSHIP

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

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

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

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 DOCUMENTS 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 RECORD RETENTION 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 CHARITY NAVIGATOR AND GUIDESTAR MISSION STATEMENT VISION STATEMENT

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED GAIN/LOSS ON INVESTMENT 839,101 UNREALIZED GAIN/LOSS ON BENEFICIAL INTEREST 68,994 ADJUSTMENT TO REFLECT UNFUNDED PENSION LIABILITY -86,026