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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF BERKS COUNTY INC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
READING, PA 196030702

D Employer identification number
23-1655375

E Telephone number
(610)685-4550

G Gross receipts $ 11,871,187

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW UWBERKS ORG

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

L Year of formation 1963

M State of legal domicile PA

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	42
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	42
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	30
6	Total number of volunteers (estimate if necessary)	**6**	2,209
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	10,132,601	9,889,098
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	570,838	373,543
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,139	59,990
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,755,578	10,322,631
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,227,671	6,771,283
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,855,868	1,888,062
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,241,141		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	822,671	1,068,360
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,906,210	9,727,705
19	Revenue less expenses Subtract line 18 from line 12	849,368	594,926
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	20,400,881	20,430,821
21	Total liabilities (Part X, line 26)	2,587,643	2,490,574
22	Net assets or fund balances Subtract line 21 from line 20	17,813,238	17,940,247

Part II Signature Block

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

Sign Here

****** 2016-06-24
Signature of officer Date

TAMMY L WHITE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LINDA S HIMEBACK	LINDA S HIMEBACK	2016-06-14		P00042618

Firm's name ▶ HERBEINCOMPANY INC | Firm's EIN ▶ 23-2415973

Firm's address ▶ 2763 CENTURY BOULEVARD
READING, PA 19610 | Phone no (610) 378-1175

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 7,788,896 including grants of $ 6,771,283) (Revenue $)

UNITED WAY OF BERKS COUNTY IS THE CATALYST THAT GALVANIZES INDIVIDUALS AND PUBLIC, PRIVATE, FAITH AND GOVERNMENTAL SECTORS TO WORK TOGETHER TO CREATE SOLUTIONS WHICH ENABLE INDIVIDUALS, FAMILIES AND OUR COMMUNITY TO THRIVE RECOGNIZING THAT NO SINGLE ORGANIZATION ALONE CAN SOLVE PRESSING COMMUNITY ISSUES, UNITED WAY OF BERKS COUNTY WORKS THROUGH OUR MANY COMMUNITY PARTNERS PROVIDING ANNUAL FUNDING FOR SERVICES IN OUR FOCUS AREA'S OF EDUCATION, INCOME, HEALTH AND SAFETY NET SERVICES, OFFERING SPECIAL ONE-TIME GRANTS FOR NEW INITIATIVES AND EMERGENCY FUNDING, ACTING AS CONVENER TO ADDRESS COMMUNITY CONCERNS, AND FACILITATING COMMUNITY-WIDE PROGRAMS AND INITIATIVES ANNUAL FUNDING UNITED WAY OF BERKS COUNTY HELPED OVER 100,000 LOCAL RESIDENTS IN 2015 BY TACKLING CRITICAL COMMUNITY ISSUES WITHIN FOUR PRIMARY FOCUS AREAS EDUCATION, INCOME, HEALTH, AND SAFETY NET SERVICES MUCH OF OUR WORK IS CARRIED OUT THROUGH OVER 50 PROGRAMS IN COORDINATION WITH 34 AGENCY PARTNERS ALL FUNDED PROGRAMS ARE IDENTIFIED AND EVALUATED THROUGH THE EFFORTS OF OUR COMMUNITY IMPACT CABINET AND RESOURCE INVESTMENT REVIEW TEAMS, REPRESENTING VOLUNTEER COMMUNITY MEMBERS FROM VARIOUS SECTORS THESE GROUPS ENSURE THAT UNITED WAY DONOR DOLLARS ARE BEING USED IN THE BEST WAY POSSIBLE TO MEET THE NEEDS OF OUR LOCAL COMMUNITY VOLUNTEERS DETERMINE PROGRAM FUNDING LEVELS BASED ON THE PROGRAM'S ABILITY TO ADDRESS A PRIORITY NEED IN THE BERKS COUNTY COMMUNITY, THE PROGRAM'S LEVEL OF PERFORMANCE IN MEETING THAT NEED, AND THE FINANCIAL NEED OF THE PROGRAM ON A YEARLY BASIS, ALL FUNDED PROGRAMS ARE REQUIRED TO SUBMIT AN APPLICATION THAT DETAILS HOW UNITED WAY DOLLARS ARE SPENT TO SUPPORT PROGRAMMING, AND THE OUTCOMES ACHIEVED BY CLIENTS PARTICIPATING IN THE PROGRAM THESE OUTCOMES PLAY A CRUCIAL ROLE IN DETERMINING THE EFFECTIVENESS OF UNITED WAY FUNDED PROGRAMS KEY RESULTS WITHIN OUR FOCUS AREAS DURING 2015 INCLUDE THE FOLLOWING EDUCATIONUNITED WAY BELIEVES THAT EVERYONE CAN PLAY A ROLE IN ENSURING THAT CHILDREN GROW UP TO BE PRODUCTIVE CITIZENS AND MEMBERS OF OUR COMMUNITY THIS BEGINS WITH A GOOD EDUCATION THAT IS THE FOUNDATION FOR A CHILD'S SUCCESS IN WORK AND LIFE, ALONG WITH PROVIDING SUPPORTIVE PROGRAMMING THAT HELPS YOUTH DEVELOP NECESSARY SKILLS FOR THEIR FUTURE TO MEET THIS GOAL, KEY ISSUES ADDRESSED BY UNITED WAY AND ITS SUPPORTED PROGRAMS IN THIS FOCUS AREA INCLUDE EARLY CARE AND SCHOOL READINESS, SCHOOL SUCCESS, AND POSITIVE YOUTH DEVELOPMENT, SINCE THESE ISSUES ARE ALL INTERTWINED IN HELPING CHILDREN REACH THEIR POTENTIAL THROUGH UNITED WAY FUNDED CHILD CARE SERVICES, OVER 1,000 CHILDREN RECEIVED HIGH QUALITY CHILD CARE IN 2015, WITH SEVERAL PROGRAMS HIGHLY DESIGNATED ON THE STATE'S KEYSTONE STARS QUALITY CHILD CARE RATING SYSTEM IN ADDITION, MANY OF THESE CHILDREN RECEIVED CARE DURING NON-TRADITIONAL HOURS THROUGH THE YMCA OR OPPORTUNITY HOUSE SO THEIR PARENTS COULD WORK OR ATTEND SCHOOL UNITED WAY DOLLARS HELP TO SUPPLEMENT FUNDING FOR THESE PROGRAMS, MANY OF WHOM PRIMARILY SERVE LOW INCOME FAMILIES RECEIVING STATE SUBSIDY DOLLARS FOR THEIR CHILD'S CARE OUR DOLLARS ALSO HELP TO PROVIDE SUPPLEMENTAL CHILD CARE FUNDING FOR AN ADDITIONAL 60 FAMILIES PER MONTH, WHOSE INCOME THRESHOLDS JUST MISS QUALIFICATIONS FOR FEDERAL FUNDING, OR ARE ON THE WAITING LIST TO RECEIVE SUBSIDIZED FUNDING THESE FAMILIES REPORT THAT THEY WOULD OTHERWISE NOT BE ABLE TO AFFORD CHILD CARE WITHOUT THIS ASSISTANCE, AND WOULD BE FORCED TO LEAVE EMPLOYMENT IN ADDITION TO HELPING WITH CHILD CARE, UNITED WAY FUNDED PROGRAMS ALSO HELP PARENTS AND CAREGIVERS LEARN HOW TO BE THEIR CHILD'S FIRST AND MOST IMPORTANT TEACHER PROGRAMS SUCH AS BABY UNIVERSITY, OPENING DOORS, AND THE PLAY AND LEARN CENTER AT OUR PARTNER, SALVATION ARMY, GIVES PARENTS OPPORTUNITIES TO HAVE POSITIVE, FUN, AND EDUCATIONALLY ORIENTED INTERACTIONS WITH THEIR YOUTH AND LEARN WAYS TO IMPLEMENT THESE TYPES OF ENRICHING EXPERIENCES AT HOME TWENTY-EIGHT FAMILIES WITH CHILDREN UNDER THE AGE OF 5 PARTICIPATED IN THE PLAY AND LEARN CENTERS THROUGHOUT 2015, WHERE FAMILIES LEARNED DIFFERENT WAYS TO HELP THEIR CHILDREN REACH DEVELOPMENTAL MILESTONES IN PREPARATION FOR KINDERGARTEN THE OPENING DOORS PROGRAM, OPERATED BY PARTNER AGENCY CENTRO HISPANO DANIEL TORRES, INC , HELPED 45 LATINO FAMILIES GAIN SKILLS THAT WILL ASSIST IN BUILDING THEIR CHILDREN'S LITERACY DEVELOPMENT 93% OF PARTICIPATING FAMILIES IN THE UNITED WAY SUPPORTED BABY UNIVERSITY PROGRAM REPORTED THAT THEY LEARNED MORE ABOUT APPROPRIATE CHILD DEVELOPMENT TO HELP THEIR CHILDREN BECOME BETTER PREPARED FOR KINDERGARTEN UNITED WAY'S SUPPORT OF OUT-OF-SCHOOL EDUCATIONAL, RECREATIONAL, AND MENTORING PROGRAMS HELPS YOUTH DEVELOP AGE APPROPRIATE LIFE SKILLS WHILE HAVING A SAFE PLACE TO SPEND TIME WITH PEERS AND POSITIVE ADULT ROLE MODELS THESE PROGRAMS HELP YOUTH LEARN THE VALUE OF COMMUNITY SERVICE AND RESPONSIBILITY WHILE DEVELOPING SOCIAL SKILLS, SETTING PERSONAL GOALS, AND FINDING WAYS TO ACHIEVE THEM IN 2015, ALMOST 18,000 YOUTH (UP FROM 16,000 IN 2014) PARTICIPATED IN QUALITY OUT-OF-SCHOOL PROGRAMS THROUGH OLIVET BOYS AND GIRLS CLUB OF READING AND BERKS COUNTY, HAWK MOUNTAIN COUNCIL BOY SCOUTS OF AMERICA, AND GIRL SCOUTS OF EASTERN PENNSYLVANIA ALMOST 70% OF THESE YOUTH ARE FROM THE CITY OF READING AND ARE DESIGNATED AT-RISK DUE TO LIVING IN POVERTY 90% OF YOUTH PARTICIPATING IN OLIVET PROGRAMS FEEL THAT THEY HAVE BUILT UPON THEIR LEADERSHIP SKILLS IN THE PAST YEAR AN ADDITIONAL 229 AT-RISK YOUTH (UP 9% FROM LAST YEAR) PARTICIPATED IN THE BIG BROTHERS/BIG SISTERS MENTORING PROGRAM WHERE ELIGIBLE YOUTH WHO PARTICIPATED FOR ONE YEAR OR LONGER HAD A 100 % GRADUATION RATE, AND A 0% TEENAGE PREGNANCY RATE UNITED WAY FUNDING ALSO GOES TO SUPPORT THE CHILDREN'S HOME DAY ACADEMY, DESIGNED FOR YOUTH REQUIRING AN ALTERNATIVE EDUCATION ENVIRONMENT DUE TO SEVERE EMOTIONAL OR BEHAVIORAL ISSUES 43 YOUTH EXPERIENCED SUCCESS IN THIS PROGRAM DURING 2015, WITH 92% OF STUDENTS SHOWING IMPROVEMENT TOWARD THEIR BEHAVIORAL GOALS TO HELP THEM MOVE FORWARD ON THE PATH OF RETURNING TO THEIR HOME SCHOOLS INCOMEUNITED WAY OF BERKS COUNTY IS COMMITTED TO EFFORTS THAT HELP INDIVIDUALS AND FAMILIES ACCESS STABLE HOUSING, GAIN JOB SKILLS AND BUILD FINANCIAL LITERACY SO THEY HAVE INCREASED OPPORTUNITIES TO ACHIEVE LONG-TERM FINANCIAL STABILITY WE WORK WITH SEVERAL AGENCY PARTNERS TO DO THIS WORK FOR CHALLENGED POPULATIONS, INCLUDING THOSE IN POVERTY, RECOVERING FROM SUBSTANCE ABUSE, OR SUFFERING FROM VARIOUS DISABILITIES, MAINTAINING STABLE HOUSING CAN BE A DIFFICULT TASK UNITED WAY SUPPORTED PROGRAMS THROUGH THE YMCA AND SALVATION ARMY MADE A DIFFERENCE FOR 400 INDIVIDUALS IN 2015, INCLUDING FAMILIES WITH CHILDREN, TO HELP THEM ACCESS SAFE, SUPPORTIVE HOUSING THESE PROGRAMS ALSO PROVIDE EXTRA ASSISTANCE FOR THESE INDIVIDUALS IN THE FORM OF LIFE SKILLS EDUCATION, HOME VISITS, CAREER SERVICES AND ACCESS TO BENEFITS TO HELP THEM REMAIN ON THE PATH OF SELF-SUFFICIENCY SO STABLE HOUSING IS MAINTAINED WHILE PARTICIPATING IN THE PROGRAM AT THE YMCA, 75% OF CLIENTS RECEIVED HELP TO OBTAIN EMPLOYMENT TO HELP THEM BECOME MORE FINANCIALLY STABLE IN 2015, UNITED WAY FUNDED PROGRAMS THROUGH THE LITERACY COUNCIL AND READING AREA COMMUNITY COLLEGE HELPED OVER 800 BERKS COUNTIANS READ BETTER AND IMPROVE FUNCTIONAL SKILLS IN THE ENGLISH LANGUAGE TO FURTHER THEIR OPPORTUNITIES FOR GAINFUL EMPLOYMENT AT THE LITERACY COUNCIL, 60% OF CLIENTS ADVANCED A MINIMUM OF ONE LEVEL IN THEIR ABILITY TO READ, WRITE, AND/OR SPEAK ENGLISH AN ADDITIONAL 102 PEOPLE WITH PHYSICAL AND DEVELOPMENTAL DISABILITIES RECEIVED COMPREHENSIVE EMPLOYMENT SERVICES (INCLUDING RESUME WRITING ASSISTANCE, MOCK INTERVIEWS, JOB SEARCHING SERVICES AND ON THE JOB SUPPORT) THROUGH THRESHOLD REHABILITATION SERVICES TO HELP THEM OBTAIN AND MAINTAIN A SELF-SUSTAINING JOB THIRTY-THREE OF THESE CLIENTS OBTAINED COMPETITIVE EMPLOYMENT IN THE COMMUNITY PARTNER AGENCY FRIEND, INC COMMUNITY SERVICES OPERATED A FINANCIAL LITERACY PROGRAM IN 2015, WHICH HELPED CLIENTS LEARN MORE ABOUT BUDGETING, SAVINGS, AND CREDIT NINETEEN FAMILIES PARTICIPATED IN THE PROGRAM LAST YEAR, WITH 68% ABLE TO FOLLOW THEIR OWN BUDGETS AFTER EXITING THE PROGRAM

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

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

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

4e **Total program service expenses** ▶ 7,788,896

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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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 . .	**1a**	16		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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	1a	42		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	42		
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, address, and telephone number of the person who possesses the organization's books and records ▶ MONICA RUANO-WENRICH 501 WASHINGTON STREET PO BOX 702 READING, PA 196030702 (610)685-4550

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								426,720	0	66,084

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response 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 9,889,098				
	g	Noncash contributions included in lines 1a-1f $ 331,396				
	h	**Total.** Add lines 1a-1f . . . . . ▶	9,889,098			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	111,396			111,396
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: (i) Securities 1,810,703				
	b	Less cost or other basis and sales expenses: (i) Securities 1,548,556				
	c	Gain or (loss): (i) Securities 262,147				
	d	Net gain or (loss) . . . . . ▶	262,147	262,147		
	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	59,990	59,990		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	59,990			
	12	**Total revenue.** See Instructions . . . . . ▶	10,322,631	322,137	0	111,396

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 domestic organizations and domestic governments See Part IV, line 21	6,771,283	6,771,283		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	492,804	192,538	142,121	158,145
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,056,297	362,150	240,559	453,588
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	226,595	70,340	52,603	103,652
10 Payroll taxes	112,366	41,388	26,915	44,063
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)	170,171	88,151	35,510	46,510
12 Advertising and promotion	136,012	14,408	474	121,130
13 Office expenses	72,264	45,809	7,056	19,399
14 Information technology				
15 Royalties				
16 Occupancy	137,928	46,643	36,861	54,424
17 Travel	60,906	17,815	16,605	26,486
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	112,536	38,079	30,049	44,408
22 Depreciation, depletion, and amortization	27,502	9,227	7,262	11,013
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 NET PERIODIC PENSION CO	219,829	74,390	58,694	86,745
b MISCELLANEOUS	105,676	11,273	38,450	55,953
c EQUIPMENT RENTAL & MAIN	25,536	5,402	4,509	15,625
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	9,727,705	7,788,896	697,668	1,241,141
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		3,067,971	2	3,463,162
	3	Pledges and grants receivable, net		7,263,944	3	7,203,717
	4	Accounts receivable, net		98,869	4	29,215
	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		13,304	9	27,552
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 316,111			
	b	Less accumulated depreciation	10b 247,533	77,260	10c	68,578
	11	Investments—publicly traded securities		9,046,457	11	8,852,440
	12	Investments—other securities See Part IV, line 11		833,076	12	786,157
	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)		20,400,881	16	20,430,821
Liabilities	17	Accounts payable and accrued expenses		265,170	17	291,728
	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		2,322,473	25	2,198,846
	26	**Total liabilities.** Add lines 17 through 25		2,587,643	26	2,490,574
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		4,293,995	27	4,259,670
	28	Temporarily restricted net assets		7,841,281	28	8,056,992
	29	Permanently restricted net assets		5,677,962	29	5,623,585
		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		17,813,238	33	17,940,247
	34	Total liabilities and net assets/fund balances		20,400,881	34	20,430,821

Part XI Reconcilliation 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	10,322,631
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,727,705
3	Revenue less expenses Subtract line 2 from line 1	3	594,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,813,238
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	-467,917
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,940,247

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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
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
RAMIRO M CARBONELL DIRECTOR	1 00	X						0	0	0
PAUL COHN DIRECTOR	1 00	X						0	0	0
SHARON DANKS DIRECTOR	1 00	X						0	0	0
ROBERT D DAVIS DIRECTOR	1 00	X						0	0	0
DIANE DUFF DIRECTOR	1 00	X						0	0	0
MICHAEL A DUFF CHAIR-ELECT	1 00	X		X				0	0	0
ANDREA J FUNK SECRETARY/TREASURER	1 00	X		X				0	0	0
SARA GALOSI DIRECTOR	1 00	X						0	0	0
SCOTT L GRUBER DIRECTOR	1 00	X						0	0	0
DR JILL HACKMAN DIRECTOR	1 00	X						0	0	0
BARBARA HALL DIRECTOR	1 00	X						0	0	0
BRADLEY C HALL DIRECTOR	1 00	X						0	0	0
ALISA HARRIS DIRECTOR	1 00	X						0	0	0
GORDAN HOODAK DIRECTOR	1 00	X						0	0	0
DELPHIA HOWZE 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
STEVEN KEIFER DIRECTOR	1 00	X						0	0	0
CHRIS G KRARAS CHAIRMAN	1 00	X		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
LORI MIECZKOWSKI DIRECTOR	1 00	X						0	0	0
DR KHALID MUMIN DIRECTOR	1 00	X						0	0	0
LAURIE PEER ASST SEC /TREAS	1 00	X		X				0	0	0
SCOTT REHR DIRECTOR	1 00	X						0	0	0
MARILU RODRIGUEZ DIRECTOR	1 00	X						0	0	0
MIKE SCHMIDTLEIN DIRECTOR	1 00	X						0	0	0
EDWARD SHUTTLEWORTH DIRECTOR	1 00	X						0	0	0
JEROME T SIMCIK DIRECTOR	1 00	X						0	0	0
TIMOTHY SIMMONS DIRECTOR	1 00	X						0	0	0
ALISON SNYDER DIRECTOR	1 00	X						0	0	0
TIMOTHY SNYDER DIRECTOR	1 00	X						0	0	0
DAVID L STROBEL DIRECTOR	1 00	X						0	0	0
THERESE SUCHER 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
TAMMY L WHITE PRESIDENT	37 50			X				152,858	0	20,457
JEAN MORROW SR VP RESOURCE DEVELOPMENT	37 50			X				83,896	0	17,247
PATRICIA C GILES SR VP COMMUNITY IMPACT	37 50			X				106,969	0	11,237
MONICA RUANO-WENRICH SR VP FINANCE & ADMIN	37 50			X				82,997	0	17,143

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	9,104,779	9,330,398	9,294,778	10,132,601	9,889,099	47,751,655
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	9,104,779	9,330,398	9,294,778	10,132,601	9,889,099	47,751,655
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)						441,616
6 **Public support.** Subtract line 5 from line 4						47,310,039

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	9,104,779	9,330,398	9,294,778	10,132,601	9,889,099	47,751,655
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,278	133,222	141,681	117,093	111,395	608,669
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 VI)	69,457	66,040	68,582	52,139	59,990	316,208
11 **Total support.** Add lines 7 through 10						48,676,532

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**	97 190 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	**15**	97 510 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on Form 990, Part IV, line 7.

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

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	6,554,413	6,373,055	5,539,429	5,110,374	5,189,475
b	Contributions	250,000	1,000		41,041	76,165
c	Net investment earnings, gains, and losses	-62,630	433,937	1,067,087	621,316	68,060
d	Grants or scholarships					
e	Other expenditures for facilities and programs	262,609	253,579	233,461	233,302	223,326
f	Administrative expenses					
g	End of year balance	6,479,174	6,554,413	6,373,055	5,539,429	5,110,374

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

- a Board designated or quasi-endowment ▶ 25 340 %
- b Permanent endowment ▶ 74 660 %
- c Temporarily restricted endowment ▶

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

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

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

b If "Yes" on 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	36,114		28,859	7,255
d Equipment	243,618		184,526	59,092
e Other	36,379		34,148	2,231
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				68,578

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO OTHER UNITED WAYS	381,942
DUE TO DESIGNATED AFFILIATED AGENCIES	1,404,613
UNFUNDED PENSION LIABILITY	412,291
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,198,846

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	8,372,591
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-479,485		
b	Donated services and use of facilities	2b	157,085		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-46,919		
e	Add lines **2a** through **2d**			2e	-369,319
3	Subtract line **2e** from line **1**			3	8,741,910
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	1,580,721		
c	Add lines **4a** and **4b**			4c	1,580,721
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	10,322,631

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

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

1	Total expenses and losses per audited financial statements			1	8,304,069
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	157,085		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	157,085
3	Subtract line **2e** from line **1**			3	8,146,984
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	1,580,721		
c	Add lines **4a** and **4b**			4c	1,580,721
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	9,727,705

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 TEN 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, 2015 AND 2014, 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
PART XI, LINE 2D - OTHER ADJUSTMENTS	UNREALIZED GAINS/(LOSSES) ON BENEFICIAL INTEREST -46,919
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS 1,580,721
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED ALLOCATIONS 1,580,721

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493180010576

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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 . . . . . ▶ 51

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 2015, WE ALLOCATED FUNDS TO 34 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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF LANCASTER 630 JANET AVENUE LANCASTER,PA 17601		501(C)(3)	60,000				SUBCONTRACTED GRANTS
AMERICAN CANCER SOCIETY 498 BELLEVUE AVENUE READING,PA 19605		501(C)(3)	224,655				PARTNER AGENCY INVESTMENTS
AMERICAN RED CROSS - BERKS COUNTY CHAPTER 701 CENTRE AVENUE READING,PA 19601		501(C)(3)	314,601				PARTNER AGENCY INVESTMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BERKS COALITION TO END HOMELESSNESS PO BOX 7712 READING,PA 19603		501(C)(3)	15,003				PARTER AGENCY INVESTMENTS
BERKS CONNECTIONSPRETRIAL SERVICES 633 COURT STREET 16TH FLOOR READING,PA 19601		501(C)(3)	62,395				PARTNER AGENCY INVESTMENTS
BERKS ENCORE 40 NORTH 9TH STREET READING,PA 19601		501(C)(3)	100,073				PARTNER AGENCY INVESTMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BERKS DEAF & HARD OF HEARING SERVICES 2045 CENTRE AVENUE READING,PA 19605		501(C)(3)	52,512				PARTNER AGENCY INVESTMENTS
BERKS VISITING NURSE ASSOCIATION 1170 BERKSHIRE BOULEVARD WYOMISSING,PA 19610		501(C)(3)	309,433				PARTNER AGENCY INVESTMENTS
BERKS WOMEN IN CRISIS 50 N 4TH STREET READING,PA 19601		501(C)(3)	176,975				PARTNER AGENCY INVESTMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERSBIG SISTERS OF BERKS COUNTY 303 WINDSOR STREET READING,PA 19601		501(C)(3)	201,206				PARTNER AGENCY INVESTMENTS
BIRDSBORO COMMUNITY MEMORIAL CENTER 201 EAST MAIN STREET BIRDSBORO,PA 19508		501(C)(3)	58,429				PARTNER AGENCY INVESTMENTS
BOY SCOUTS OF AMERICA - HAWK MOUNTAIN COUNCIL 5027 POTTSVILLE PIKE READING,PA 19605		501(C)(3)	267,496				PARTNER AGENCY INVESTMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAMP FIRE USA ADAHI COUNCIL 172 HARTZ STORE ROAD MOHNTON,PA 19540		501(C)(3)	30,000				PARTNER AGENCY INVESTMENTS
CENTER FOR MENTAL HEALTH - THE READING HOSPITAL & MEDICAL CENTER PO BOX 16052 READING,PA 19612		501(C)(3)	110,260				PARTNER AGENCY INVESTMENTS
THE CHILDREN'S HOME OF READING 1010 CENTRE AVENUE READING,PA 19601		501(C)(3)	69,643				PARTNER AGENCY INVESTMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRO HISPANO DANIEL TORRES INC 501 WASHINGTON STREET READING,PA 19601		501(C)(3)	233,274				PARTNER AGENCY INVESTMENTS
COMMUNITY CHILD CARE - BERKS COUNTY INTERMEDIATE UNIT 1111 COMMONS BLVD PO BOX 16050 READING,PA 19612		501(C)(3)	253,644				PARTNER AGENCY INVESTMENTS
EASTER SEALS EASTERN PENNSYLVANIA 1040 LIGGETT AVENUE READING,PA 19611		501(C)(3)	350,203				PARTNER AGENCY INVESTMENTS & VENTURE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY GUIDANCE CENTER 1235 PENN AVENUE SUITE 205-206 READING,PA 19610		501(C)(3)	421,162				PARTNER AGENCY INVESTMENTS
FRIEND INC COMMUNITY SERVICES 658D NOBLE STREET KUTZTOWN,PA 19530		501(C)(3)	132,227				PARTNER AGENCY INVESTMENTS
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR ROAD MIQUON,PA 19444		501(C)(3)	121,315				PARTNER AGENCY INVESTMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER BERKS FOOD BANK 1011 TUCKERTON COURT READING,PA 19605		501(C)(3)	82,333				PARTNER AGENCY INVESTMENTS & RAPID RESPONSE GRANTS & SUBCONTRACTED GRANTS
GREATER READING MENTAL HEALTH ALLIANCE 1234 PENN AVENUE WYOMISSING,PA 19610		501(C)(3)	120,559				PARTNER AGENCY INVESTMENTS
HABITAT FOR HUMANITY OF BERKS COUNTY 336 SOUTH 18TH STREET READING,PA 19602		501(C)(3)	32,501				PARTNER AGENCY INVESTMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH FEDERATION OF READING PA 1100 BERKSHIRE BOULEVARD WYOMISSING,PA 19610		501(C)(3)	71,804				PARTNER AGENCY INVESTMENTS
LITERACY COUNCIL OF READING-BERKS 35 SOUTH DWIGHT STREET WEST LAWN,PA 19609		501(C)(3)	78,711				PARTNER AGENCY INVESTMENTS & RAPID RESPONSE GRANTS
OLIVET BOYS & GIRLS CLUB OF READING & BERKS COUNTY 1161 PERSHING BOULEVARD READING,PA 19611		501(C)(3)	934,443				PARTNER AGENCY INVESTMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPPORTUNITY HOUSE 430 NORTH SECOND STREET READING,PA 19601		501(C)(3)	208,276				PARTNER AGENCY INVESTMENTS & RAPID RESPONSE GRANTS
READING AREA COMMUNITY COLLEGE 10 SOUTH SECOND STREET PO BOX 1706 READING,PA 19603			72,179				PROGRAM FUNDING INVESTMENTS - ESL LANGUAGE CLASSES
THE SALVATION ARMY OF READING PO BOX 1099 READING,PA 19602		501(C)(3)	312,006				PARTNER AGENCY INVESTMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THRESHOLD REHABILITATION SERVICES INC 1000 LANCASTER AVENUE READING,PA 19607		501(C)(3)	140,195				PARTNER AGENCY INVESTMENTS & VENTURE GRANTS
UNITED SERVICE ORGANIZATION 2111 WILSON BLVD ARLINGTON,VA 22201		501(C)(3)	33,610				PARTNER AGENCY INVESTMENTS
YMCA OF READING & BERKS COUNTY 631 WASHINGTON STREET READING,PA 19603		501(C)(3)	446,468				PARTNER AGENCY INVESTMENTS & RAPID RESPONSE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED COMMUNITY SERVICES FOR WORKING FAMILIES 116 NORTH FIFTH STREET READING,PA 19601		501(C)(3)	88,559				PROGRAM FUNDING INVESTMENTS
BERKS AIDS NETWORKCO-COUNTY WELLNESS 429 WALNUT STREET PO BOX 8626 READING,PA 19603		501(C)(3)	116,664				PARTNER AGENCY INVESTMENTS & SUBCONTRACTED GRANTS
COMMUNITY PREVENTION PARTNERSHIP 227 NORTH 5TH STREET READING,PA 19604		501(C)(3)	10,147				PARTNER ANGENCY INVESTMENTS & SUBCONTRACTED GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN 400 WASHINGTON STREET SUITE 100 READING,PA 19601		501(C)(3)	25,006				PARTNER AGENCY INVESTMENTS
FAMILY PROMISE OF BERKS COUNTY 325 N 5TH STREET READING,PA 19601		501(C)(3)	15,000				RAPID RESPONSE GRANT
BOYERTOWN AREA MULTI-SERVICE 200 WEST SPRING STREET BOYERTOWN,PA 19512		501(C)(3)	25,006				PARTNER AGENCY INVESTMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIDPENN LEGAL SERVICES 501 WASHINGTON STREET SUITE 401 READING,PA 19601		501(C)(3)	37,509				PARTNER AGENCY INVESTMENTS
BRIDGE OF HOPE BERKS COUNTY 300 CHURCH STREET READING,PA 19601		501(C)(3)	13,500				RAPID RESPONSE GRANTS
OUTREACH INC 301 CENTER STREET PO BOX 361 UNION,IA 50258		501(C)(3)	32,500				SUBCONTRACTED GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PA 2-1-1 630 JANET AVENUE LANCASTER,PA 17601		501(C)(3)	10,000				SUBCONTRACTED GRANTS
READING SCHOOL DISTRICT 800 WASHINGTON STREET READING,PA 19601			8,704				SUBCONTRACTED GRANTS
YOCOM INSTITUTE FOR ARTS EDUCATION 1100 BELMONT AVENUE WYOMISSING,PA 19610		501(C)(3)	25,000				SUBCONTRACTED GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ABILITIES IN MOTION 210 NORTH 5TH STREET HIGHWAY READING,PA 19601		501(C)(3)	20,000				VENTURE GRANTS
GOODWILL INDUSTRIES KEYSTONE AREA 3001 ST LAWRENCE AVE READING,PA 19606		501(C)(3)	12,500				VENTURE GRANTS
BERKS T1D CONNECTION 330 N WYOMISSING AVE SHILLINGTON,PA 19607		501(C)(3)	5,000				LIVE UNITED GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MANY RIVERS LEARNING CENTER 950 WEISER STREET READING,PA 19601		501(C)(3)	5,000				LIVE UNITED GRANTS
WOOD TO WONDERFUL 1044 N 8TH ST READING,PA 19604		501(C)(3)	5,000				LIVE UNITED GRANTS
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY 1501 LEHIGH ST 206 ALLENTOWN,PA 18103		501(C)(3)	100,000				STRATEGIC ISSUES GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
READING PUBLIC LIBRARY FOUNDATION 100 SOUTH FIFTH STREET READING,PA 19602		501(C)(3)	10,000				STRATEGIC ISSUES GRANTS
PENNSYLVANIA CASA PO BOX 681 CARLISLE,PA 17013		501(C)(3)	25,000				OTHER GRANTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Employer identification number
23-1655375

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on 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 on 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TAMMY L WHITE PRESIDENT	(i)	144,358	0	8,500	0	20,457	173,315	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)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶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

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	331,396	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART III, LINE 4A	HEALTH HEALTH IMPACTS EVERY ASPECT OF A PERSON'S LIFE GOOD HEALTH ALLOWS CHILDREN TO LEARN BETTER AND ADULTS TO LIVE MORE PRODUCTIVE AND FULLER LIVES BY SUPPORTING PROGRAMS THAT ASSIST OTHERS TO LIVE HEALTHIER LIVES TO THE EXTENT POSSIBLE, UNITED WAY IS CREATING OPPORTUNITIES FOR PEOPLE TO ACHIEVE THEIR OPTIMAL HEALTH AND INDEPENDENCE IN ALL AREAS OF THEIR LIVES PROGRAMS UNITED WAY SUPPORTS ADDRESS BOTH THE PREVENTIVE ASPECT OF HEALTH ISSUES WHILE ALSO ADDRESSING MORE INTERVENTION TYPES OF NEEDS UNITED WAY PARTNERS WITH VARIOUS HEALTH PROGRAMS TO HELP PEOPLE MAINTAIN THEIR INDEPENDENCE AND SELF-SUFFICIENCY SO THEY CAN REMAIN PART OF THEIR COMMUNITIES BY FUNDING THE MEALS ON WHEELS PROGRAM AT BERKS ENCORE, ALMOST 700 HOMEBOUND SENIORS RECEIVED A NUTRITIONALLY BALANCED MEAL 5 DAYS A WEEK, ALONG WITH RECEIVING CASE MANAGEMENT SERVICES TO HELP WITH OTHER NEEDS THAT MAY ARISE 90% OF SENIORS INVOLVED IN THE PROGRAM REPORT THAT MEALS ON WHEELS HAS HELPED THEM BE LESS HUNGRY DURING THE DAY AND 98% REPORT THAT THEY ALSO FEEL MORE SECURE DUE TO THE DAILY VISITOR WHO BRINGS THEIR MEALS EACH DAY AN ADDITIONAL 470 SENIORS WERE HELPED THROUGH SUPPORTIVE SERVICE PROGRAMS AT BOYERTOWN AREA MULTI-SERVICE, WHERE CLIENTS RECEIVED ASSISTANCE IN COMPLETING APPLICATIONS FOR BENEFITS FOR WHICH THEY ARE ELIGIBLE, ALONG WITH RECEIVING A DAILY LUNCH THROUGH THE CONGREGATE MEAL PROGRAM, AND LEARNING OF OTHER PROGRAMS/SERVICES THAT COULD HELP THEM REMAIN INDEPENDENT AT HOME WHILE ENGAGED IN THEIR COMMUNITY SUPPORTED PROGRAMS THROUGH BERKS VISITING NURSE ASSOCIATION PROVIDED SKILLED HOME NURSING SERVICES FOR 4,960 (UP FROM 3,830 IN 2014) OLDER ADULTS AND PEOPLE WITH DISABILITIES AND CHRONIC HEALTH PROBLEMS IN 2015 58% OF THE PATIENTS WHO RECEIVED BVNA'S HOME HEALTH CARE SERVICES WERE ABLE TO REMAIN INDEPENDENT IN THEIR HOMES DUE TO THESE SERVICES, AND AVOID NEEDING NURSING HOME SERVICES MENTAL HEALTH SERVICES REMAIN A CRITICAL NEED IN BERKS COUNTY UNITED WAY FUNDED COUNSELING SERVICES HELPED 1,334 CLIENTS REACH BETTER MENTAL HEALTH OUTCOMES, THROUGH PARTNER AGENCY, FAMILY GUIDANCE CENTER, WHERE 73% OF SURVEYED CLIENTS REPORTED SIGNIFICANTLY BETTER LIFE FUNCTIONING SKILLS DUE TO SERVICES THEY RECEIVED THE UNITED WAY FUNDED COUNSELING PROGRAM AT THE READING HOSPITAL CENTER FOR MENTAL HEALTH ASSISTED 459 CHILDREN AND THEIR FAMILIES IN RECEIVING SUPPORT TO FUNCTION BETTER IN THEIR RELATIONSHIPS AT SCHOOL AND HOME 73% OF YOUTH SURVEYED NOTED IMPROVEMENT IN THEIR SYMPTOMS OF DEPRESSION THROUGH THE HELP RECEIVED IN THE PROGRAM ALMOST 400 CHILDREN WITH DISABILITIES AND THEIR FAMILIES RECEIVED MEDICAL EVALUATIONS, THERAPY SERVICES, AND THERAPEUTIC RECREATION THROUGH EASTER SEALS, ANOTHER UNITED WAY PARTNER AGENCY 100% OF FAMILIES REPORT THE FOLLOWING OUTCOMES THEY RECEIVED THE NECESSARY SUPPORT TO BE ABLE TO FOLLOW THEIR CHILD'S HOME THERAPY PLAN, THEIR CHILD'S DEVELOPMENTAL AND MEDICAL CARE WERE POSITIVELY IMPACTED THROUGH ATTENDANCE AT THE PEDIATRIC CLINICS, AND THEIR CHILD'S SOCIALIZATION HAS BEEN POSITIVELY IMPACTED THROUGH ATTENDING THE THERAPEUTIC RECREATION PROGRAMS UNITED WAY'S DIRECT ADMINISTRATION OF THE FAMILYWIZE DISCOUNT PRESCRIPTION CARD PROGRAM ASSISTS ANYONE ACROSS OUR LOCAL AREA, REGARDLESS OF AGE OR INCOME, WHO MUST PAY FOR MEDICATIONS NOT COVERED UNDER ANY TYPE OF INSURANCE UNITED WAY OF BERKS COUNTY IS ONE OF THE OVER 1,000 UNITED WAYS ACROSS THE COUNTRY PARTNERING WITH FAMILYWIZE TO IMPLEMENT THIS PROGRAM OUR UNITED WAY DISTRIBUTES OVER 30,000 CARDS A YEAR TO LOCAL BUSINESSES, COMMUNITY ORGANIZATIONS, PHARMACIES, SCHOOLS, HOSPITALS, AND ANY OTHER INDIVIDUALS OR ORGANIZATIONS WHO REQUEST THEM IT CAN BE USED FOR ALL FDA APPROVED BRAND NAME/GENERIC DRUGS, AND CAN BE USED REPEATEDLY AT ALL PARTICIPATING RETAIL PHARMACIES WHO ACCEPT THE CARD THESE PARTICIPATING PHARMACIES OFFER THE LOWER COST AT THEIR EXPENSE AND PASS ON 100% OF THE SAVINGS TO THE CLIENT IN 2015, OVER 8,800 CLAIMS WERE MADE USING THIS CARD, REPRESENTING $230,502 IN SAVINGS FOR PEOPLE ACROSS THE COUNTY, AN AVERAGE OF $26 15 PER PRESCRIPTION SAFETY NET SERVICES PART OF UNITED WAY'S MISSION IS TO ENSURE THAT THE BASIC NECESSITIES OF LIFE ARE AVAILABLE FOR THOSE IN NEED UNITED WAY'S PARTNERSHIPS AND FUNDED PROGRAMS PROVIDE A CRUCIAL SAFETY NET FOR VULNERABLE POPULATIONS TO QUICKLY ACCESS HELP AND RECEIVE THE NECESSARY SUPPORT TO HELP THEM HAVE A BETTER QUALITY OF LIFE, BOTH NOW AND IN THE FUTURE MANY OF OUR FUNDED PROGRAMS ARE ALSO TAKING AN ADDED APPROACH TO PROVIDING EMERGENCY SERVICES THAT SIMPLY TAKE CARE OF THE CRISIS AT HAND FOR THEIR CLIENTS, PROGRAMS ARE NOW STARTING TO HELP ADDRESS THE ROOT CAUSES OF WHY A CLIENT NEEDS SAFETY NET SERVICES, TO HOPEFULLY AVOID THE CLIENT REQUIRING THESE TYPES OF SERVICES IN THE FUTURE PROVISION OF EMERGENCY SHELTER IS JUST ONE WAY THAT UNITED WAY FUNDED PROGRAMS HELP THOSE IN NEED IN 2015, 15,277 NIGHTS OF SHELTER WERE PROVIDED TO 333 ADULTS AND 317 CHILDREN WHO WERE VICTIMS OF DOMESTIC VIOLENCE THROUGH BERKS WOMEN IN CRISIS THESE CLIENTS RECEIVE OTHER SUPPORTIVE SERVICES AS PART OF THEIR STAY IN THE SHELTER, INCLUDING COUNSELING, CASE MANAGEMENT, AND GROUP SESSIONS TO HELP THEM GET BACK ON THEIR FEET AND HAVE THE NECESSARY TOOLS IN PLACE AS THEY TRANSITION TO PERMANENT OR TRANSITIONAL HOUSING ANOTHER PARTNER AGENCY, OPPORTUNITY HOUSE, ALSO PROVIDED SHELTER FOR AT LEAST ONE NIGHT, INCLUDING A NUTRITIOUS MEAL, TO 379 ADULTS AND 78 CHILDREN AN ADDITIONAL 33 PEOPLE WERE PREVENTED FROM BECOMING HOMELESS THROUGH UNITED WAY DOLLARS PROVIDED TO BERKS COALITION TO END HOMELESSNESS, THESE DOLLARS WERE USED FOR RENT AND/OR UTILITY ASSISTANCE FOR THOSE HOUSEHOLDS FINDING THEMSELVES IN NEED FOR THE FIRST TIME OTHER PARTNER AGENCY PROGRAMS THAT ASSISTED WITH BASIC NEEDS IN 2015 INCLUDE THE READING CORPS OF SALVATION ARMY, WHO HELPED MORE THAN 22,000 PEOPLE WITH FOOD ASSISTANCE, UTILITY BILLS OR MEDICAL PRESCRIPTIONS IN THE CITY OF READING AN ADDITIONAL 1,352 PEOPLE WERE HELPED WITH SIMILAR NEEDS IN THE RURAL AREA OF KUTZTOWN AND SURROUNDING AREAS THROUGH FRIEND, INC COMMUNITY SERVICES CENTRO HISPANO PROVIDED INFORMATION, REFERRAL AND OTHER SERVICES TO MEET BASIC NEEDS TO OVER 2,800 PEOPLE, MANY OF WHOM REQUIRE BILINGUAL ASSISTANCE THAT THE AGENCY CAN PROVIDE ALL THREE OF THESE AGENCIES PROVIDE CRUCIAL SAFETY NET SERVICES, BUT ALSO PROVIDE OTHER TYPES OF SUPPORTIVE SERVICES AS MENTIONED ABOVE TO HELP CLIENTS BE AS SELF-SUFFICIENT AS POSSIBLE IN THE FUTURE VICTIMS OF DISASTER ARE ALSO ASSISTED THROUGH UNITED WAY FUNDED PROGRAMS WITH AMERICAN RED CROSS BERKS COUNTY CHAPTER 57 FAMILIES CONSISTING OF 243 INDIVIDUALS WERE ASSISTED WITH FOOD, CLOTHING, SHELTER, REPLACEMENT FURNITURE AND OTHER CRITICAL NEEDS AFTER LOSING THEIR HOMES TO FIRES, FLOODS OR OTHER DISASTERS SPECIAL GRANT AND OTHER FUNDING OPPORTUNITIES IN ADDITION TO PROVIDING ANNUAL FUNDING, UNITED WAY OF BERKS COUNTY OFFERS OTHER GRANT OPPORTUNITIES THAT ARE AVAILABLE TO ORGANIZATIONS BOTH WITHIN AND OUTSIDE OUR PARTNER AGENCY NETWORK VENTURE GRANTS PROVIDE ONE-TIME FUNDING OPPORTUNITIES THAT SUPPORT NEW OR EXPANDED PROGRAMS WHICH RESPOND TO SPECIFICALLY IDENTIFIED NEEDS OF UNDERSERVED POPULATIONS AND/OR GEOGRAPHIC AREAS THIS GRANT OPPORTUNITY WAS MADE AVAILABLE FOR A SECOND YEAR IN 2015, WITH THE FOCUS ON PROGRAMS DESIGNED TO HELP SPECIAL NEEDS YOUTH AND THEIR FAMILIES RECEIVE SUPPORT AS YOUTH TRANSITION FROM HIGH SCHOOL INTO HIGHER EDUCATION OR THE WORKPLACE FOUR ORGANIZATIONS WERE APPROVED FOR VENTURE GRANT FUNDING IN 2015, FOR A TOTAL AMOUNT OF $70,000 LIVE UNITED GRANTS ARE DESIGNED FOR GRASS-ROOTS OR SMALLER COMMUNITY ORGANIZATIONS WORKING ON PROJECTS THAT BRING PEOPLE TOGETHER IN A VARIETY OF WAYS TO IMPROVE THE QUALITY OF LIFE FOR BERKS COUNTY RESIDENTS THIS IS THE SECOND CONSECUTIVE YEAR THAT THIS OPPORTUNITY WAS MADE AVAILABLE, WITH A MAXIMUM GRANT AWARD OF $5,000 SIX ORGANIZATIONS RECEIVED LIVE UNITED GRANTS IN 2015, FOR A TOTAL OF $26,326 RAPID RESPONSE GRANTS PROVIDE FUNDING FOR LOCAL NONPROFIT ORGANIZATIONS THAT HAVE EXPERIENCED AN UNANTICIPATED CHANGE IN FINANCIAL CIRCUMSTANCES THAT JEOPARDIZES A PROGRAM'S ABILITY TO BE EFFECTIVE, THEREBY CAUSING SERIOUS CONSEQUENCES TO CLIENTS AND POTENTIALLY THE COMMUNITY AS A WHOLE IN 2015, 7 ORGANIZATIONS WERE PROVIDED WITH RAPID RESPONSE FUNDING THROUGH UNITED WAY, REPRESENTING A TOTAL OF $96,000 MAXIMUM GRANT AMOUNTS WERE $15,000

Return Reference	Explanation
FORM 990, PART III, LINE 4A	COMMUNITY INITIATIVES READY SET READ! THIRD GRADE READING PROFICIENCY IS A KEY INDICATOR OF FUTURE SUCCESS, YET RECENT PSSA SCORES SHOW THAT NEARLY 40% OF THIRD GRADERS IN BERKS COUNTY FALL SHORT OF BEING PROFICIENT READY SET READ! IS A COLLABORATION AMONG UNITED WAY OF BERKS COUNTY, THE EDUCATIONAL AND BUSINESS COMMUNITIES AND COMMUNITY ORGANIZATIONS THAT WILL ENSURE READING PROFICIENCY FOR STUDENTS BY THE END OF THIRD GRADE IN 2012, READY SET READ! ANNOUNCED ITS BOLD GOAL - - 90% OF BERKS COUNTY 3RD GRADERS WILL BE PROFICIENT READERS BY 2023, AS MEASURED BY 3RD GRADE PSSA TEST SCORES THE COLLECTIVE WORK FOCUSES ON FOUR KEY STRATEGIES IMPLEMENT SCHOOL-READINESS ACTIVITIES FOR PRE-SCHOOL CHILDREN TO SUPPORT LANGUAGE AND PRE-LITERACY DEVELOPMENT IN YOUNG CHILDREN, CONNECT TUTORS WITH EARLY GRADE STUDENTS NEEDING SUPPLEMENTAL INSTRUCTION, ENGAGE PARENTS TO PROMOTE LITERACY AND MOBILIZE THE COMMUNITY AROUND THIS WORK IN 2013 AND 2014, RSR STARTED TO SEE PROGRESS IN ENGAGING THE COMMUNITY, BUILDING PARTNERSHIPS AND DEVELOPING PROGRAMS TO WORK TOWARDS THIS BOLD GOAL IN 2015, READY SET READ! BUILT MOMENTUM IN PROGRAMS IN EACH STRATEGY AREA INCLUDING THE FOLLOWING - 10,609 VOLUNTEER HOURS WERE SPENT IN SUPPORT OF READY SET READ! ACTIVITIES EQUATING TO THE TOTAL VALUE OF VOLUNTEER TIME OF $244,750 (BASED ON THE INDEPENDENT SECTOR VOLUNTEER VALUES FOR 2015) - STAR READERS VOLUNTEERS ARE CURRENTLY TUTORING IN 12 SCHOOL DISTRICTS AND 29 ELEMENTARY SCHOOLS PROVIDING ONE ON ONE TUTORING SUPPORT TO STUDENTS EACH WEEK THERE ARE NEARLY 400 ACTIVE TUTORS WHO MAKE THIS POSSIBLE - RAISING A READER AFTER PILOTING THIS PROGRAM IN PRE-K AND KINDERGARTEN CLASSROOMS IN TWO READING SCHOOLS LAST YEAR, IT'S BEEN EXPANDED TO TWO MORE ELEMENTARY SCHOOLS AND A HEAD START SITE IN READING - READY ROSIE AS A PARENT ENGAGEMENT RESOURCE, READY ROSIE IS CURRENTLY ENGAGING PARENTS IN NINE SCHOOL DISTRICTS - GROWING READERS GROWING READERS HELPED SEVEN CHILDCARE TEACHERS INCREASE THE QUALITY OF THEIR PROGRAM FOR THE 62 CHILDREN IN THEIR CARE - STORY FRIENDS STORY FRIENDS GREW FROM 14 VOLUNTEERS TO 85 VOLUNTEERS - NEIGHBORHOOD BRIDGES RSR BEGAN A PARTNERSHIP WITH YOCUM INSTITUTE TO PILOT THIS PROGRAM IN FOUR THIRD GRADE CLASSROOMS IN TWO ELEMENTARY SCHOOLS IN THE READING SCHOOL DISTRICT 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 2015, 2,809 CALLS WERE RECEIVED (AN 11% INCREASE OVER 2014), WITH THE MAJORITY FOCUSED ON INQUIRES RELATING TO UTILITIES ASSISTANCE, HOUSING/HOMELESSNESS, AND FOOD ASSISTANCE TOP AGENCY REFERRALS INCLUDED CATHOLIC CHARITIES, OPPORTUNITY HOUSE, PA DEPARTMENT OF PUBLIC WELFARE, THE SALVATION ARMY AND GREATER BERKS FOOD BANK, AS WELL AS OTHER LOCAL NONPROFITS AND GOVERNMENT/LEGAL ORGANIZATIONS 2-1-1 PHONE SERVICE IS AVAILABLE 24/7 ONLINE SEARCH CAPABILITY OF THE PA 2-1-1 DATABASE IS ALSO AVAILABLE AT WWW PA211EAST ORG

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING BOARD MEMBERS ARE RELATED DIANE AND MICHAEL DUFF - SPOUSES BARBARA AND BRADLEY HALL - SPOUSES ELLEN AND DANIEL HUYETT - SPOUSES THREE 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 AND/OR CURRENT 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 PRESIDENT'S PERFORMANCE 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 IN ADDITION TO THE ANNUAL REVIEW, A PRESIDENT'S EVALUATION SURVEY IS CONDUCTED SEMI-ANNUALLY WITH FULL BOARD PARTICIPATION, 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 GROUP 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 TO THE PRESIDENT AND THE INFORMATION IS CAPTURED THROUGH THE MINUTES OF THE EXECUTIVE SESSIONS FOR EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS 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 PRESIDENT'S ANNUAL COMPENSATION 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 -479,485 UNREALIZED GAIN/LOSS ON BENEFICIAL INTEREST -46,919 ADJUSTMENT TO REFLECT UNFUNDED PENSION LIABILITY 58,487

Return Reference	Explanation
FORM 990, PART IX, LINE 24(A)	DURING 2015 A SETTLEMENT OF THE PENSION OBLIGATION TOOK PLACE WHEN THE SUM OF THE ANNUITY PURCHASE FOR THE YEAR EXCEEDED THE SUM OF SERVICE COST AND INTEREST COST WHEN A SETTLEMENT TAKES PLACE THE EMPLOYER RECOGNIZES A PORTION OF THE REMAINING UNRECOGNIZED NET ASSET AND NET ACTUARIAL GAIN/(LOSS) EXISTING AT THE DATE OF SETTLEMENT